 SAIPEM	MEDICAL FITNESS CERTIFICATE	Doc. n. FORM-COR-HR-HLT-040-E	
		Rev. 03	26/09/16 Page 1 of 1
		Ref. doc. OPR-COR-HR-HLT-001-E	

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
BIDNER FERNANDES HUTAPEA	25 JUN 1986	TECHNICIAN

This Health Certificate is valid until: 7-5-2020

<input checked="" type="checkbox"/> Fit	<input checked="" type="checkbox"/> offshore	<input checked="" type="checkbox"/> onshore
<input type="checkbox"/> Fit with prescriptions and/or restrictions	<input type="checkbox"/> permanent	<input type="checkbox"/> temporary for months
<input type="checkbox"/> Unfit	<input type="checkbox"/> permanent	<input type="checkbox"/> temporary for months

Specify prescriptions and/or restrictions

FIT TO WORK


 Applicant's signature in the Doctor's presence

Place: BATAM Day, Month, Year: 08 MAY 2019


 Komplek Taman Niaga Suka Jadi Blok J No. 1A-6 Batam
 Tel : 0778-7372022, 7372023 Fax : 0778-7371024
dr. Ebiet Yudi Santoko
 Doctor's stamp and signature

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full	BIDNER FERNANDES HUTAPEA	Date of Birth	25.06.1988	Sex	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
Occupation	TECHNICIAN	Badge No.		Blood Group	<input type="checkbox"/> B <input type="checkbox"/> Rh

Please tick box <input type="checkbox"/>	Yes	No	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"/>	
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 checked="" type="checkbox"/>	
7. a) Non-smoker: Have you smoked in the past?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Smokers: How much do you smoke per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cigarettes <input checked="" type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/>
c) What is the average daily consumption of alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 PACK / DAY

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	58	HEALTH		
Mother	52	HEALTH		
Brother / Sister	29	HEALTH		
Brother / Sister	25	HEALTH		
Brother / Sister	16	HEALTH		

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)

B

DATE **08 MAY 2019**



MEDICAL REPORT

Doc. n. FORM-COR-HR-HLT-039-E

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Ref. doc. OPR-COR-HR-HLT-001-E

3. SUMMARY OF MEDICAL HISTORY MR. /MRS. BIDNER FERNANDES HUTAPEA

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)			Height: 173 cm Weight: 80 Kg		
b) Please describe general appearance and build:			BMI: 26.72 Kg/m ² Waist Circumference: 88 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 checked="" 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)			Systolic / Diastolic: 122 / 83 mmHg Pulse Rate: 87x/mnt		
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		Near Vision		Color Vision	
Uncorrected	Far Vision	OD	OS	Adequate	<input checked="" type="checkbox"/>
	OD <u>6/6</u> OS <u>6/6</u>	<u>J1</u>	<u>J1</u>	Defective	
Corrected	OD <u>-</u> OS <u>-</u>	<u>-</u>	<u>-</u>		

Remarks:



MEDICAL REPORT

Doc. n. FORM-COR-HR-HLT-039-E

Rev. 03

07/12/2016

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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 Normal Lung Function

Table with 5 columns: Exam Name, Value, Exam Name, Value, Exam Name. Includes Hemoglobin, RBC, ESR, WBC, Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils, MCV, MCM, MCHC, Platelet, Reticulocyte, Hematocrit, Glycemia, Blood Urea, Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Total Bilirubine, Direct Bilirubin, Alkaline Phosphatase, AST (SGOT), ALT (SGPT), 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): pH: 6, SG: 1.010, Glucossa: (-), 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 0.000%BAC
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: 5/7/2020

I have examined Mr./Mrs. BIDNER FERNANDES HUTAPEA and found him/her (tick the box)

FIT for (offshore/onshore) duty [checked] UNFIT for duty [] Pending []

Klinik Mediap Komplek Taman Niaga Suka Jadi Blok J, No. 3A-6 Batam

Tel : 0778 - 7372022, 7372023 Fax : 0778 - 7372021

Examining Doctor's Signature

Date: 5/8/2019

(Stamp, Signature, Name and address of the Physician)

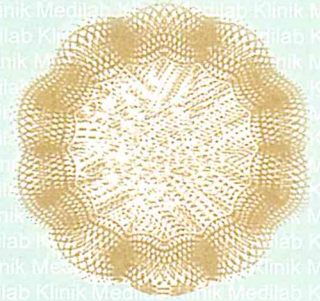


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E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

Identification of Applicant

Applicant's Name : Bidner Fernandes Hutapea
Sex/Age : Male/ 32 Years
Address : Baloi Centre RT 002 RW 003
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



BIDNER FERNAN

Distant vision acuity (Snellen Chart)	Near vision acuity (Jaeger Test)
Right Eye : 6/6 Without Glasses Left Eye : 6/6 Without Glasses	Both Eyes : J1 Without Glasses
Colour Vision (Ishihara Test)	Normal

dr. Ebiet Yudi Santoko

Examiner's Name

Examiner's Signature

Batam, May 08th, 2019

Place, Date of eye examination



Official Stamp of Medical Practitioner



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HEALTH SCREENING REPORT

Periodic Health Examination

85

CONFIDENTIAL

No. Medical Record : 
00011/003/V/ISP/19

PERSONAL DATA

Name : BIDNER FERNANDES HUTAPEA
Birthday/Gender/Emp. ID : 25 June 1986 / Male / C 0320756
Father's Name : HOTLAN HUTAPEA
Address : BALOI CENTRE RT 002 RW 003, BATAM
Occupation : TECHNICIAN
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



BIDNER FERNANDES HUTAPEA

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

		Yes/Abnormal	No/Normal			Yes/Abnormal	No/Normal
Weight	: 80 Kg			3. Cardiovascular System			
BMI	: 26.72			a. Blood Pressure		<input checked="" type="checkbox"/>	
				Systolic / Diastolic	: 122 / 83 mm Hg		
				Pulse	: 87 / min		
1. Vision		Yes/Abnormal	No/Normal	b. Heart Disease		<input checked="" type="checkbox"/>	
a. Distant Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins		<input checked="" type="checkbox"/>	
(Should be at least 6/12 in both eyes with or without glasses)				4. Respiratory System		<input checked="" type="checkbox"/>	
b. Near Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease		<input checked="" type="checkbox"/>	
(Should be at least J2 in both eyes with or without glasses)				6. Abdomen		<input checked="" type="checkbox"/>	
c. Colour Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological		<input checked="" type="checkbox"/>	
d. Any Organic Eye Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders		<input checked="" type="checkbox"/>	
2. Hearing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Mental State		<input checked="" type="checkbox"/>	
(Unable to hear ordinary conversation at 2 m)							

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, Waist Circumference: 88 cm, Lab: GGT R74.9 66 U/L MIE, Total Cholesterol E78.0 235 mg/dl BHR, HDL E78.4 37 mg/dl BHR, LDL E78.4 144 mg/dl BHR, Triglyceride E78.1 270 mg/dl HR, Cholesterol Ratio E78 6.4 AR, Nuchter: Pre-Diabetes R73.01 110 mg/dl, Blood Count: Leucocytosis D72.829 13.3*10³/mm³ MIE, ESR R70.0 12 mm/hr MIE, Monocytosis D72.821 8.3%

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, Take Enough Rest & Consume Curcuma, Low Fat & Sugar Diet

Authentic Signature

Date of Exam : 8 May 2019





DR. EBIEYET YUDI SANTOKO



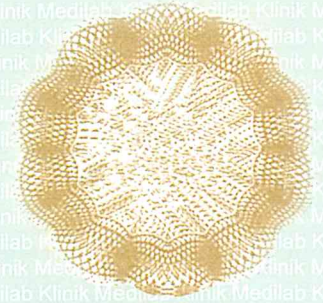
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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00011/003/V/ISP/19

PERSONAL DATA

Name : BIDNER FERNANDES HUTAPEA
Birthday/Gender/Emp. ID : 25 June 1986 / Male / C 0320756
Father's Name : HOTLAN HUTAPEA
Address : BALOI CENTRE RT 002 RW 003, BATAM
Occupation : TECHNICIAN
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	16.7	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	*	13.3 10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	5.36	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	*	12 mm/hr	M: 0 - 10 F: 0 - 20
HCT	47.0	%	M: 40 - 52 F: 35 - 47
PLT	357	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	25.1	%	25 - 40
- MON	*	8.3 %	2 - 8
- GRA	66.6	%	43 - 76

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	6	- 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 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 : 8 May 2019



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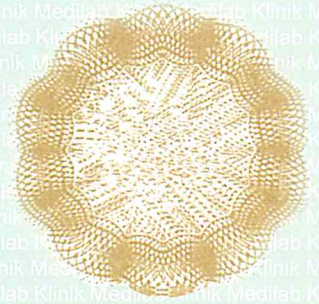


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HEALTH SCREENING REPORT

Periodic Health Examination

85

CONFIDENTIAL

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Father's Name : HOTLAN HUTAPEA
Address : BALOI CENTRE RT 002 RW 003, BATAM
Occupation : TECHNICIAN
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



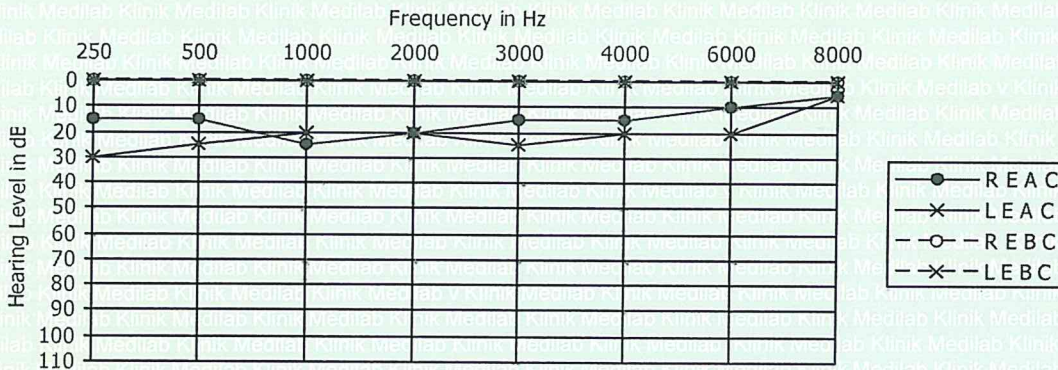
AUDIOMETRY REPORT

Occupational History

	Yes	No
- Noisy Working Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Hearing Protector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Period of Working	1.0 years	

Medical History/Examination

	Yes	No	If Yes, which ear	Left	Right
- Ear Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Head/Ear Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ears Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ear Drum Perforation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ear Cerumen	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>



Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -9.38 %
L : -3.75 %
Hearing Handicap : -8.438 %
- Not a Noise Induced Hearing Loss

Date of Exam : 8 May 2019



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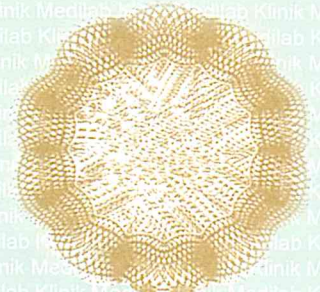


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HEALTH SCREENING REPORT

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



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	1.0 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	4.79	4.47	93
FEV1	4.02	3.68	92
FEV1/FVC	81.5	82.3	101
PL	9.40	8.20	87
FEF ₂₅₋₇₅	4.68	3.76	80

PARAMETER		Pred.	PRE#1	%Pred	PRE#2	PRE#3
FVC	L	4.79	4.47	93	4.42	4.34
FEV1	L	4.02	3.68	92	3.56	3.55
FEV1/FVC	%	81.5	82.3	101	80.5	81.8

FVC Normal Value : 4.043
FEV1 Normal Value : 3.402
FEV1/FVC % Normal Value : 85%
FVC % Predicted Value : 110%
FEV1 % Predicted Value : 108%
FEV1/FVC % Predicted Value : 96%

Interpretation : Normal Spirometri

Date of Exam : 8 May 2019



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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

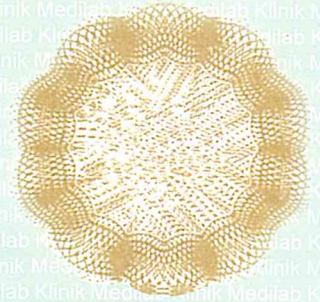


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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00011/003/V/ISP/19

85

PERSONAL DATA

Name : BIDNER FERNANDES HUTAPEA
Birthday/Gender/Emp. ID : 25 June 1986 / Male / C 0320756
Father's Name : HOTLAN HUTAPEA
Address : BALOI CENTRE RT 002 RW 003, BATAM
Occupation : TECHNICIAN
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



LABORATORY REPORT

Test Name

Result Unit

Reference Range

LIVER FUNCTION TEST

Total Bilirubin	0.9 mg/dl	0.3 - 1.1
Direct Bilirubin	0.2 mg/dl	0.1 - 0.4
Indirect Bilirubin	0.7 mg/dl	0.2 - 0.7
Alkaline Phosphatase	86 U/L	30 - 120
SGOT	27 U/L	M: <= 35 F: <= 31
SGPT	36 U/L	M: <= 45 F: <= 34
Gamma GT	66 U/L	M: <= 49 F: <= 32

LIPID PROFILE TEST

Total Cholesterol	235 mg/dl	<= 200
HDL - Cholesterol	37 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	144 mg/dl	50 - 140
Triglycerida	270 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	6.4	M: < 3.4 F: < 3.3

BLOOD SUGAR TEST

Nuchter	110 mg/dl	< 100
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RENAL FUNCTION TEST

Urem	20 mg/dl	17 - 43
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SEROLOGI

TPHA	Non Reactive	Non Reactive
HBsAg	Negative	Negative
Anti HBs	Negative	Negative

URINE

Cannabinoid	Negative	Negative
Methamphetamine	Negative	Negative
Opiates	Negative	Negative
Cocain	Negative	Negative
Amphetamine	Negative	Negative
Benzodiazepine	Negative	Negative

OTHERS

Breath Alcohol Test	0.000 %BAC	< 0.02 %BAC is negative >= 0.02-0.039 %BAC: cannot perform safety sensitive function
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Date of Exam : 8 May 2019

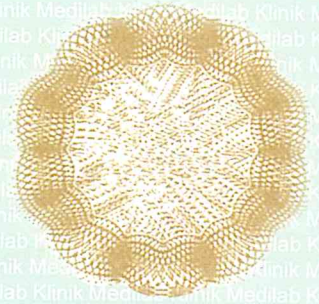


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Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



BIDNER FERNAN

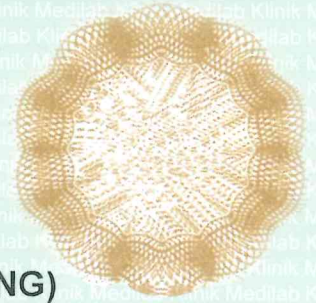
LABORATORY REPORT

Test Name	Result Unit	Reference Range
BUN	9.3 mg/dl	>= 0.04 %BAC is a violation of rule 8 - 20

Date of Exam : 8 May 2019

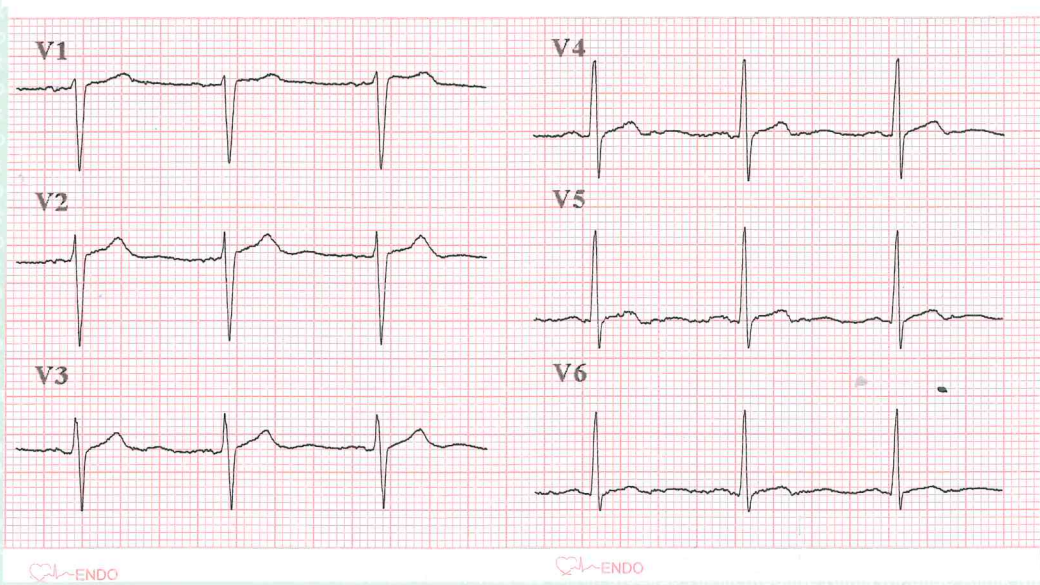
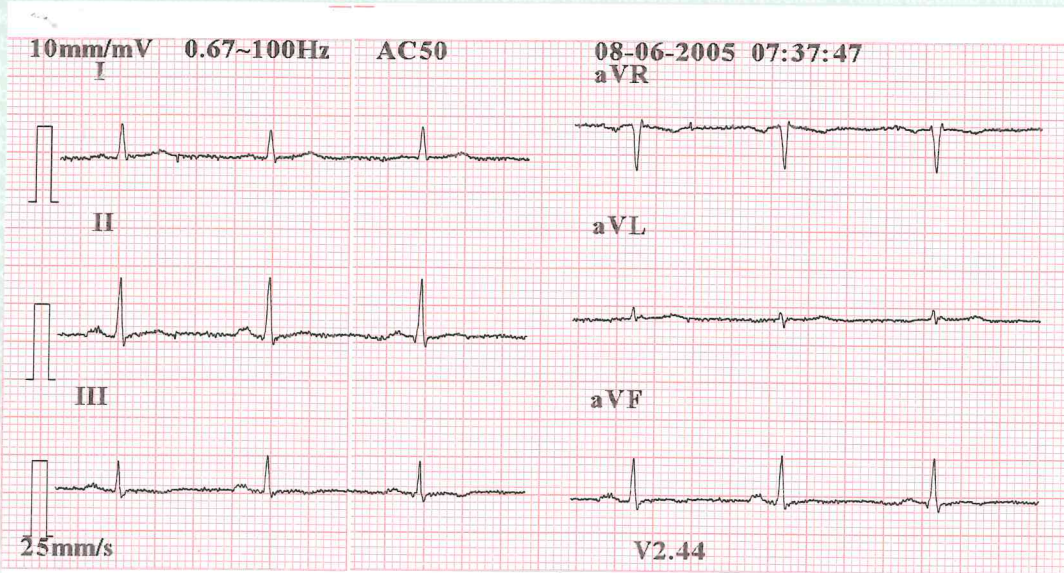


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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : Bidner Fernandes Hutapea
Age : 32 years
Sex : Male
Place/Date : Batam, May 08th 2019
Company's name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG
EXAMINER



dr. REZGA AGNELA VALBETRI
Examining Physician