



MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

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MEDICAL FITNESS CERTIFICATE

issued in accordance with Oil & Gas UK Guidelines, Saipem Corporate Standards OPR-COR-HR-HLT-001-E, STD-COR-HLTCL1-001-1, IMO and STCW Guidelines on medical examination

Full name (in block letters)	Date of Birth	Occupation
IGNATIUS ARRYAMO MANAW	19-04-1997	INSPECTOR

This Health Certificate is valid until: 18 / 10 / 2023

- 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

Batam
Place

19 / 10 / 2022
Day, Month, Year

KLINIK MEDILAB
Komplek Taman Ningsu Suka Jati Blok J No. 3A-6 Batam
Telp: 0778 - 3353022, 7872023 Fax: 0778 - 7872024
Doctor's stamp and signature
dr. REZGA AGNELA VALBETRI
Examining Physician

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full Date of Birth Sex M F
 Occupation Badge No. Blood Group B Rh

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
b)	Smokers: How much do you smoke per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c)	What is the average daily consumption of alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/>

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	57	Fit		
Mother	53	Fit		
Brother/ Sister	34	Fit		
Brother / Sister	33	Fit		
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 19 / 10 / 2022



3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS. IGNATIUS APRYANDO MANALU

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			Height: 162 cm	Weight: 85 Kg
a) Measurements (to be taken in indoor clothing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMI: 32.39 Kg/m ²	Waist Circumference: 101c m
b) Please describe general appearance and build:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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"/>		
9. Cardio-vascular System & Blood pressure			Systolic / Diastolic: 137 / 87	Pulse Rate: 80x / min
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Respiratory System				
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"/>		
11. Genito / Urinary & Digestive System				
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"/>		
12. Nervous System				
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"/>		
13. Sense Organs				
a) Is there any affection of the eyes, ears, nose or tongue	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Vision	Far Vision		Near Vision	Color Vision
Uncorrected	OD - OS -		OD J1 OS J1	Adequate <input checked="" type="checkbox"/>
Corrected	OD 6/6 OS 6/6		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 Normal Lung Function
- 5. Digital Pulse Oximetry Report: 98%

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

1) Hemoglobin	14.8 gr/dl	10) MCV (*)	85.5 μm^3	19) HDL Cholesterol	46 mg/dl
2) RBC	$5.06 \times 10^6 / \text{mm}^3$	11) MCM (*)	29.2 pg	20) LDL Cholesterol	128 mg/dl
3) WBC	$10.3 \times 10^3 / \text{mm}^3$	12) MCHC (*)	34.2 gr/dl	21) Total Bilirubin	0.9 mg/dl
4) Neutrophils		13) Platelet	$306 \times 10^3 / \text{mm}^3$	22) Direct Bilirubin	0.4 mg/dl
5) Lymphocytes	27.8%	14) Reticulocyte (*)		23) AST (SGOT)	21 μL
6) Monocytes	6.5%	15) Glycemia	88 mg/dl	24) ALT (SGPT)	22 μL
7) Eosinophils		16) Blood Urea	15 mg/dl	25) Gamma GT	42 μL
8) Basophils		17) Total Cholesterol	190 mg/dl		
9) Hematocrit		18) Triglycerides	81 mg/dl		

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

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

1) Amphetamines	NEGATIVE	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7) Alcohol	0.000%
2) Benzodiazepine	NEGATIVE	4) Marijuana	NEGATIVE	6) Opiates	NEGATIVE		

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

(*) Only if specifically required (**) Only to the personnel who have never been vaccinated before or if specifically 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: 18-Oct-2023

I have examined Mr./Mrs. **IGNATIUS APRYANDO MANALU** and found him/her (tick the box)

FIT for (offshore/onshore) duty

UNFIT for duty

Pending



DR. BEZGA AGNELA VALBETRI
Examining Physician's Signature
(Stamp, Signature, Name and address of the Physician)

Date: 19-Oct-2022

dr. BEZGA AGNELA VALBETRI
Examining Physician



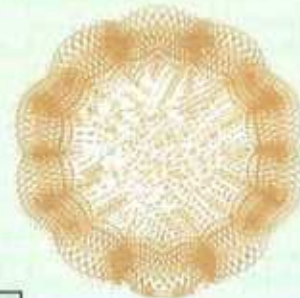
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M•KLINIK MEDILAB

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 : IGNATIUS APRYANDO MANALU
DOB/Gender/Emp. ID: 14 April 1997 / Male / ISP 21268
Address : KOMP YKB BLOK C NO 11 BENGKONG LAUT, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



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

DR. REZGA AGNELA VALBETRI	
_____ Examiner's Name	_____ Examiner's Signature
BATAM, 19 October 22	
_____ Place, Date of eye examination	_____ Official Stamp of Medical Practitioner




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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00030/006/X/ISP/22

281

PERSONAL DATA

Name : IGNATIUS APRYANDO MANALU
 Birthday/Gender/Emp. ID : 14 April 1997 / Male / ISP 21268
 Father's Name : KASTO MANALU
 Address : KOMP YKB BLOK C NO 11 BENGKONG LAUT, BATAM
 Occupation : INSPECTOR
 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

		Yes/Abnormal	No/Normal			Yes/Abnormal	No/Normal
Weight	: 85 Kg			3. Cardiovascular System			
BMI	: 32.39			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Systolic / Diastolic	: 137 / 87 mm Hg		
1. Vision				Pulse	: 80 / min		
a. Distant Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>(Should be at least 6/12 in both eyes with or without glasses)</i>				c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Near Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>(Should be at least J2 in both eyes with or without glasses)</i>				5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Colour Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Any Organic Eye Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>(Unable to hear ordinary conversation at 2 m)</i>				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: Obese BMI:32.39 E66, Waist Circumference: 101 cm, Oxygen Saturation: 98 %, BUN R79.89 7.0 mg/dl, Lab: HDL E78.4 46 mg/dl BHR, Cholesterol Ratio E78 4.1 AR, Urea R79.89 15 mg/dl, Anti HBs (-), Blood Count: ESR R70.0 30 mm/hr MIE, COVID-19 Antigen Rapid Test: Negative

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, Diet to Raise HDL Cholesterol, Protein Intake

Authentic Signature

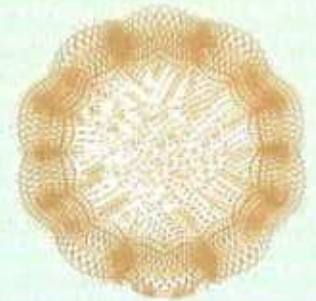
DR. REZGA AGNELA VALBETRI

Date of Exam : 19 October 2022






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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00030/006/X/ISP/22

281



IGNATIUS APRIY

PERSONAL DATA

Name : IGNATIUS APRIYANDO MANALU
Birthday/Gender/Emp. ID : 14 April 1997 / Male / ISP 21268
Father's Name : KASTO MANALU
Address : KOMP YKB BLOK C NO 11 BENGKONG LAUT, BATAM
Occupation : 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	14.8	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	10.3	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.06	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	*	30 mm/hr	M: 0 - 10	F: 0 - 20
HCT	43.2	%	M: 40 - 52	F: 35 - 47
PLT	306	10 ³ /mm ³	150 - 440	
MCV	85.5	µm ³	80 - 100	
MCH	29.2	pg	26 - 34	
MCHC	34.2	gr/dl	32 - 36	
Differential Count				
- LYM	27.8	%	25 - 40	
- MON	6.5	%	2 - 8	
- GRA	65.7	%	43 - 76	

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	5	- WBC/HPF	Occ/HPF
- Specific Gravity	1.010	- RBC/HPF	Nil/HPF
- Glucosaa	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 Abnormaltis.
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 : 19 October 2022



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

AUDIOMETRY REPORT

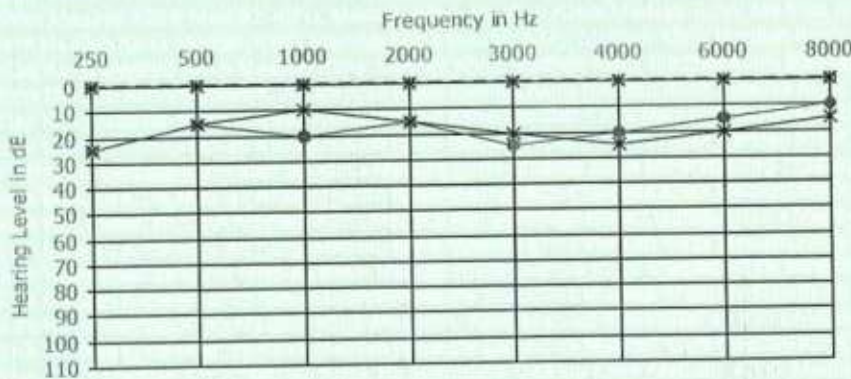
Occupational History

	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	0.3 years	

Medical History/Examination

- Ear Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
- Head/Ear Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
- Ears Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
- Ear Drum Perforation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
- Ear Cerumen	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

	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 :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -9.38 %
L : -13.13 %
Hearing Handicap : -12.500 %
- Not a Noise Induced Hearing Loss

Date of Exam : 19 October 2022



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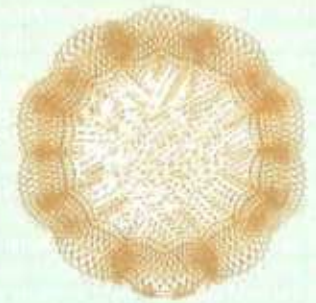


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M•KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


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



HEALTH SCREENING REPORT

Periodic Health Examination

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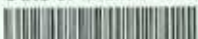


IGNATIUS APRI

LABORATORY REPORT

Test Name	Result	Unit	Reference Range
LIVER FUNCTION TEST			
Total Bilirubin	0.9	mg/dl	0.3 - 1.1
Direct Bilirubin	0.4	mg/dl	0.1 - 0.4
Indirect Bilirubin	0.5	mg/dl	0.2 - 0.7
SGOT	21	U/L	M: <= 35 F: <= 31
SGPT	22	U/L	M: <= 45 F: <= 34
Gamma GT	42	U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST			
Total Cholesterol	190	mg/dl	<= 200
HDL - Cholesterol	46	mg/dl	M: > 35 F: > 45
LDL - Cholesterol	128	mg/dl	50 - 140
Triglycerida	81	mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	4.1		M: < 3.4 F: < 3.3
BLOOD SUGAR TEST			
Nuchter	88	mg/dl	< 100
RENAL FUNCTION TEST			
Ureum	15	mg/dl	17 - 43
KUN	7.0	mg/dl	8 - 22
SEROLOGI			
TPHA		Non Reactive	Non Reactive
HBsAg		Negative	Negative
Anti HBs		Negative	
Urine			
Cannabinoid/THC		Negative	Negative
Methamphetamine		Negative	Negative
Opiates/Morphine		Negative	Negative
Cocain		Negative	Negative
Amphetamine		Negative	Negative
Benzodiazepine		Negative	Negative
COVID-19 IgG/ IgM Rapid Test			
SARS-CoV-2 Antigen		Negative	Negative
OTHERS			
Breath Alcohol Test		0.000 %BAC	< 0.02 %BAC is negative

Date of Exam : 19 October 2022



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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

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00030/006/X/ISP/22

281

PERSONAL DATA

Name : IGNATIUS APRYANDO MANALU
 Birthday/Gender/Emp. ID : 14 April 1997 / Male / ISP 21268
 Father's Name : KASTO MANALU
 Address : KOMP YKB BLOK C NO 11 BENGKONG LAUT, BATAM
 Occupation : INSPECTOR
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



IGNATIUS APRY

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 : 19 October 2022



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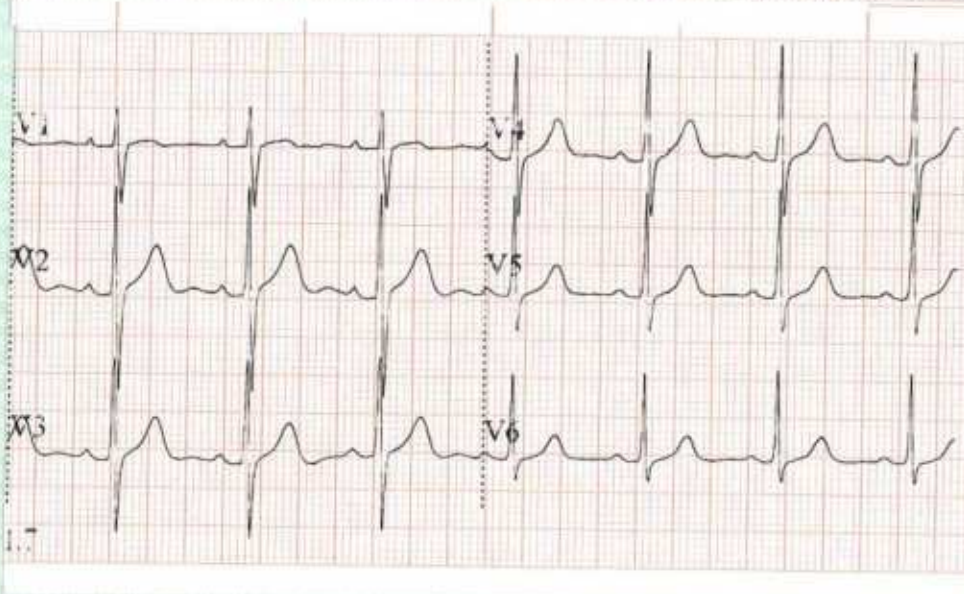
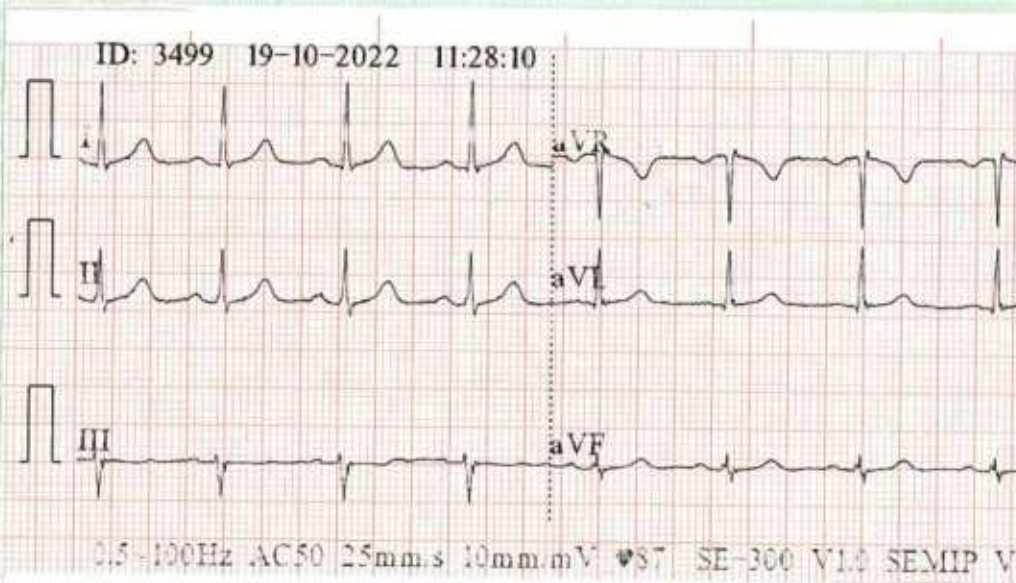
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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : IGNATIUS APRYANDO MANALU
Age : 25 Years
Gender : Male
Place/Date : BATAM/19 October 2022
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG
ADVICE :
EXAMINER :



dr. Tasyarna BR. Dalimunthe
007.1/007-363/SIP.TM/DPNPTSP-BTAM/VIII/2020

OVERWEIGHT DAN OBESE

Kemendes 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



HDL CHOLESTEROL

HDL Cholesterol (serum HDL) adalah "protein" yang mengangkut lemak keluar dari sel-sel lemak.

HDL berfungsi mengurangi kolesterol yang berlebihan di pembuluh darah dengan cara dioksidasi ke hati untuk didaur ulang.

Cara meningkatkan HDL Cholesterol :

1. Menurunkan berat badan yang berlebih
2. Meningkatkan aktivitas fisik >30 menit per hari dengan intensitas sedang-energi
3. Pilih bahan makanan yang mengandung lemak tak jenuh misalnya minyak sayur, minyak jagung, kedelai, ikan salmon dan tuna dll.
4. Tidak merokok dan pembatasan konsumsi alkohol

