



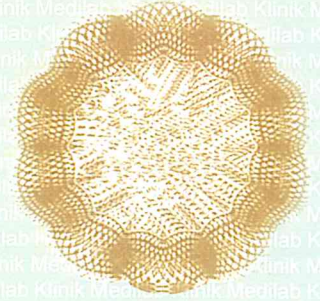
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

Identification of Applicant

Applicant's Name : Sihar Pandapotan Sihombing
Sex/Age : Male/ 33 Years
Address : Tiban MC DERMOT Blok W No 1 Sekupang
Company's Name : RIGSPEK PERKASA .PT



SIHAR PANDAPO

Distant vision acuity (Snellen Chart)		Near vision acuity (Jaeger Test)	
Right Eye	: 6/9 Without Glasses	Both Eyes	: J1 Without Glasses
Left Eye	: 6/12 Without Glasses		
Colour Vision (Ishihara Test)		: Normal	
Dr. Rezga Agnela Valbetri			
Examiner's Name		Examiner's Signature	
Batam, March 20 th , 2020			
Place, Date of eye examination		Official Stamp of Medical Practitioner	



MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

(This document was adopted from Saipem company and used only for Saipem client/subcontractor)

MEDICAL FITNESS CERTIFICATE

issued in accordance with Oil & Gas UK Guidelines, Saipem Corporate Standards OPR-COR-HR-HLT-001-E, STD-COR-HLTCLI-001-I, IMO and STCW Guidelines on medical examination

Full name (in block letters)	Date of Birth	Occupation
SIHAR PANDAPOTAN.S.	11 / 11 / 1986	ASST. INSPECTOR

This Health Certificate is valid until: 19 / 3 / 2021

- Fit
- Fit with prescriptions and/or restrictions
- Unfit
- offshore
- onshore
- permanent
- temporary for months
- permanent
- temporary for months

Specify prescriptions and/or restrictions

FIT TO WORK

Applicant's signature in the Doctor's presence

Baram 20 / 3 / 2020
Place Day, Month, Year

KLINIK MEDILAB
 Komplek Taman Nisaga Suka Jadi Blok J No. 3A-6 Bekasi
 Tel: 0778 - 7372022, 7372023 Fax: 0778 - 7372624
 Doctor's stamp and signature
dr. Rezga Agniela
 Examining Physician

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full	<u>SIHAR PANDAPOTAN SIHOMBING</u>	Date of Birth	<input type="text"/>	Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Occupation	<u>ASST · INSPECTOR</u>	Badge No.	<input type="text"/>	Blood Group	<input checked="" type="checkbox"/> O <input type="checkbox"/> Rh <input type="text"/>

Please tick box <input type="checkbox"/>	Yes	No	Details if "yes" (including dates and duration and any other relevant information)
	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
2. Have you ever suffered from:			
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 type="checkbox"/>	
6. Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/>	<input 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"/>	<input type="text"/>	Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input checked="" type="checkbox"/>
c) What is the average daily consumption of alcohol?	<input type="text"/>	<input type="text"/>	

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father			52	
Mother	65	HEALTHY		
Brother / Sister	47	HEALTHY		
Brother / Sister	45	HEALTHY		
Brother / Sister	41	HEALTHY		

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 / 3 / 2020

(This document was adopted from Saipem company and used only for Saipem client/subcontractor)

3. SUMMARY OF MEDICAL HISTORY OF MR./MRS. SIHAK PANDAPOTAN SIHOMBING

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"/>	8. Endocrine disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Nose, mouth or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Hernia / Hydrocele / Piles / Fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Color blindness / Loss of vision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Frequent headaches / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Malaria / Tropical Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Epilepsy / Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Skin disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Cancer or tumor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Allergy to foods / drugs	<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"	
8. Measurement & Physical Description					
a) Measurements (to be taken in indoor clothing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Height: 162 cm	Weight: 74 Kg
b) Please describe general appearance and build:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BMI: 28.19 Kg/m ²	Waist Circumference: 84 cm
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d) Is there any enlargement of lymph nodes or thyroid gland?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Are there any scars of material significance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Cardio-vascular System & Blood pressure					
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any irregularity of rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is there any abnormality in the arterial pulse?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Are there any varicose veins?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Blood Pressure: (please record opposite)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic / Diastolic: 115/85	Pulse Rate: 71 /min
10. Respiratory System					
a) Is there any abnormality in the shape and development of the chest?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Are there any abnormal physical signs in the lungs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Genito / Urinary & Digestive System					
a) Is the urine test abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is a hernia present	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Nervous System					
a) Is there any sign of disease in the central nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there anything to suggest a tendency to psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13. Sense Organs					
a) Is there any affection of the eyes, ears, nose or tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Vision	Far Vision		Near Vision		Color Vision
Uncorrected	OD 6/9	OS 6/12	OD J1	OS J1	Adequate <input checked="" type="checkbox"/>
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**

2. ECG Report **NORMAL RESTING ECG**

3. Audiogram Report **NORMAL**

4. Spirometry Report **NORMAL**

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

1) Hemoglobin	10) MCV (*)	19) HDL Cholesterol
2) RBC	11) MCM (*)	20) LDL Cholesterol
3) ESR	12) MCHC (*)	21) Triglycerides
4) WBC See attachment	13) Platelet	22) Total Bilirubin
5) Neutrophils	14) Reticulocyte (*)	23) Direct Bilirubin
6) Lymphocytes	15) Hematocrit	24) Alkaline Phosphatase
7) Monocytes	16) Glycemia	25) AST (SGOT)
8) Eosinophils	17) Blood Urea	26) ALT (SGPT)
9) Basophils	18) Total Cholesterol	27) Gamma GT

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)

See attachment

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

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

See attachment

8. HIV Test (*)

9. Tine (Tuberculin test) (*)

10. HBsAg (**) HBsAb (**) HBcAb (**) HBeAg (**) HBeAb (**) HAVAb (**) HCVAb (**) **See attachment**

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 / 3 / 2021**

I have examined Mr./Mrs. **SIHAR PANDAPOTANUS** and found him/her (tick the box)

FIT for (offshore/onshore) duty UNFIT for duty Pending



Examining Doctor's Signature
(Stamp, Signature, Name and address of the Physician)

Date: **20 / 3 / 2020.**

dr. Rezga Agnela
Examining Physician

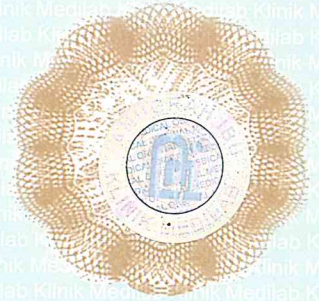


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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00007/006/III/RP/20

187

PERSONAL DATA

Name : SIHAR PANDAPOTAN SIHOMBING
 Birthday/Gender/Emp. ID : 11 November 1986 / Male / 11047
 Father's Name : RAMLI
 Address : TIBAN MC DERMOT BLOK W NO 1 SEKUPANG, BATAM
 Occupation : ASS INSPECTOR
 Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



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 : 74 Kg	Height : 162 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 28.19		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 115 / 85 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 71 / 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. Audiometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometry	<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: Overweight E66, Myopia H52.1 R:6/9, L:6/12 MIM, E.N.T: Bilateral Ears Cerumen H61.23, Waist Circumference: 84 cm, Lab: Total Cholesterol E78.0 266 mg/dl VHR, HDL E78.4 42 mg/dl BHR, LDL E78.4 187 mg/dl HR, Cholesterol Ratio E78 6.3 AR, Blood Count: Leucocytosis D72.829 11.1*10³/mm³ MIE

CERTIFICATION

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

ADVICE :

Regular Exercise and Reduce Weight, Ear Hygiene, Low Fat Diet

Authentic Signature

Date of Exam : 20 March 2020



DR. REZGA AGNELA VALBETRI



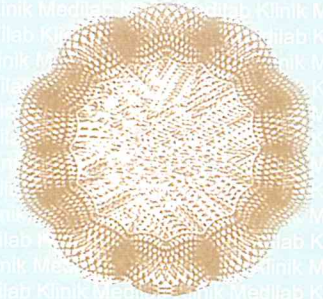
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HEALTH SCREENING REPORT

Periodic Health Examination

187

CONFIDENTIAL

No. Medical Record : 
00007/006/III/RP/20

PERSONAL DATA

Name : SIHAR PANDAPOTAN SIHOMBING
Birthday/Gender/Emp. ID : 11 November 1986 / Male / 11047
Father's Name : RAMLI
Address : TIBAN MC DERMOT BLOK W NO 1 SEKUPANG, BATAM
Occupation : ASS INSPECTOR
Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



SIHAR PANDAPO

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	16.0	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	*	11.1 10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.98	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	4	mm/hr	M: 0 - 10	F: 0 - 20
HCT	47.5	%	M: 40 - 52	F: 35 - 47
PLT	271	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	26.6	%	25 - 40	
- MON	5.4	%	2 - 8	
- GRA	68.0	%	43 - 76	

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	5	- WBC/HPF	Occ/HPF
- Specific Gravity	1.015	- 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 Abnormalities.
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 March 2020



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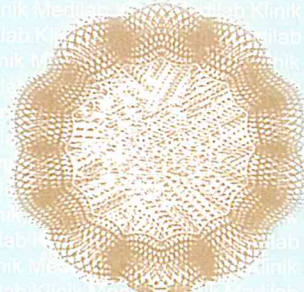
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AUDIOMETRY REPORT

Occupational History

Yes No

- Noisy Working Environment
- Present/use of Hearing Protector
- Period of Working 9.0 years

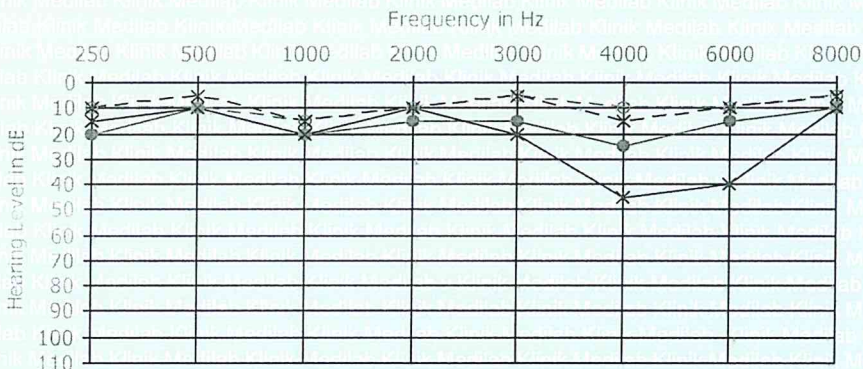
Medical History/Examination

Yes No

- Ear Surgery
- Head/Ear Injury
- Ears Infection
- Ear Drum Perforation
- Ear Cerumen

If Yes, which ear Left Right

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |



Conclusion :

1. Audiogram : Normal
2. Hearing Impairment : Monaural
 R : -11.25 %
 L : -5.63 %
 Hearing Handicap : -10.313 %
3. Not a Noise Induced Hearing Loss

Date of Exam : 20 March 2020



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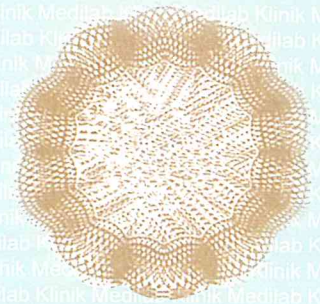


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SIHAR PANDAPOTAN SIHOMBING

PULMONARY FUNCTION TEST

Occupation History

	Yes	No
- Dusty Working Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Period of Working	9.0 years	

Medical History

	Yes	No	If Yes, when
- Lung Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- Breathlessness/Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- Coughed Up Blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	BEST VALUES		
	Pred.	Measured	%Pred.
FVC	4.13	3.56	86
FEV1	3.52	3.17	90
FEV1/FVC	81.3	89.0	109
PEF	8.68	8.24	95
FEF25-75	4.42	4.31	98

PARAMETER		Pred.	PRE#1	%Pred.	PRE#2	PRE#3
*FVC	L	4.13	3.56	86	3.56	3.56
*FEV1	L	3.52	3.17	90	3.17	3.17
*PEF	L/s	8.68	8.24	95	8.24	8.24
FVC	L	4.13	3.56	86	3.50	3.33
FEV1	L	3.52	3.13	89	3.17	2.96
FEV1/FVC	%	81.3	87.9	108	90.6	88.9

FVC Normal Value : 3.493
 FEV1 Normal Value : 2.943
 FEV1/FVC % Normal Value : 85%
 FVC % Predicted Value : 101%
 FEV1 % Predicted Value : 107%
 FEV1/FVC % Predicted Value : 105%

Interpretation : Normal Spirometri

Date of Exam : 20 March 2020



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Predicted Value based on Indonesian Pneumobile Project, Reference spirometric values of healthy Indonesian schoolchildren and working adults using equipment and methods that meet American thoracic Society (ATS) 1987 recommendations, 1993

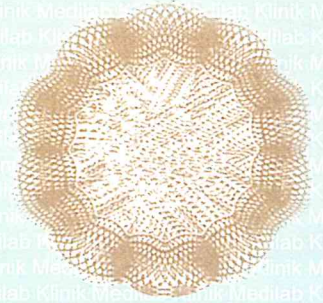


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E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00007/006/III/RP/20

187

PERSONAL DATA

Name : SIHAR PANDAPOTAN SIHOMBING
 Birthday/Gender/Emp. ID : 11 November 1986 / Male / 11047
 Father's Name : RAMLI
 Address : TIBAN MC DERMOT BLOK W NO 1 SEKUPANG, BATAM
 Occupation : ASS INSPECTOR
 Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



LABORATORY REPORT

Test Name	Result	Unit	Reference Range
LIVER FUNCTION TEST			
Total Bilirubin	:	0.5 mg/dl	0.3 - 1.1
Direct Bilirubin	:	0.1 mg/dl	0.1 - 0.4
Indirect Bilirubin	:	0.4 mg/dl	0.2 - 0.7
Alkaline Phosphatase	:	112 U/L	30 - 120
SGOT	:	21 U/L	M: <= 35 F: <= 31
SGPT	:	32 U/L	M: <= 45 F: <= 34
Gamma GT	:	26 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST			
Total Cholesterol	:*	266 mg/dl	<= 200
HDL - Cholesterol	:	42 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:*	187 mg/dl	50 - 140
Triglycerida	:	186 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	:*	6.3	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST			
Glukosa	:	96 mg/dl	< 100
RENAL FUNCTION TEST			
Ureum	:	30 mg/dl	17 - 43
SEROLOGI			
TPHA	:	Non Reactive	Non Reactive
HBsAg	:	Negative	Negative
Anti HBs	:	Negative	
URINE			
Cannabinoid	:	Negative	Negative
Methamphetamine	:	Negative	Negative
Opiates	:	Negative	Negative
Cocain	:	Negative	Negative
Amphetamine	:	Negative	Negative
Benzodiazepine	:	Negative	Negative
OTHERS			
BUN	:	14 mg/dl	8 - 22
Breath Alcohol Test	:	0.000 %BAC	< 0.02 %BAC is negative

Date of Exam : 20 March 2020



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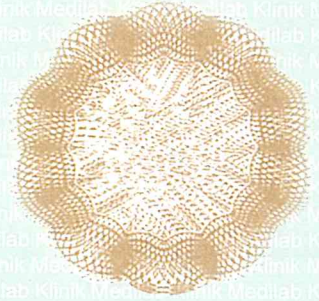
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HEALTH SCREENING REPORT

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 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



LABORATORY REPORT

Test Name	Result Unit	Reference Range
		>= 0.02-0.039 %BAC: cannot perform safety sensitive function
		>= 0.04 %BAC is a violation of rule

Date of Exam : 20 March 2020



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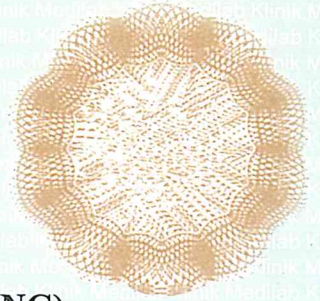
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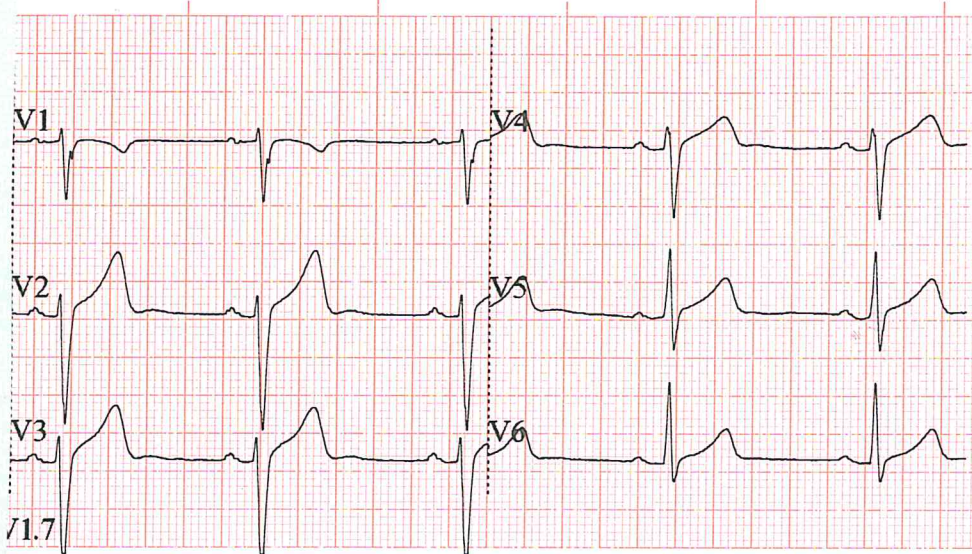
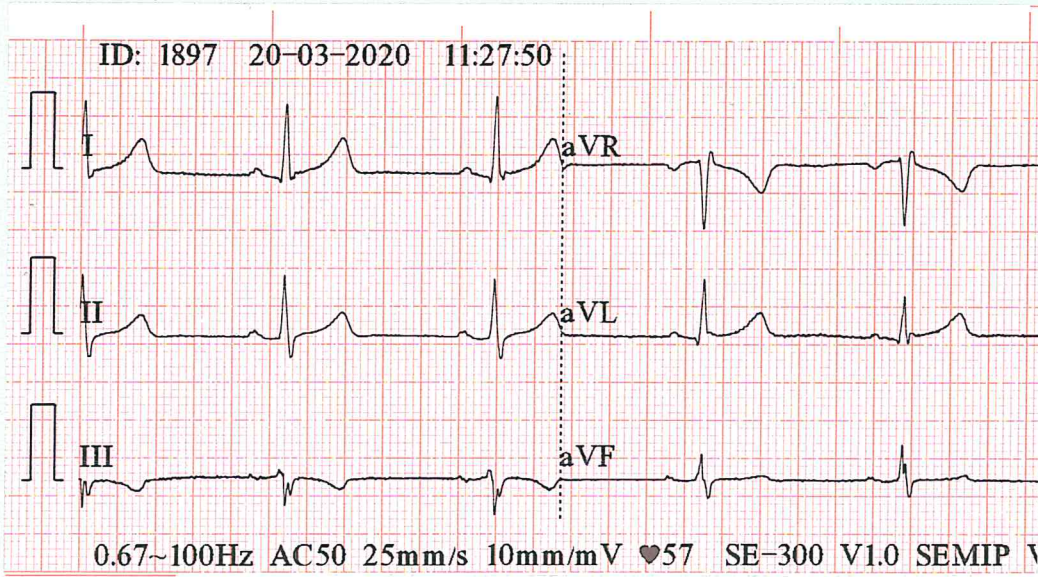
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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : Sihar Pandapotan Sihombing
Age : 33 Years
Sex : Male
Place/Date : Batam, March 20th 2020
Company's Name : RIGSPEK PERKASA .PT



CONCLUSION : normal resting ECG

ADVICE :

EXAMINEER :

dr. Pratiwi Wulandari, SpJP, FJHA
Spesialis Jantung Dan Pembuluh Darah

OVERWEIGHT DAN OBESE

Kemenkes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

Overweight adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI) $\geq 25 \text{ Kg/m}^2$



Obese adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI) $\geq 30 \text{ Kg/m}^2$

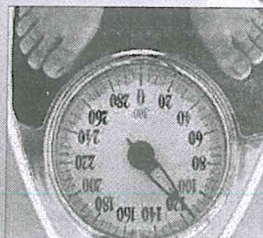
World Health Organization (WHO)

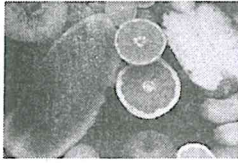
Cara Mengatasi :

1. Mengurangi porsi makan dari biasanya, perbanyak makan buah dan sayur serta kacang-kacangan.
2. Mengurangi penggunaan minyak dan santan, dianjurkan masak dengan cara dikukus, direbus atau dipanggang.
3. Mengurangi makanan dan minuman yang manis.
4. Mengurangi penggunaan garam dan makanan yang diawetkan, diasinkan dan dikemas dalam kaleng.
5. Hindari susu tinggi lemak, minumlah susu yang rendah lemak.
6. Meningkatkan konsumsi makan ikan segar.
7. Melakukan aktivitas fisik minimal 30 menit setiap hari. Kegiatan ini dapat dilakukan dimana saja dan kapan saja seperti berjalan kaki, bersepeda, membersihkan rumah dan kebun, mencuci motor/mobil.

Cara Mencegah :

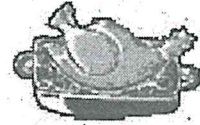
1. Makan dengan gizi seimbang
*Jumlah dan jenis makanan sesuai kebutuhan
*Jadwal makan teratur
2. Aktifitas Fisik minimal 30 menit setiap hari
3. Timbang berat badan secara teratur





CHOLESTEROL DARAH

Dr.Mariamam Tjendera,M.Kes



Total kolesterol darah dibagi dalam 3 kategori :

1. **Layak** : < 200 mg/dl
2. **Resiko Sedang** : 200-239 mg/dl (memiliki resiko serangan jantung 2 kali lebih besar dari nilai kolesterol < 200 mg/dl)
3. **Resiko Tinggi** : > 240 mg/dl (Resiko yang lebih tinggi untuk mendapat serangan jantung dan stroke)

Jenis – jenis Kolesterol

1. **LDL-Kolesterol : Kolesterol "Jahat"**
LDL-Kolesterol yang terlalu banyak beredar di darah dapat membentuk plaque, penebalan dan pengerasan yang menyebabkan penyempitan bahkan penyumbatan pembuluh darah. Kondisi tersebut dapat menyebabkan penyakit jantung dan stroke.
2. **HDL-Kolesterol : Kolesterol "Baik"**
HDL-Kolesterol yang banyak di sirkulasi darah dapat melindungi serangan jantung.HDL-Kolesterol memiliki kecenderungan membawa kolesterol keluar dan dapat membuang plaque dari pembuluh darah
3. **Trigliserida**
Merupakan salah satu jenis lemak darah yang bila tinggi dapat menyebabkan gangguan jantung

Cara menurunkan resiko serangan jantung dan stroke pada kolesterol yang tinggi :

1. Menghindari makanan berlemak jenuh yang dijumpai pada hasil hewan dan minyak tumbuhan tropis, seperti : daging lembu,domba, babi,mentega, coklat, susu lembu, keju, minyak kelapa, minyak palem, minyak kacang tanah dan snack crackers.
2. Memakan makanan berlemak tidak jenuh, seperti : minyak zaitun, minyak jagung, minyak bunga matahari, dan minyak kedelai.
3. Memakan makanan berserat seperti : cereal , buah segar dan sayur-sayuran.
4. Daging ikan yang mengandung asam lemak omega 3 dapat membantu menurunkan resiko serangan jantung.
5. Telur, ayam tanpa kulit, kacang buncis dan kacang polong dibatasi 3-4 kali seminggu.
6. Olah raga selama 30 – 60 menit, paling sedikit 3-4 kali seminggu.
7. Hentikan merokok, rokok dapat meningkatkan resiko serangan jantung
8. Mempertahankan tekanan darah tetap normal
9. Mempertahankan kadar gula darah tetap normal
10. Mempertahankan berat badan yang ideal
11. Hindari minuman beralkohol, karena dapat meningkatkan tekanan darah.
12. Periksa kadar kolesterol secara rutin.

Kepustakaan :

- American Heart Association, 2002
- Indiana university health center (03/01/2003),<http://Indiana.edu/~health/choles.html>