



**1. PERSONAL ANAMNESIS**

Name in full  Date of Birth  Sex  M  F

Occupation  Badge No.  Blood Group  O  Rh

Please tick box <input type="checkbox"/>	YesNo	Details if "yes" (including dates and duration and any other relevant information)
1. a) Are you at present under medical care or receiving treatment?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
b) Are you currently taking medication, prescribed or not, having injection, using an inhaler or have you recently done so, or are you on a special diet?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
<b>2. Have you ever suffered from:</b>		
a) Fits, fainting, giddiness or any mental or nervous disorder?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
b) Asthma, bronchitis, pneumonia or any other lung disorder?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes	<input type="checkbox"/> <input checked="" type="checkbox"/>	
f) Kidney, bladder or other genito-urinary disorders?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
g) Any injury, operation, physical defect or deformity?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
h) Any other illness not mentioned above?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
3. a) Have you ever been a patient at a hospital, nursing home or special clinic?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
b) Have you ever had any medical investigation carried out?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
4. Have you ever had any form of sexually transmitted disease or is there anything about your lifestyle which could expose you to the risk of AIDS or AIDS related condition?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
5. Female only: Have you ever had any gynaecological or obstetric problems?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
6. Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
7. a) Non-smoker: Have you smoked in the past?	<input checked="" type="checkbox"/> <input type="checkbox"/>	
b) Smokers: How much do you smoke per day?	<input type="text" value="→"/>	Cigarettes <input checked="" type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="text"/>
c) What is the average daily consumption of alcohol?	<input type="text" value="→"/>	

**2. FAMILY MEDICAL ANAMNESIS**

	If living, age	State of health	If dead, age at death	Cause of death
Father	65 TH	HEALTH.		
Mother	62 TH	HEALTH.		
Brother / Sister	35 TH	HEALTH		
Brother / Sister	33 TH	HEALTH		
Brother / Sister				

I declare to the best of my knowledge and belief the answers to the above questions are true and complete. I confirm that I have checked and found correct any answers that are not in my handwriting. I grant permission to take samples of blood, saliva and/or urine in connection with this examination. I understand that this statement will be forwarded to the Company's Medical Department.

**Applicant's Signature**  
(to be signed in the presence of Medical Examiner)

DATE 20/2/2021

**3. SUMMARY OF MEDICAL HISTORY MR. /MRS. CHRISTIAN EINSTEIN MARENO LEBANG**

Has the applicant ever had or has now any of the following? If yes, give details in the summary description.

Please, tick box, whether normal or not					
	<input type="checkbox"/>	Yes	No	Yes	No
1. Ear infection / Sinusitis / Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Nose, mouth or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Color blindness / Loss of vision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Frequent headaches / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Epilepsy / Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Endocrine disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Hernia / Hydrocele / Piles / Fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Malaria / Tropical Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Skin disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Cancer or tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Allergy to foods / drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks:

**4. MEDICAL EXAMINER'S REPORT**

If you answer Yes to any of the following questions, please give full details with any ascertainable cause as applicable

Please tick box <input type="checkbox"/>		Yes	No	Details if "yes"	
<b>8. Measurement &amp; Physical Description</b>				Height: 175 cm      Weight: 105 Kg	
a) Measurements (to be taken in indoor clothing)				BMI: 34.28 Kg/m <sup>2</sup> Waist Circumference: 107 cm	
b) Please describe general appearance and build:					
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle				<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Is there any enlargement of lymph nodes or thyroid gland?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Are there any scars of material significance?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9. Cardio-vascular System &amp; Blood pressure</b>				Systolic / Diastolic: 128 / 78      Pulse Rate: 83x/mnt	
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Is there any irregularity of rhythm?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Is there any abnormality in the arterial pulse?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Are there any varicose veins?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Blood Pressure: (please record opposite)				→	
<b>10. Respiratory System</b>					
a) Is there any abnormality in the shape and development of the chest?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Are there any abnormal physical signs in the lungs?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11. Genito / Urinary &amp; Digestive System</b>					
a) Is the urine test abnormal?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Is a hernia present				<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12. Nervous System</b>					
a) Is there any sign of disease in the central nervous system?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Is there anything to suggest a tendency to psychiatric disorder?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13. Sense Organs</b>					
a) Is there any affection of the eyes, ears, nose or tongue				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Vision</b>		<b>Near Vision</b>		<b>Color Vision</b>	
Uncorrected	OD 6/6      OS 6/7.5	OD J1      OS J1	Adequate ✓		
Corrected	OD -      OS -	OD -      OS -	Defective		

Remarks:



**5. EXAMINATION RESULTS AND REPORT**

**X-Ray, ECG, Audiogram and Blood Urine Laboratory Examination Report**

All examination results are to be attached. Please, indicate your remarks in case of abnormal results

1. Chest X-Ray Report (\*\*\*\*) Normal Limited

2. ECG Report Normal Resting ECG

3. Audiogram Report Normal

4. Spirometry Report -

5. Blood Examination Report (Please, attach the results of the following examinations or indicate here below the results):

1) Hemoglobin	15.0 gr/dl	10) MCV (*)	19) HDL Cholesterol	44 mg/dl
2) RBC	4.98 x 10 <sup>6</sup> /mm <sup>3</sup>	11) MCM (*)	20) LDL Cholesterol	158 mg/dl
3) ESR	5 mm/hr	12) MCHC (*)	21) Triglycerides	212 mg/dl
4) WBC	8.8 x 10 <sup>3</sup> /mm <sup>3</sup>	13) Platelet	22) Total Bilirubine	0.8 mg/dl
5) Neutrophils		369x 10 <sup>3</sup> /mm <sup>3</sup>	23) Direct Bilirubin	0.3 mg/dl
6) Lymphocytes	38.5 %	14) Reticulocyte (*)	24) AlkalinePhosphatase	88 u/L
7) Monocytes	8.8 %	15) Hematocrit	25) AST (SGOT)	178 u/L
8) Eosinophils		44.7 %	26) ALT (SGPT)	127 u/L
9) Basophils		16) Glycemia	27) Gamma GT	139 u/L
		17) Blood Urea		
		-		
		18) Total Cholesterol		
		244 mg/dl		

6. Urine Examination Report (Physical, Chemical and Microscopy test results: Please attach the results of the following examinations or indicate here below the results). Please indicate abnormalities (if Any):pH: 5, SG: 1.010, Glucososa: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

7. Drugs (\*\*\*), alcohol screening test Report (\*\*\*):(Please attach the results of the following examinations or indicate here below the results):

1) Amphetamines	NEGATIVE	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7) Alcohol	
2) Benzodiazepine	NEGATIVE	4) Marijuana	NEGATIVE	6) Opiates	NEGATIVE		

- 8.  HIV Test (\*)
- 9.  Tine (Tuberculin test) (\*)
- 10.  HBsAg (\*\*) (-)  HBsAb (\*\*)  HBcAb (\*\*)  HBeAg (\*\*)  HBeAb (\*\*)  HAVAb (\*\*)  HCVAb (\*\*)
- 11.  TPHA
- 12.  Stool examination (\*)
- 13.  Pharyngeal plug test (\*)

(\*)Only if required (\*\*) Only to the personnel who have never been vaccinated before or if expressly required

(\*\*\*)Compulsory on pre-employment medical examinations and periodical examination for OFFSHORE and employees involve in Safety Sensitive Positions (SSP). For all other employees depend on circumstances, national and international legal requirements.

(\*\*\*\*) Chest X-ray is required on the first examination. Afterwards, the examining physician has the discretion whether to perform it or not, based on physical examination, laboratory results, epidemiological situation and local laws and regulation in the country of origin or assignment.

**6. OVERALL SUMMARY, ASSESSMENT AND RECOMMENDATIONS**

The present Medical Certificate is valid until:19-Feb-2022

I have examined Mr./Mrs. CHRISTIAN EINSTEIN MARENO LEBANG and found him/her (tick the box)

FIT for (offshore/onshore) duty  UNFIT for duty  Pending   
With Restriction Recommendation From Internist Is Attached

DR. REZGA AGNELA VALBETRI  
Komplek Taman Baga Suka Jend. I. N. S. Batam  
Examing Doctor's Signature  
(Stamp, Signature, Name and address of the Physician)

Date: 20-Feb-2021



# REVIEW FORM MEDICAL CHECK UP

## FILLED BY THE REQUESTOR

MCU Date **20/12/2021**

Pre employment     Visitor     Periodik Annual     Others     Post absence  
 Project     Jakarta Office     Tangguh Operation  
 BP     Non BP /Contractor

## Summary Examination

IDENTITY OF EMPLOYEE			
Name	CHRISTIAN EINSTEIN MARENO L.	Gender	MALE
Nationality	INDONESIA	Date Of Birth	13-12-1989
Name of Company	ISP	Vantage Number	
Job Title	ASST INSPECTOR	Departemen	TESTING & INSPECTION
Email address or Medical Certificate sent to : Monickmarions@cnp.com.cn / monickmarions@bpg.co.id			

## THE LIST BELOW FILLED BY THE REVIEWER (BP DOCTOR)

**HISTORY :**  
 Smoker/non smoker **1 STICK / DAY.**

**PHYSICAL EXAMINATION**  
 BMI : **34.28** UN/N/OV **(OB)** BP : **128/78** **(N)** Gr.I/Gr.II

**PEMERIKSAAN SPESIFIK:**

Spirometri	Audiometri	Treadmill
<b>NA</b>	<b>NORMAL</b>	<b>NA</b>

**LABORATORIUM RESULT**

HB : <b>15.0 g/dl</b>	SGOT/SGPT : <b>178 / 127 u/l</b>	GDP : <b>92 mg/dl</b>	N/D
Chol : <b>244 mg/dl</b>	HDL : <b>44 mg/dl</b>	LDL : <b>158 mg/dl</b>	TG : <b>212 mg/dl</b> LP: N/M/Mod <b>(S)</b>
Rontgen Thorax	<b>NORMAL</b>	ECG	<b>NORMAL RESTING ECG</b>

**OTHER EXAMINATIONS** -

**SUMMARY :** LAB : SGOT 178 , SGPT 127 u/l  
 (Recommendation from Internist is attached)

**FIT WITH NOTE**

**STATUS FITNESS**

Fit     Fit With Restriction     Temporary Unfit     Unfit

Secara medis dinyatakan dapat bekerja untuk pekerjaan:  
**Medically suitable for task :**

<input type="checkbox"/> Remote Site Workers	<input type="checkbox"/> Heavy Equipment/ Crane Operator	<input type="checkbox"/> Visitors
<input type="checkbox"/> Fire/ Emergency Crew	<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Aircraft Refueller
<input type="checkbox"/> Respiratory/SCBA User/Confined Space	<input type="checkbox"/> Work at Height	<input type="checkbox"/> Other Professional (Pilots, Seafarer, Diver etc)
<input type="checkbox"/> Work in Extreme Temperature	<input type="checkbox"/> Food Handler	<input type="checkbox"/> Jakarta Office
<input type="checkbox"/> Professional Driver	<input type="checkbox"/> Shift worker	

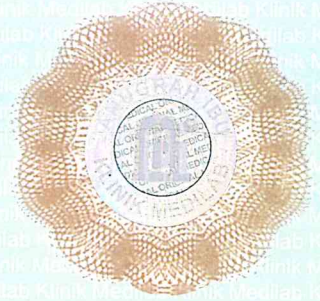
Attending Physician	<b>dr. Rezga Agneta</b> Examining Physician
Signature	
Review Date (dd/mm/yyyy)	<b>20/12/2021</b>

**KLINIK MEDILAB**  
 Komplek Taman Niaga Suka Jadi Blok J No. 3A-6 Batam  
 Tel : 0778 - 7372022, 7372023 Fax : 0778 - 7372024





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### HEALTH SCREENING REPORT

Preemployment Physical Examination

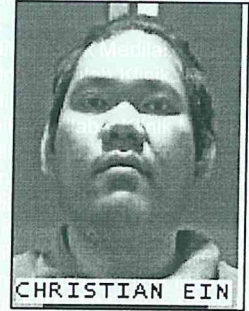
169

#### CONFIDENTIAL

No. Medical Record :   
00025/006/II/ISP/21

#### PERSONAL DATA

Name : CHRISTIAN EINSTEIN MARENO LEBANG  
Birthday/Gender/Emp. ID : 13 December 1989 / Male / ISP 19119  
Father's Name : PITHER LEBANG  
Address : JL CENDRAWASIH NO 152 BLOK IV, BATAM  
Occupation : ASST INSPECTOR  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAWLING.13, BATAM



#### MEDICAL HISTORY

1. Hypertension	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	4. Allergic Rhinitis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	7. Surgery	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Bronchial Asthma	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	5. Peptic Ulcer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	8. Echolalia	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Bloody Cough	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	6. Epilepsy	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	9. Others	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

#### CLINICAL EXAMINATION

Weight : 105 Kg	Height : 175 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 34.28		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 128 / 78 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 83 / min		
( Should be at least 6/12 in both eyes with or without glasses )	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Should be at least J2 in both eyes with or without glasses )	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### LABORATORY TEST

( Report Enclosed )

	Yes/Abnormal	No/Normal
1. Blood Count	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Urine Feme	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Other Laboratory Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### OTHER TEST

( Report Enclosed )

	Yes/Abnormal	No/Normal
1. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ECG ( if indicated )	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Remarks:** Obese E66, Myopia H52.1 R:6/6, L:6/7.5 MIM, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 107 cm, Lab: SGOT R74.9 178 U/L MOE, SGPT R74.9 127 U/L MOE, GGT R74.9 139 U/L MOE, Total Cholesterol E78.0 244 mg/dl VHR, HDL E78.4 44 mg/dl BHR, LDL E78.4 158 mg/dl BHR, Triglyceride E78.1 212 mg/dl HR, Cholesterol Ratio E78 5.5 AR, Blood Count: Monocytosis D72.821 8.8%

#### CERTIFICATION

I certify that I have examined the abovenamed person. In my opinion, this person is **FIT WITH NOTE** for duties mentioned above.

#### ADVICE :

Regular Exercise and Reduce Weight, Control Routine to Internist, Consume Medicine Rgeulary, Low Fat Diet

\*NOTE: RECOMMENDATION FROM INTERNIST IS ATTACHED

Authentic Signature



Date of Exam : 20 February 2021



DR. REZGA AGNELA VALBETRI





Attachment Internist -1

<b>CONSULT LETTER</b> <i>(Surat Konsul)</i>	<b>CL#9</b>
	Rev: 00

Dear dr....., thank you for referring me your patient:  
*(Kepada teman sejawat dr....., terima kasih sudah merujuk pasien sejawat)*

Name <i>(Nama)</i>	CHRISTIAN EINSTEIN MARENO LEBANG	Occupation <i>(Pekerjaan)</i>	ASST INSPECTOR
Age <i>(Usia)</i>	31 YO	For <i>(Selama)</i>	----- years(tahun)
Gender <i>(Jenis kelamin)</i>	MALE	Reason for Referral <i>(Alasan Merujuk)</i>	Lab: SGOT R74.9 178 U/L MOE, SGPT R74.9 127 U/L MOE, GGT R74.9 139 U/L MOE

**On General Examination Today (Pemeriksaan Umum):**

*MCU: 27/2 M. Masalah GGT 178 GGT 127 GGT 139.  
Jelajah (-) 100 cm. Tidak ada PT dg BM 34*

**Laboratory Test (Pemeriksaan Laboratorium):**

**Laboratory or Other Test (if needed) / (Pemeriksaan Lainnya):**

**Diagnose (Diagnosa):**

*Disfungsi hati ee Supr Fatty Liver + Dislipidemia*

**Treatment/Procedure (Pengobatan/Tindakan):**

*1000 Kalsium & 1000 f. Turunkan BB & Hepatoprotektor*  
*(If there is a medicine given, is there any side effect of medication?)(Jika ada pengobatan yang diberikan, apakah ada efek samping dari pengobatan tersebut?)*

**Suggestion (Saran):**

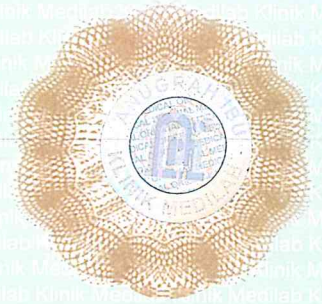
*1000 Kalsium & 1000 f. Turunkan BB & Hepatoprotektor & evaluasi lab  
Batam, 27/2/15  
Yours Sincerely,  
*(Apakah ada efek terhadap kemampuan pasien untuk melakukan tugas sesuai pekerjaannya?)* *Setelah 1 bulan follow up.**

Dr.....





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### HEALTH SCREENING REPORT

Preemployment Physical Examination

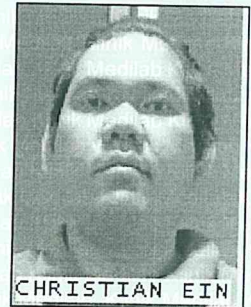
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No. Medical Record :   
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Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



CHRISTIAN EIN

#### MEDICAL HISTORY

	Yes	No		Yes	No		Yes	No
1. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Allergic Rhinitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Bronchial Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Peptic Ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Echolalia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Bloody Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### CLINICAL EXAMINATION

Weight : 105 Kg	Height : 175 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 34.28		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 128 / 78 mm Hg		
		Pulse : 83 / min		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>
( Should be at least 6/12 in both eyes with or without glasses )			c. Varicose Veins	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input checked="" type="checkbox"/>
( Should be at least J2 in both eyes with or without glasses )			5. Skin-Chronic Disease	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input checked="" type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )			9. Mental State	<input checked="" type="checkbox"/>

#### LABORATORY TEST

( Report Enclosed )

	Yes/Abnormal	No/Normal
1. Blood Count	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Urine Feme	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Other Laboratory Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### OTHER TEST

( Report Enclosed )

	Yes/Abnormal	No/Normal
1. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. ECG ( if indicated )	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Remarks:** Obese E66, Myopia H52.1 R:6/6, L:6/7.5 MIM, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 107 cm, Lab: SGOT R74.9 178 U/L MOE, SGPT R74.9 127 U/L MOE, GGT R74.9 139 U/L MOE, Total Cholesterol E78.0 244 mg/dl VHR, HDL E78.4 44 mg/dl BHR, LDL E78.4 158 mg/dl BHR, Triglyceride E78.1 212 mg/dl HR, Cholesterol Ratio E78 5.5 AR, Blood Count: Monocytosis D72.821 8.8%

#### CERTIFICATION

I certify that I have examined the abovenamed person. In my opinion, this person is **TEMPORARY UNFIT** for duties mentioned above.

ADVICE :

Regular Exercise and Reduce Weight, Consultation to Internist, Low Fat Diet

Authentic Signature



Date of Exam : 20 February 2021



DR. REZGA AGNELA VALBETRI





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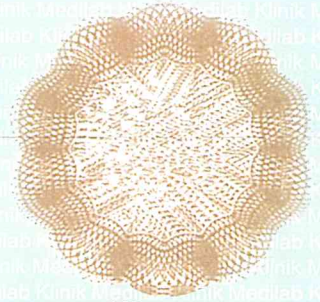
# KLINIK MEDILAB

## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

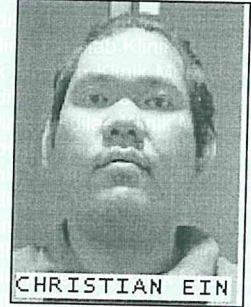
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### HEALTH SCREENING REPORT

Preemployment Physical Examination




169



CHRISTIAN EIN

#### CONFIDENTIAL

No. Medical Record :   
00025/006/II/ISP/21

#### PERSONAL DATA

Name : CHRISTIAN EINSTEIN MARENO LEBANG  
Birthday/Gender/Emp. ID : 13 December 1989 / Male / ISP 19119  
Father's Name : PITHER LEBANG  
Address : JL CENDRAWASIH NO 152 BLOK IV, BATAM  
Occupation : ASST INSPECTOR  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM

### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	15.0	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	8.8	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.98	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	5	mm/hr	M: 0 - 10	F: 0 - 20
HCT	44.7	%	M: 40 - 52	F: 35 - 47
PLT	369	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440	
Differential Count				
- LYM	38.5	%	25 - 40	
- MON	* 8.8	%	2 - 8	
- GRA	52.7	%	43 - 76	
Indicator of Infection				
- Neutrofil Lymphocyte Ratio (NLR)	1.36	%	> 3.13 Cautious	6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	3388	%	< 1500 Cautious	< 1100 Suspicious < 500 Perilous

#### URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	5	- WBC/HPF	Occ/HPF
- Specific Gravity	1.010	- RBC/HPF	Nil/HPF
- Glucossa	Negative	- Epithel Cell	Nil
- Protein	Negative	- Crystals	Nil
- Ketones	Negative	- Cast	Nil/HPF
- Bilirubin	Negative		
- Urobilinogen	Normal		
- Nitrit	Negative		
- Blood	Negative		
- Leucocytes	Negative		

### X-RAY REPORT

Chest PA:

Show no Abnormalitis.

There is no evidence of pulmonary tuberculosis or other pulmonary, pleural or mediastinal lesions.

The size, shape and position of the heart are within limits of normal variations.

Bony structures of the thorax show no abnormalities.

Date of Exam : 20 February 2021



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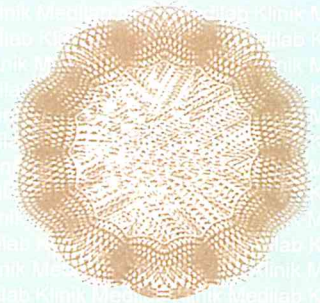


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**HEALTH SCREENING REPORT**

Preemployment Physical Examination

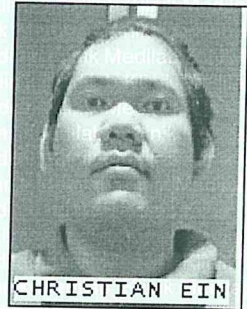
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 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



CHRISTIAN EIN

**AUDIOMETRY REPORT**

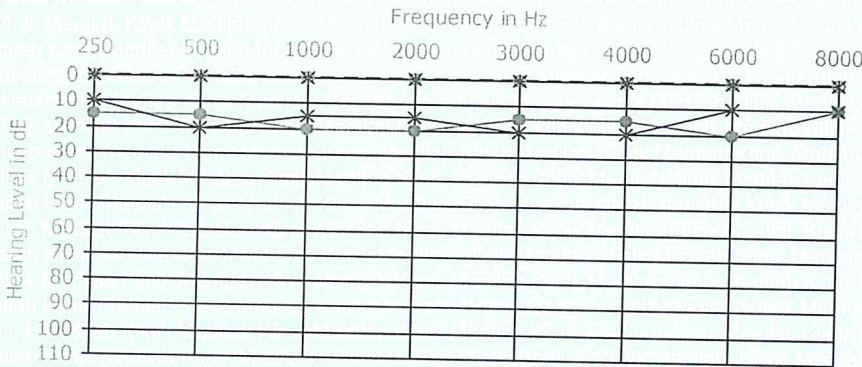
**Occupational History**

- Noisy Working Environment  Yes  No
- Present/use of Hearing Protector  Yes  No
- Period of Working 0.0 years

**Medical History/Examination**

- Ear Surgery  Yes  No
- Head/Ear Injury  Yes  No
- Ears Infection  Yes  No
- Ear Drum Perforation  Yes  No
- Ear Cerumen  Yes  No

Yes	No	If Yes, which ear	Left	Right
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>



● REAC  
 × LEAC  
 ○ REBC  
 \* LEBC

**Conclusion :**

1. Audiogram : Normal
2. Hearing Impairment : Monaural : R : -11.25 %  
L : -11.25 %  
Hearing Handicap : -11.250 %
3. Not a Noise Induced Hearing Loss

Date of Exam : 20 February 2021



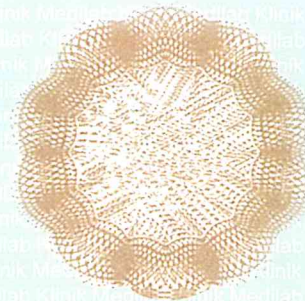
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### HEALTH SCREENING REPORT

Preemployment Physical Examination

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CHRISTIAN EIN

### LABORATORY REPORT

Test Name	Result	Unit	Reference Range
<b>LIVER FUNCTION TEST</b>			
Total Bilirubin	:	0.8 mg/dl	0.3 - 1.1
Direct Bilirubin	:	0.3 mg/dl	0.1 - 0.4
Indirect Bilirubin	:	0.5 mg/dl	0.2 - 0.7
Alkaline Phosphatase	:	88 U/L	30 - 120
SGOT	:*	178 U/L	M: <= 35 F: <= 31
SGPT	:*	127 U/L	M: <= 45 F: <= 34
Gamma GT	:*	139 U/L	M: <= 49 F: <= 32
<b>LIPID PROFILE TEST</b>			
Total Cholesterol	:*	244 mg/dl	<= 200
HDL - Cholesterol	:	44 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:*	158 mg/dl	50 - 140
Triglycerida	:*	212 mg/dl	<= 204
Ratio Cholesterol ( Total Chol : HDL )	:*	5.5	M: < 3.4 F: < 3.3
<b>BLOOD SUGAR TEST</b>			
Nuchter	:	92 mg/dl	< 100
2 hours PP	:	102 mg/dl	< 140
<b>RENAL FUNCTION TEST</b>			
Ureum	:	20 mg/dl	17 - 43
Creatinine	:	0.8 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	:	7.4 mg/dl	M: 3.6 - 8.2 F: 2.3 - 6.1
<b>SEROLOGI</b>			
VDRL / RPR	:	Non Reactive	Non Reactive
HBsAg	:	Negative	Negative
Anti HBs	:	Negative	Negative
<b>URINE</b>			
Cannabinoid	:	Negative	Negative
Methamphetamine	:	Negative	Negative
Opiates	:	Negative	Negative
Cocain	:	Negative	Negative
Amphetamine	:	Negative	Negative
Benzodiazepine	:	Negative	Negative

Date of Exam : 20 February 2021



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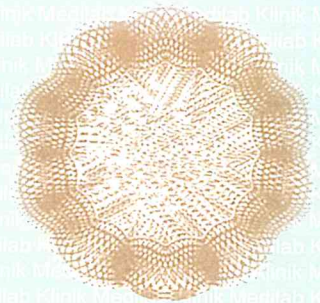


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Preemployment Physical Examination

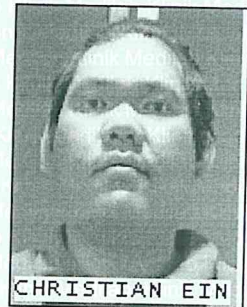
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CHRISTIAN EIN

### LABORATORY REPORT

Test Name	Result Unit	Reference Range
<b>OTHERS</b>		
BUN	9.3 mg/dl	8 - 22

Date of Exam : 20 February 2021



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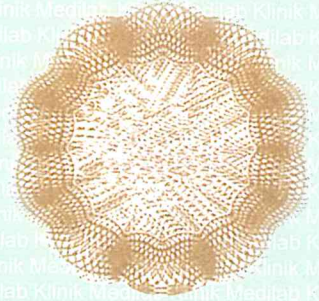
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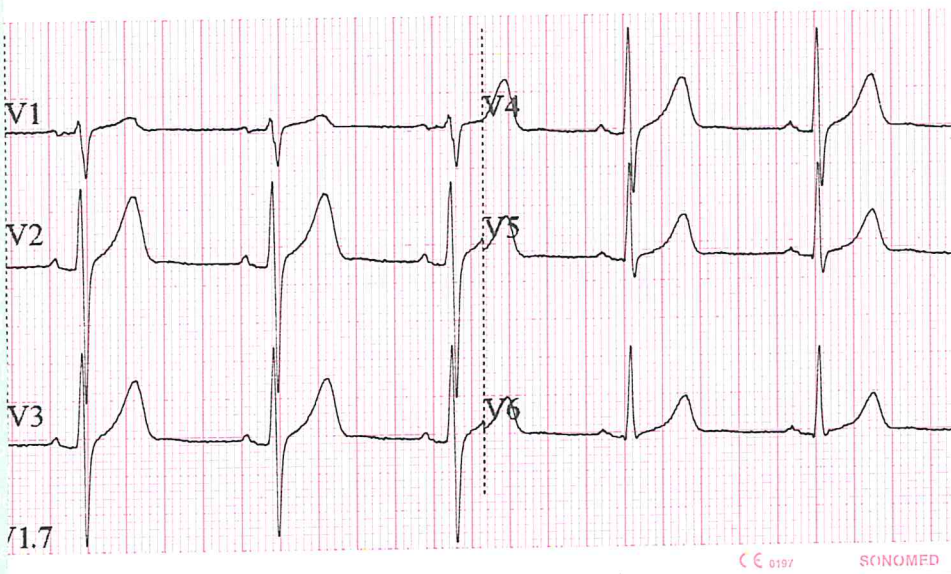
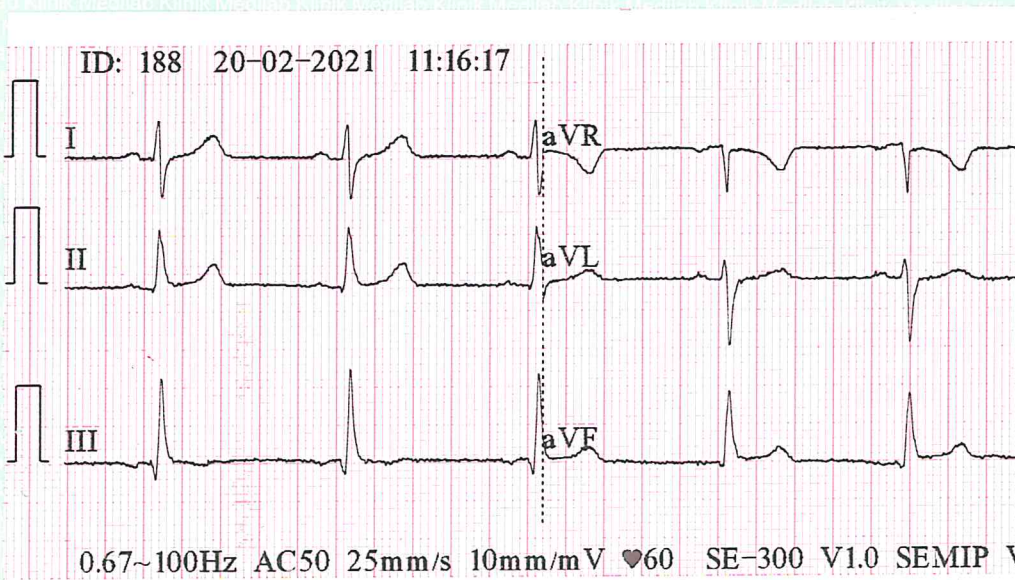
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**ELECTROCARDIOGRAM INTERPRETATION (RESTING)**

Name : CHRISTIAN EINSTEIN MARENO LEBANG  
Age : 31 Years  
Gender : Male  
Place/Date : BATAM/20 February 2021  
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG  
ADVICE :  
EXAMINER :

**dr. REZGA AGNELA VALBETA**  
Examining Physician





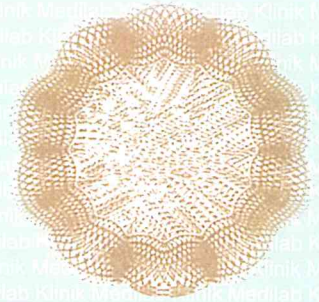


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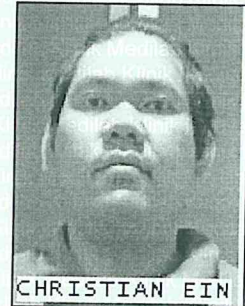
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**EYE EXAMINATION REPORT**

**IDENTIFICATION OF APPLICANT**

Applicant's Name : CHRISTIAN EINSTEIN MARENO LEBANG  
DOB/Gender/Emp. ID: 13 December 1989 / Male / ISP 19119  
Address : JL CENDRAWASIH NO 152 BLOK IV, BATAM  
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CHRISTIAN EIN

<b>Distant Vision Acuity (Snellen Chart)</b>	<b>Near Vision Acuity</b>
Right Eye: 6/6 Without Glasses Left Eye : 6/7.5 Without Glasses	Right Eye: J1 Without Glasses Left Eye : J1 Without Glasses
<b>Colour Vision (Ishihara's Test)</b>	Normal
<b>Visual Field Test (Confrontation Test)</b>	Normal
<b>Grey Test</b>	-
<b>Depth Test</b>	-

DR. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature

BATAM, 20 February 21

Place, Date of eye examination



Official Stamp of Medical Practitioner