	<p align="center"><b>MEDICAL FITNESS CERTIFICATE MEDICAL REPORT</b></p> <p align="center">(This document was adopted from Saipem company and used only for Saipem client/subcontractor)</p>
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## MEDICAL FITNESS CERTIFICATE

issued in accordance with Oil & Gas UK Guidelines, Saipem Corporate Standards OPR-COR-HIR-HLT-001-E, STD-COR-HLTCL1-001-I, IMO and STCW Guidelines on medical examination

<b>Full name</b> (in block letters) <b>TONI ANDRIAN</b>	<b>Date of Birth</b> <b>12/5/1988</b>	<b>Occupation</b> <b>MULTI DISCIPLINE</b>
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**This Health Certificate is valid until:** 7/1/2022

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

**BATAM**

Place

**8/1/2021**

Day, Month, Year



Komplek Taman Niaga Suka Jati Blok J No. 3A-6 Batam  
 Tel: 0778-7372023, 7372023 Fax: 0778-7372024

**dr. Rezga Agnela**  
 Examining Physician

*Employer must provide the personal protective equipment specific to the activity*



**3. SUMMARY OF MEDICAL HISTORY MR. /MRS. TONI ANDRIAN**

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			Yes	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>					
1. Ear infection / Sinusitis / Vertigo	<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 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 checked="" type="checkbox"/>			10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Frequent headaches / Fainting	<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 checked="" type="checkbox"/>			12. Skin disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Hypertension	<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 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"			
<b>8. Measurement &amp; Physical Description</b>					Height: 154	cm	Weight: 52	Kg
a) Measurements (to be taken in indoor clothing)					BMI: 21.92	Kg/m <sup>2</sup>	Waist Circumference: 80	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>								
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)					⇒		Systolic / Diastolic: 116 / 86	Pulse Rate: 80x/mnt
<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>Far Vision</b>		<b>Near Vision</b>		<b>Color Vision</b>		
Uncorrected	OD - OS -	OD - OS -	OD J1 OS J1	Adequate		✓		
Corrected	OD 6/6 OS 6/6	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	16.5 gr/dl	10) MCV (*)	19) HDL Cholesterol	64 mg/dl
2) RBC	5.17 x 10 <sup>6</sup> /mm <sup>3</sup>	11) MCM (*)	20) LDL Cholesterol	169 mg/dl
3) ESR	33 mm/hr	12) MCHC (*)	21) Triglycerides	60 mg/dl
4) WBC	6.0 x 10 <sup>3</sup> /mm <sup>3</sup>	13) Platelet	22) Total Bilirubine	0.8 mg/dl
5) Neutrophils		14) Reticulocyte (*)	23) Direct Bilirubin	0.5 mg/dl
6) Lymphocytes	40.0 %	15) Hematocrit	24) AlkalinePhosphatase	81 u/L
7) Monocytes	9.0 %	16) Glycemia	25) AST (SGOT)	17 u/L
8) Eosinophils		17) Blood Urea	26) ALT (SGPT)	21 u/L
9) Basophils		18) Total Cholesterol	27) Gamma GT	27 u/L
				245 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: 1.015, 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
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:07-Jan-2022

I have examined Mr./Mrs. TONI ANDRIANand found him/her (tick the box)

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

DR. REZGA AGNELA VALBETRI

Examinng Doctor's Signature

(Stamp, Signature, Name and address of the Physician

Date: 08-Jan-2021

dr. Rezga Agnela  
Examining Physician



# REVIEW FORM MEDICAL CHECK UP

## FILLED BY THE REQUESTOR

MCU Date

8/11/2024

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

## Summary Examination

### IDENTITY OF EMPLOYEE

Name	TONT ANDRIAN	Gender	MALE
Nationality	INDONESIA	Date Of Birth	12-05-1988
Name of Company	ISP	Vantage Number	
Job Title	MULTI DISCIPLINE	Departemen	INSPECTION
Email address or Medical Certificate sent to : Monickmarions@cnpcc.com.cn / monickmarions@bgp.co.id			

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

#### HISTORY :

Smoker/non smoker

NO Smoker.

#### PHYSICAL EXAMINATION

BMI : 21.92      UN/N/OV/OB      BP: 116/86 (N)Gr.I/Gr.II

#### PEMERIKSAAN SPESIFIK:

Spirometri	Audiometri	Treadmill
NA	NORMAL	NA

#### LABORATORIUM RESULT

HB : 16,5 gr/dl      SGOT/SGPT : 17 / 21 u/L      GDP : 81 mg/dl      (N/D)  
 Chol : 245 mg/dl      HDL : 64 mg/dl      LDL : 169 mg/dl      TG : 60 mg/dl      LP : N/M/Mod(S)  
 Rontgen Thorax      NORMAL      ECG      NORMAL RESTING ECG

#### OTHER EXAMINATIONS

SUMMARY :

**FIT TO WORK**

### 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 |
| <input type="checkbox"/> Work in Extreme Temperature          | <input type="checkbox"/> Food Handler                    | (Pilots, Seafarer, Diver etc)               |
| <input type="checkbox"/> Professional Driver                  | <input type="checkbox"/> Shift worker                    | <input type="checkbox"/> Jakarta Office     |

Komplek Tambak Peraga Suka Jati Blok J No. 3A-6 Batam  
 Tel : 0778 - 7372023      Fax : 0778 - 7372024  
**dr. Rezya Agnela**  
 Examining Physician

Attending Physician	
Signature	<i>[Signature]</i>
Review Date (dd/mm/yyyy)	8/11/2024





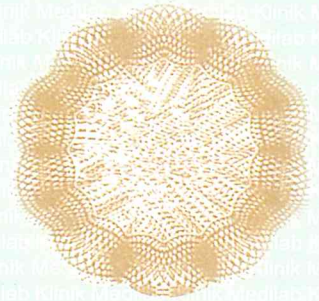
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**PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA**

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



**EYE EXAMINATION REPORT**

**IDENTIFICATION OF APPLICANT**

Applicant's Name : TONI ANDRIAN  
DOB/Gender/Emp. ID: 12 May 1988 / Male /  
Address : BENGKONG JAYA BLOK C NO 25, BATAM  
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



<b>Distant Vision Acuity (Snellen Chart)</b>	<b>Near Vision Acuity</b>
Right Eye: 6/6 With Glasses Left Eye : 6/6 With 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>	-
<b>Grey Test</b>	-
<b>Depth Test</b>	-

DR. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature

BATAM, 08 January 21

Place, Date of eye examination



Official Stamp of Medical Practitioner

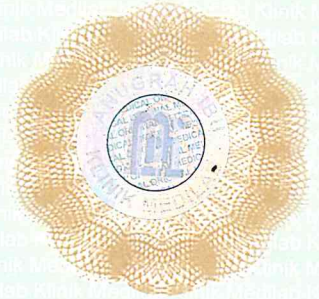




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### HEALTH SCREENING REPORT

Preemployment Physical Examination

147

#### CONFIDENTIAL

No. Medical Record :   
00003/003/I/ISP/21



TONI ANDRIAN

#### PERSONAL DATA

Name : TONI ANDRIAN  
 Birthday/Gender/Emp. ID : 12 May 1988 / Male /  
 Father's Name : UBAIDILLAH  
 Address : BENGKONG JAYA BLOK C NO 25, BATAM  
 Occupation : MULTI DISCIPLINE  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, 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 : 52 Kg	Height : 154 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 21.92		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 116 / 86 mm Hg		
		Pulse : 80 / 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 type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>
( Should be at least J2 in both eyes with or without glasses )			5. Skin-Chronic Disease	<input type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )			9. Mental State	<input 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:** Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 80 cm, Lab: Direct Bilirubin E80.6 0.5 mg/dl MIE, Total Cholesterol E78.0 245 mg/dl VHR, LDL E78.4 169 mg/dl HR, Cholesterol Ratio E78 3.8 AR, Blood Count: ESR R70.0 33 mm/hr MIE, Monocytosis D72.821 9.0%

#### CERTIFICATION

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

ADVICE :  
Low Fat Diet

Authentic Signature

Date of Exam : 8 January 2021



DR. REZGA AGNELA VALBETRI





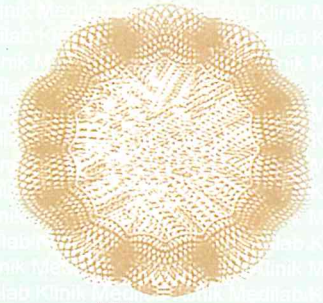
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# KLINIK MEDILAB

## 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

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00003/003/I/ISP/21

#### PERSONAL DATA

Name : TONI ANDRIAN  
Birthday/Gender/Emp. ID : 12 May 1988 / Male /  
Father's Name : UBADILLAH  
Address : BENGKONG JAYA BLOK C NO 25, BATAM  
Occupation : MULTI DISCIPLINE  
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	16.5	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	6.0	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.17	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	*	33 mm/hr	M: 0 - 10	F: 0 - 20	
HCT	45.7	%	M: 40 - 52	F: 35 - 47	
PLT	296	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440		
Differential Count					
- LYM	40.0	%	25 - 40		
- MON	*	9.0	2 - 8		
- GRA	51.0	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	1.27	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2400	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

#### 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 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 : 8 January 2021



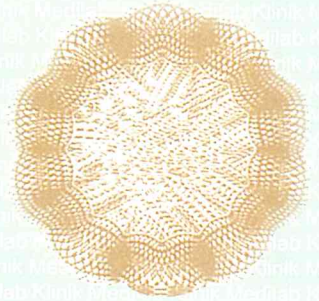
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Preemployment Physical Examination

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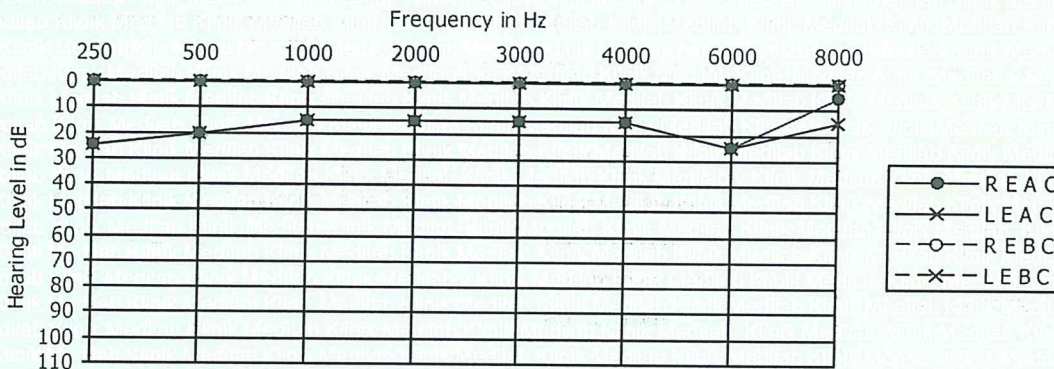
### AUDIOMETRY REPORT

#### 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 : -13.13 %  
L : -13.13 %  
Hearing Handicap : -13.125 %
- Not a Noise Induced Hearing Loss

Date of Exam : 8 January 2021



>> Computer Generated Report, No Signature Required. <<





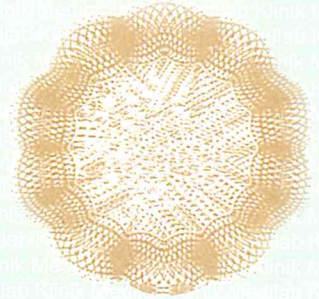
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**HEALTH SCREENING REPORT**

Preemployment Physical Examination

**CONFIDENTIAL**

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Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM

147



**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	:* 0.5 mg/dl	0.1 - 0.4
Indirect Bilirubin	: 0.6 mg/dl	0.2 - 0.7
Alkaline Phosphatase	: 81 U/L	30 - 120
SGOT	: 17 U/L	M: <= 35 F: <= 31
SGPT	: 21 U/L	M: <= 45 F: <= 34
Gamma GT	: 27 U/L	M: <= 49 F: <= 32
<b>LIPID PROFILE TEST</b>		
Total Cholesterol	:* 245 mg/dl	<= 200
HDL - Cholesterol	: 64 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:* 169 mg/dl	50 - 140
Triglycerida	: 60 mg/dl	<= 204
Ratio Cholesterol ( Total Chol : HDL )	:* 3.8	M: < 3.4 F: < 3.3
<b>100% SUGAR TEST</b>		
Nuchter	: 81 mg/dl	< 100
2 hours PP	: 94 mg/dl	< 140
<b>RENAL FUNCTION TEST</b>		
Ureum	: 21 mg/dl	17 - 43
Creatinine	: 0.9 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	: 4.6 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	
<b>URINE</b>		
Cannabinoid	: Negative	Negative
Methamphetamine	: Negative	Negative
Opiates	: Negative	Negative
Cocain	: Negative	Negative
Amphetamine	: Negative	Negative
Benzodiazepine	: Negative	Negative

Date of Exam : 8 January 2021



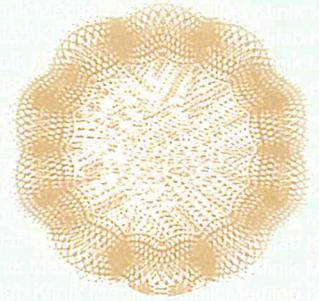
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## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


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



### HEALTH SCREENING REPORT

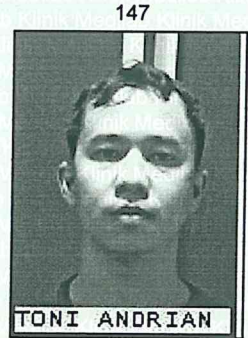
Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00003/003/I/ISP/21

#### PERSONAL DATA

Name : TONI ANDRIAN  
Birthday/Gender/Emp. ID : 12 May 1988 / Male /  
Father's Name : UBaidILLAH  
Address : BENGKONG JAYA BLOK C NO 25, BATAM  
Occupation : MULTI DISCIPLINE  
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
<b>OTHERS</b>			
BUN	:	9.8 mg/dl	8 - 22

Date of Exam : 8 January 2021



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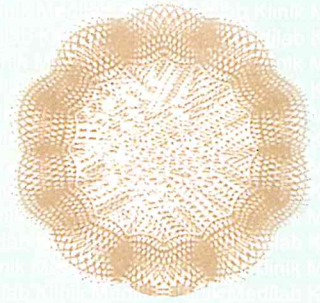
Management System  
ISO 9001:2015

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ID 9105042627



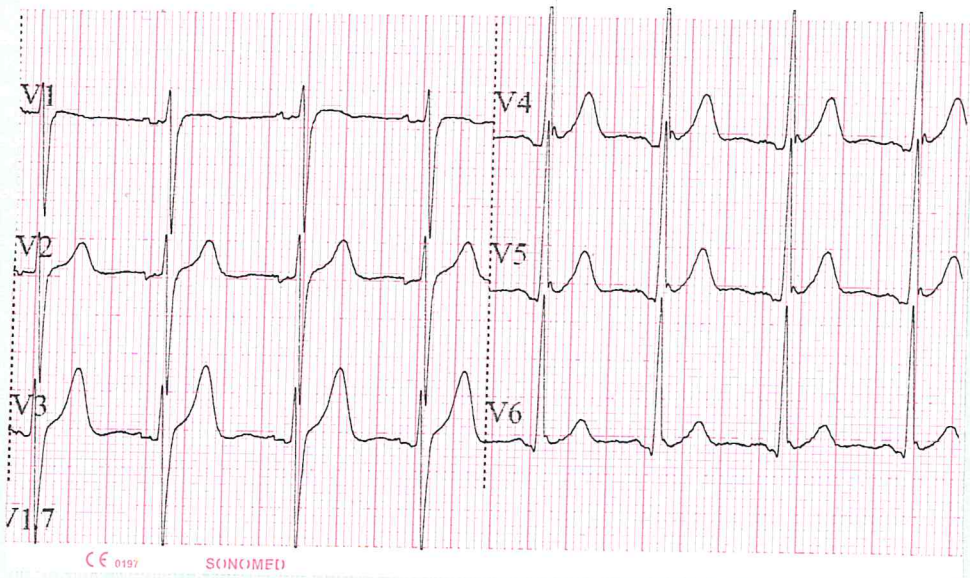
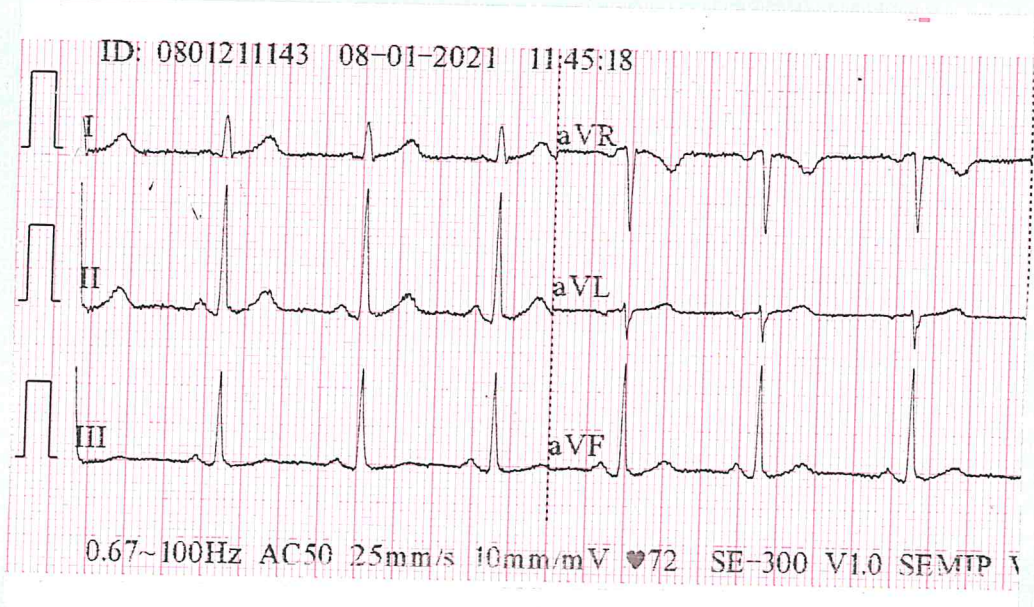
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### ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : TONI ANDRIAN  
Age : 32 Years  
Gender : Male  
Place/Date : BATAM/08 January 2021  
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG

ADVICE :

EXAMINER :



**dr. REZGA AGNELA VALBETRI**  
Examining Physician