





**APPENDIX 3: MEDEX FORMS**

Remark: The most up to date MEDEX Forms and formatted for clinic use are available at the GHSSSE website. Those without access to the website, to contact Occupational Health GHSSSE.

  
**MEDEX 001**  
**HEALTH DECLARATION AND CONSENT FORM**  


**TO BE COMPLETED BY CANDIDATE / EMPLOYEE**

|  |  |  |
|--|--|--|
| Full Name: <b>Daniel .O. E</b><br><small>(As in the I/C or Passport)</small> | Staff / IC / Passport No:<br><b>3276052710950003</b> | Contact No: (mobile)<br><b>081386282844</b>                                      |
| Home Address / Company Address:<br><b>Jl. Johar Raya, Depok.</b>             |  |  |
| Place of examination: <b>Medika Plaza</b><br>Date: <b>26/11/2019</b>         | Birth Date (dd/mm/yy)<br><b>27/10/1995</b>           | Sex: Male <input checked="" type="checkbox"/><br>Female <input type="checkbox"/> |
| Offered / Current Job Title:   |  |  |

**DO YOU HAVE OR HAVE YOU HAD: (Tick 'YES' or 'NO')**

|    |  | Y | N                                   |    |  | Y | N                                   |   |  | Y | N                                   |
|----|--|---|-------------------------------------|----|--|---|-------------------------------------|---|--|---|-------------------------------------|
| 1  | Sinus problem                          |   | <input checked="" type="checkbox"/> | 23 | Gastritis / Ulcer                        |   | <input checked="" type="checkbox"/> | 44  | Mental problem e.g. depression   |   | <input checked="" type="checkbox"/> |
| 2  | Allergic rhinitis / other allergy      |   | <input checked="" type="checkbox"/> | 24 | Recurrent indigestion                    |   | <input checked="" type="checkbox"/> | 45  | Drug and Alcohol problem   |   | <input checked="" type="checkbox"/> |
| 3  | Any skin problem                       |   | <input checked="" type="checkbox"/> | 25 | Jaundice / Hepatitis / Liver problem     |   | <input checked="" type="checkbox"/> | <b>HAVE YOU EVER BEEN:-</b>                 |  |   |                                     |
| 4  | Any ear discharge                      |   | <input checked="" type="checkbox"/> | 26 | Gall Bladder Disease                     |   | <input checked="" type="checkbox"/> | 46  | Exposed to health hazards such as noise, dust, chemicals, heavy metals, radiation etc?                               |   | <input checked="" type="checkbox"/> |
| 5  | Neck / gland swelling                  |   | <input checked="" type="checkbox"/> | 27 | Marked change in weight                  |   | <input checked="" type="checkbox"/> | 47  | Suffered from work related illness before such as asthma, skin condition, hearing loss, backache, blood disease etc? |   | <input checked="" type="checkbox"/> |
| 6  | Dental problem                         |   | <input checked="" type="checkbox"/> | 28 | Marked change in bowel habits            |   | <input checked="" type="checkbox"/> | 48  | Have you had any previous abnormal audiometry / lung function test / Chest X-ray?                                    |   | <input checked="" type="checkbox"/> |
| 7  | Severe headache / Migraine             |   | <input checked="" type="checkbox"/> | 29 | Kidney stone / disease                   |   | <input checked="" type="checkbox"/> | 49  | HAVE YOU HAD OTHER ILLNESS (S)   |   | <input checked="" type="checkbox"/> |
| 8  | Frequent dizziness / fainting episodes |   | <input checked="" type="checkbox"/> | 30 | Painful passage of urine                 |   | <input checked="" type="checkbox"/> | <b>FOR WOMEN ONLY - Have you ever had:-</b> |  |   |                                     |
| 9  | Stroke                                 |   | <input checked="" type="checkbox"/> | 31 | Blood in urine                           |   | <input checked="" type="checkbox"/> | 50  | Any gynaecological problem?  |   | <input checked="" type="checkbox"/> |
| 10 | Epilepsy                               |   | <input checked="" type="checkbox"/> | 32 | Piles / Hernia                           |   | <input checked="" type="checkbox"/> | 51  | Are you pregnant?  |   | <input checked="" type="checkbox"/> |
| 11 | Lump in breast / arm pit               |   | <input checked="" type="checkbox"/> | 33 | Blood in stools (motions)                |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 12 | Frequent lung infection                |   | <input checked="" type="checkbox"/> | 34 | Varicose Veins                           |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 13 | Shortness of breath                    |   | <input checked="" type="checkbox"/> | 35 | Serious joints / spinal problem          |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 14 | Coughed / Vomited blood                |   | <input checked="" type="checkbox"/> | 36 | Gout                                     |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 15 | Bronchial Asthma / Bronchitis          |   | <input checked="" type="checkbox"/> | 37 | Diabetes                                 |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 16 | Tuberculosis                           |   | <input checked="" type="checkbox"/> | 38 | Cancer                                   |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 17 | Serious chest pain                     |   | <input checked="" type="checkbox"/> | 39 | Surgical operation                       |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 18 | Abnormal heart beat                    |   | <input checked="" type="checkbox"/> | 40 | Accident / Injury                        |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 19 | Heart disease                          |   | <input checked="" type="checkbox"/> | 41 | Fear of heights                          |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 20 | High blood pressure                    |   | <input checked="" type="checkbox"/> | 42 | Fear in enclosed / Confined Space        |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 21 | Any blood disease                      |   | <input checked="" type="checkbox"/> | 43 | Are you currently taking any medication? |   | <input checked="" type="checkbox"/> |   |  |   |                                     |
| 22 | Severe abdominal pain                  |   | <input checked="" type="checkbox"/> |    |  |   |                                     |   |  |   |                                     |

Do you smoke / vape? Yes  No       Do you take alcohol regularly? Yes  No  If yes, amount per week?

**Have any of your family members suffered from the following?**

|  |  |  |   |                                   |
|--|--|--|---|-----------------------------------|
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Tuberculosis  | <input type="checkbox"/> Stroke        | <input type="checkbox"/> Cancer           | <input type="checkbox"/> Eczema   |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Blood disease | <input type="checkbox"/> Bronchial Asthma | <input type="checkbox"/> Epilepsy |

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**MEDEX 001**



**Declaration & Consent Statement**

I, the undersigned, declare and certify that the disclosure of the above information has been made voluntarily and that the information given above is true and complete to the best of my knowledge. I understand that false declaration of any information required above may result in disciplinary action and/or legal proceedings being taken against me.

For Fitness To Work health assessment including pre-employment, I hereby give consent to the examining Medical Examiner to disclose the information given in this MEDEX Forms and the result of my health assessment to the Company Health Advisors and/or authorized PETRONAS Personnel for the purposes of management of all matters related to PETRONAS employment processes.

For Preventive Health assessment (screening), I understand that medical data will be analysed anonymously for the purpose of the PETRONAS health and wellness program implementation. My personal identity will not be revealed at any point of analysis nor will it be used for Fitness To Work or employment processes.

I understand that PETRONAS shall endeavour to implement the appropriate security safeguards and administrative procedures in accordance with the applicable local laws and regulations to prevent unauthorized or unlawful processing, usage and accidental loss or destruction of/or damage to, my Personal Data.

I have read, understood and accept the contents of this Consent Statement given herein and I hereby give my consent for PETRONAS to manage my Personal Data in the PETRONAS Occupational Health Database System.

Name: Daniel Octavianus E Signature:  Date: 26/11/2019  
 (Employee)

Questionnaires reviewed by:  
dr. PUTERI MELATI  
SIP. 23/B.15a/31.74.04.1004/1.779.3/e/2019

  
**PT. KARTIKA BINA MEDIKATAMA**  
 Signature:  Date: 26/11/2019

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (AME/Medical Examiner)



# HEALTH ASSESSMENT FOR FITNESS TO WORK

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## MEDEX 002 HEALTH ASSESSMENT



PETRONAS

Health Advisor Code

INO.001

HR Email

Employee Name

Daniel-O-E

Staff Number

IC Number

Passport Number

3276052710950023

### ASSESSMENT TYPE

- Pre-employment
  Periodic (Preventive)
  Exit

Pre-Placement

- Domestic
  International

For Cause

- Post Accident
  Suspicion
  Others (Please specify in MEDX003's Remark)

Return to Work

- Job Specific
  Offshore
  Remote Location  
 Non Job Specific (post injury/illness)
  Post MRP

Job Specific

- Offshore
  Breathing Apparatus User
  Food Handler
  Remote Location  
 Confined Space Worker
  Crane and/or Fork Lift Operator
  Radiation Worker
  Health Care Worker  
 Fire Fighter and Emergency Response Personnel
  Driver
  Work Requires Colour Perception
  Auxiliary police  
 Working at Heights

Contractor Worker

- Plant & Field
  Non-Plant & Non-Field

### PHYSICAL EXAMINATION

Weight (kg) 73.5 Height (m) 1.64 BMI 27.32 Fat%  Waist-Hip Ratio  BP (mmHg) 100 / 70 pulse (per min) 70x

| Distance Vision |         | Near Vision |      | Color Vision |        |
|-----------------|---------|-------------|------|--------------|--------|
| Uncorrected     | R       | L           | R    |              | L      |
|                 | R 20/25 | L 20/25     | R J1 | L J1         | Normal |
| Corrected       | R       | L           | R    | L            |        |

Tonometry: OD 20.0 mmHg  
 OS 19.0 mmHg

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## MEDEX 002 HEALTH ASSESSMENT



PETRONAS

Employee Name Daniel O.E

Staff/NRIC/Passport No. 327605270950003

N = Normal, A = Abnormal, NA = Not Applicable

- |                      |                                       |                                       |                             |                                    |                                       |                            |                             |
|----------------------|---------------------------------------|---------------------------------------|-----------------------------|------------------------------------|---------------------------------------|----------------------------|-----------------------------|
| 1 Eyes               | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA | 8 Skin                             | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA |
| 2 Ear, Nose & Throat | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA | 9 Varicose Veins                   | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA |
| 3 Oral / Teeth       | <input type="checkbox"/> N            | <input checked="" type="checkbox"/> A | <input type="checkbox"/> NA | 10 Extremities/<br>Musculoskeletal | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA |
| 4 Lungs / chest      | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA | 11 Neurological                    | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA |
| 5 Cardiovascular     | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA | 12 Genitourinary                   | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA |
| 6 Abdomen            | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA | 13 Breast                          | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA |
| 7 Hernia Orifices    | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA | 14 Anus & Rectal<br>Examination    | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA |

### Assessments & Examinations Finding/Medical Remarks

calculus teeth

### CLINICAL AND LABORATORY TEST RESULTS

- |                         |                                       |                            |                             |                        |                                       |                                       |                             |
|-------------------------|---------------------------------------|----------------------------|-----------------------------|------------------------|---------------------------------------|---------------------------------------|-----------------------------|
| 1 Audiometry            | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA | 7 Serum Electrolytes   | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA |
| 2 Chest X-Ray           | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA | 8 Serum Lipids         | <input type="checkbox"/> N            | <input checked="" type="checkbox"/> A | <input type="checkbox"/> NA |
| 3 ECG                   | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA | 9 Urea & Creatinine    | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA |
| 4 Lung Function Test    | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA | 10 Liver Function Test | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA |
| 5 Full Blood Count      | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA | 11 Urinalysis          | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA |
| 6 Fasting Blood Glucose | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> NA | 12 Urine Drug Test     | <input checked="" type="checkbox"/> N | <input type="checkbox"/> A            | <input type="checkbox"/> NA |

Total Chol 7.08 mmol/L Fasting Blood Glucose 4.78 mmol/L Blood Grp B Rh(+) Stress Test N PAP Smear N/A Mammogram N/A

### Audiometry Test Results (RIGHT) Left blank if there's no value

| Frequency (KHz) | 0.5 | 1.0 | 2.0 | 3.0 | 4.0 | 6.0 | 8.0 | Avg 0.5,1,2 | Avg 0.5,1,2,3 | Avg 2,3,4 |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-------------|---------------|-----------|
| dB              | 15  | 10  | 10  | 15  | 15  | 10  | 15  | 11,67       | 10            | 10        |

### Audiometry Test Results (LEFT) Left blank if there's no value

| Frequency (KHz) | 0.5 | 1.0 | 2.0 | 3.0 | 4.0 | 6.0 | 8.0 | Avg 0.5,1,2 | Avg 0.5,1,2,3 | Avg 2,3,4 |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-------------|---------------|-----------|
| dB              | 20  | 10  | 10  | 5   | 15  | 10  | 5   | 13,33       | 11,25         | 10        |

### Additional Tests Findings/Remarks

If yes / applicable, kindly select (X) relevant box (confirmed diagnosis only)

- Diabetes Mellitus     Hypertension     Ischaemic Heart Disease     Bronchial Asthma     Smoking / Vaping

Prepared by :

dr. PUTERI MELATI

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MEDEX 003  
FITNESS TO WORK CERTIFICATE



PETRONAS

Employee Name: DANNIEL OCTAVIANUS . E

Staff/NRIC/Passport No. 3276052710950003

This is to certify that I have examined the above named person and found his/her fitness status as follows :

| ASSESSMENT TYPE                                   | RESULT<br>Fit / Unfit / Fit with<br>Restriction | NEXT DUE<br>Validity/Expiry Date<br>of the assessment (dd/mm/yyyy) |
|---|---|--|
| <input type="checkbox"/> Pre-employment           |   |  |
| <input type="checkbox"/> Pre-Placement            |   |  |
| <input type="checkbox"/> For-Cause                |   |  |
| <input type="checkbox"/> Return to Work           |   |  |
| <input type="checkbox"/> Job Specific             |   |  |
| <input checked="" type="checkbox"/> Contractor W. | FIT TO WORK                                     | 26/11/2020   |

RESTRICTION INFO:

JOB

DURATION

LOCATION

Restriction End Date (dd/mm/yyyy)

Remarks To HR (For Unfit/WR cases, kindly state the risk and implication if the candidate/staff is allowed to work)

FIT TO WORK

Medical Advice / Consultation To Employee

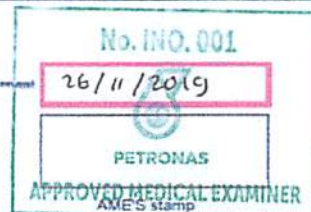
Must follow the recommendation written on the AAR result summary

AME'S/Medical Examiner Signature

AME's Medical Examiner Name: DR. NELYA NATASYA FACHRINI  
Clinic Name: SIP. 32/B.15a/31.74.04.1004/-1.779.31e/2018

Date (dd/mm/yyyy)

26/11/2019



UNIVERSAL ID

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## Certificate Of Health Assessment



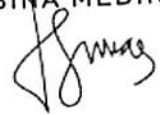
| Name                      | Age   | Position       | Department |
|---------------------------|-------|----------------|------------|
| DANNIEL OCTAVIANUS ENDONG | 24 yo | ASST INSPECTOR | -          |

**COMPANY :**

**INSPEKTINDO SINERGI PERSADA, PT**

### CONCLUSION

|   |   |
|---|---|
| Fit for work to the job described                     | ✓ |
| Fit with Medical Note (Restriction and/or Limitation) |   |
| Temporary Unfit                                       |   |
| Unfit for work to the job described                   |   |

| Issued Date      | Doctors Name  | Prepared By  |
|------------------|---|--|
| 26 November 2019 | <b>Puteri Melati, MD</b><br><i>PKTK : KEP.264/BINWASK3-PNK3/KK/VI/2019</i><br><i>SIP : 23/B.15a/31.74.04.1004/-1.779.3/e/2019</i> | <br><br><b>Verified By</b> |
| Expired Date     | <b>dr. Muhammad Ilyas, Sp.Ok</b><br><i>SIP : 29/B.15b/31.74.04.1004.02.009.K.1/3/-1.779.3/e/2019</i>                              | <b>PT. KARTIKA BINA MEDIKATAMA</b><br>  |
| 26 November 2020 |   |  |

No. Formulir : FM-DR-008-05  
 No. Revisi : 00  
 Tanggal Terbit : 2 Mei 2011

Certificate Number : **MP-BOP/1-20191126/118540**  
 MCU Validity Check  
<https://mcu-validasi.medikaplaza.com>

**PT. KARTIKA BINA MEDIKATAMA**

## TO WHOM IT MAY CONCERN

*Kepada yang berkepentingan*

This is certify that today Tuesday, 26 November 2019 Medika Plaza Clinic has performed urine drug screening and/or breath alcohol test to :

*Dengan ini menyatakan bahwa, pada hari ini Selasa, 26 November 2019 Medika Plaza Clinic telah melakukan urine drug screening dan/atau breath alcohol test kepada :*

### **DANNIEL OCTAVIANUS ENDONG**

With the results are as follows :

*Dengan hasil sebagai berikut :*

| <u>Drugs Test</u><br><i>Uji Obat</i> | <u>Result</u><br><i>Hasil</i>         |  |   |
|--------------------------------------|---------------------------------------|--|---|
| <b>URINE DRUGS SCREENING</b>         |                                       |  |   |
| - Amphetamine                        | <input type="checkbox"/> Non-Negative | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> N/A            |
| - Met-Amphetamine                    | <input type="checkbox"/> Non-Negative | <input type="checkbox"/> Negative            | <input checked="" type="checkbox"/> N/A |
| - Cocain                             | <input type="checkbox"/> Non-Negative | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> N/A            |
| - THC/Canabis/Marijuana              | <input type="checkbox"/> Non-Negative | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> N/A            |
| - Morphine/Opiates                   | <input type="checkbox"/> Non-Negative | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> N/A            |
| - P C P/Phencyclidine                | <input type="checkbox"/> Non-Negative | <input type="checkbox"/> Negative            | <input checked="" type="checkbox"/> N/A |
| - Barbiturate                        | <input type="checkbox"/> Non-Negative | <input type="checkbox"/> Negative            | <input checked="" type="checkbox"/> N/A |
| - Benzodiazepin                      | <input type="checkbox"/> Non-Negative | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> N/A            |
| - Methadone                          | <input type="checkbox"/> Non-Negative | <input type="checkbox"/> Negative            | <input checked="" type="checkbox"/> N/A |
| - Propoxyphene                       | <input type="checkbox"/> Non-Negative | <input type="checkbox"/> Negative            | <input checked="" type="checkbox"/> N/A |
| - Oxycodone                          | <input type="checkbox"/> Non-Negative | <input type="checkbox"/> Negative            | <input checked="" type="checkbox"/> N/A |
| - MDMA                               | <input type="checkbox"/> Non-Negative | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> N/A            |
| - 6-MAM                              | <input type="checkbox"/> Non-Negative | <input type="checkbox"/> Negative            | <input checked="" type="checkbox"/> N/A |
| <b>BREATH ALCOHOL TEST</b>           |                                       |  |   |
| - Alcohol                            | <input type="checkbox"/> Non-Negative | <input type="checkbox"/> Negative            | <input checked="" type="checkbox"/> N/A |

Jakarta, November 26, 2019



**PT. KARTIKA BINA MEDIKATAMA**  
( dr. Esther Poerwantoro, Sp.PK )  
Clinical Patologist



# **HEALTH ASSESSMENT REPORT**

*Of*

**DANNIEL OCTAVIANUS ENDONG**  
**01051795**

**Tuesday, 26 November 2019**

## **MP BELTWAY CLINIC**

Beltway Office Park, Annex Building, Ground Floor  
Jl. TB. Simatupang Kav.41, Jakarta Selatan 12550  
Tlp : (62-21) 808 66 099, Fax : (62-21) 808 66 098  
[www.medikaplaza.com](http://www.medikaplaza.com)

## MP BELTWAY CLINIC

Beltway Office Park, Annex Building, Ground Floor  
Jl. TB. Simatupang Kav.41, Jakarta Selatan 12550  
Tlp : (62-21) 808 66 099, Fax : (62-21) 808 66 098  
www.medikaplaza.com

### PATIENT DATA

|              |                                   |                |                   |
|--------------|-----------------------------------|----------------|-------------------|
| MedRec.      | : 01051795                        | EMPLOY. STATUS | : Employee        |
| NAME         | : DANNIEL OCTAVIANUS ENDONG       | BIRTHDATE      | : 27 October 1995 |
| EMPLOYEE No. | : 15053                           | SEX            | : Male            |
| JOB TITLE    | : ASST INSPECTOR                  | STATUS         | : Single          |
| COMP. NAME   | : INSPEKTINDO SINERGI PERSADA, PT | NASIONALITY    | : Indonesia       |

### SUMMARY

#### MEDICAL FINDING :

1. Hypercholesterolemia (has been prescribed medication)
  2. Overweight
  3. Calculus teeth
  4. Decreasing of visual acuity of both eyes
- Your fitness status is fit for work to the job described

#### PERCEPTIONS OF EXPOSURE BY WORKERS :

- Noise
- Heat Stress
- Dust
- Others (Offshore)
- Stand continuously over 4 hours

#### SUGGESTION :

1. Low fat diet and exercise regularly minimal 3 times a week
2. Reduce body weight gradually 0.5 Kgs/week, by doing regular exercise (aerobic/jogging), 3-4x/week, 30-45 minutes and reduce high calorie diet until maximal body weight is 67.24Kgs (present body weight is 73.5Kgs). Consultation with a Nutritionist for evaluation of overweight
3. Consultation with a Dentist for dental care, minimal once a year or better once in six month
4. You need to wear glasses for distant vision

#### Responsible Doctor



Puteri Melati, MD

#### Notes:

If you need the further information or consultation, please contact us via :

Email : - beltway.doctor@medikaplaza.com  
- beltway.doctor2@medikaplaza.com  
Telepon Klinik : (62-21) 8086 6000

# CLINICAL EVALUATION

| Name : DANNIEL OCTAVIANUS ENDONG       | Sex : Male | MR : 01051795         | Visit : 26/11/2019 |
|--|------------|-----------------------|--------------------|
| Comp.: INSPEKTINDO SINERGI PERSADA, PT |            | DOB : 27 October 1995 |                    |
| EXAMINATION                            | RESULT     | NOTES                 |                    |

## ANAMNESA

### PRESENT COMPLAINT AND HISTORY OF PRESENT

#### ILLNESS

Present complaint

No complaint

#### MEDICAL HISTORY

|                 |     |
|-----------------|-----|
| Alergy          | No  |
| Imunisasi       | Yes |
| Surgery         | No  |
| Hospitalization | No  |
| Disease         | No  |

#### LIFE STYLE

|                |     |               |
|----------------|-----|---------------|
| Alcohol intake | No  |               |
| Smoking        | Yes | Social smoker |
| Exercise       | No  |               |

#### FAMILY MEDICAL HISTORY

|                  |    |
|------------------|----|
| Diabetes Melitus | No |
| Hypertension     | No |
| Heart disease    | No |
| Lung TB          | No |
| Kidney disease   | No |
| Astma            | No |
| Mental disease   | No |
| Epilepsy         | No |
| Cancer           | No |
| Color blind      | No |
| Stroke           | No |
| Liver disease    | No |
| Bone & joint     | No |
| Others disease   | No |

#### WORK EXPOSURE

|                  |     |
|------------------|-----|
| Noise            | Yes |
| Heat Stress      | Yes |
| Cold Stress      | No  |
| Vibration        | No  |
| Involving height | No  |
| Radiation        | No  |
| Dust             | Yes |

## CLINICAL EVALUATION

|  |            |                       |                    |
|--|------------|-----------------------|--------------------|
| Name : DANNIEL OCTAVIANUS ENDONG       | Sex : Male | MR : 01051795         | Visit : 26/11/2019 |
| Comp.: INSPEKTINDO SINERGI PERSADA, PT |            | DOB : 27 October 1995 |                    |

| EXAMINATION                                      | RESULT                  | NOTES    |
|--|-------------------------|----------|
| Toxic chemical                                   | No                      |          |
| Iritating fluid                                  | No                      |          |
| Smoke  | No                      |          |
| Bacterium/Virus/Parasite                         | No                      |          |
| Blood  | No                      |          |
| Animal   | No                      |          |
| Operating heavy mobile equipment                 | No                      |          |
| Manual Handling                                  | No                      |          |
| Sitting continuously over 4 hours                | No                      |          |
| Stand continuously over 4 hours                  | Yes                     |          |
| Using monitor screen more than 4 hours per day   | No                      |          |
| Exposure   | No                      |          |
| Unergonomic body positions                       | No                      |          |
| Shift work                                       | No                      |          |
| Work is not accordance with skills and knowledge | No                      |          |
| Workload does not accordance with time           | No                      |          |
| Work conflict                                    | No                      |          |
| Inappropriate task                               | No                      |          |
| Career barriers                                  | No                      |          |
| Family conflict                                  | No                      |          |
| Working arround rotating machinery               | No                      |          |
| Administration work                              | No                      |          |
| Handling food product                            | No                      |          |
| Others   | Yes                     | Offshore |
| <b>PHYSICAL EXAMINATION</b>                      |                         |          |
| General Appearance                               | Good                    |          |
| Body shape                                       | Picnicus                |          |
| <b>VITAL SIGN</b>                                |                         |          |
| Body Weight                                      | 73.5 Kg                 |          |
| Body Height                                      | 164 Cm                  |          |
| BMI  | 27.32 Kg/m <sup>2</sup> |          |
| Normal Weight                                    | 49.76 - 67.24 Kg        |          |
| BMI Conclusion                                   | Overweight              |          |
| Blood Pressure                                   | 100/70 mmHg             |          |
| Pulse  | 70 x/minute             |          |
| Body Temperature                                 | 36.6 °C                 |          |
| RR   | 19                      |          |

## CLINICAL EVALUATION

|  |            |                       |                    |
|--|------------|-----------------------|--------------------|
| Name : DANNIEL OCTAVIANUS ENDONG       | Sex : Male | MR : 01051795         | Visit : 26/11/2019 |
| Comp.: INSPEKTINDO SINERGI PERSADA, PT |            | DOB : 27 October 1995 |                    |

| EXAMINATION             | RESULT        | NOTES          |
|-------------------------|---------------|----------------|
| Neck Circumference      | 34 Cm         |                |
| Arm Circumference       | 34 Cm         |                |
| Chest size              | 98 Cm         |                |
| Abdominal Circumference | 95 Cm         |                |
| <b>SKIN</b>             |               |                |
| Skin                    | Normal        |                |
| <b>EYE</b>              |               |                |
| Left                    | Normal        |                |
| Right                   | Normal        |                |
| <b>ENT</b>              |               |                |
| Auricle                 | Normal        |                |
| Ear canal               | Normal        |                |
| Drums                   | Normal        |                |
| Septum/Conchae          | Normal        |                |
| Sinuses                 | Normal        |                |
| Pharynx                 | Normal        |                |
| Tonsil                  | Normal        |                |
| <b>MOUTH</b>            |               |                |
| Gum                     | Normal        |                |
| Dental                  | Abnormal      | Calculus teeth |
| <b>NECK</b>             |               |                |
| General                 | Normal        |                |
| Thyroid Gland           | Normal        |                |
| <b>CHEST</b>            |               |                |
| Form                    | Normal        |                |
| Lung                    | Normal        |                |
| Heart                   | Normal        |                |
| Breast                  | Normal        |                |
| <b>ABDOMEN</b>          |               |                |
| Form                    | Flat          |                |
| Palpation               | Supple        |                |
| Liver                   | Not Palpable  |                |
| Spleen                  | Not Palpable  |                |
| Kidney                  | No Ballotment |                |
| -                       | No            |                |
| Hernia inguinal         | No            |                |
| <b>EXTRIMITIES</b>      |               |                |

## CLINICAL EVALUATION

|   |            |                       |                    |
|---|------------|-----------------------|--------------------|
| Name : DANNIEL OCTAVIANUS ENDONG        | Sex : Male | MR : 01051795         | Visit : 26/11/2019 |
| Comp. : INSPEKTINDO SINERGI PERSADA, PT |            | DOB : 27 October 1995 |                    |

| EXAMINATION                 | RESULT   | NOTES |
|-----------------------------|----------|-------|
| Bones,joint                 | Normal   |       |
| Muscles,tonus               | Normal   |       |
| Fingernails                 | Normal   |       |
| Hand                        | Normal   |       |
| Foot                        | Normal   |       |
| <b>RECTAL EXAMINATION</b>   |          |       |
| Hemorrhoid                  | Negative |       |
| Rectum                      | Normal   |       |
| <b>SENSORIK EXAMINATION</b> |          |       |
| Tes Raba                    | Normal   |       |
| <b>MOTORIK EXAMINATION</b>  |          |       |
| Tes Grip                    | Normal   |       |
| <b>REFLEX EXAMINATION</b>   |          |       |
| Physiologic reflex          | Normal   |       |
| Patologic reflex            | Normal   |       |
| <b>OTHERS EXAMINATION</b>   |          |       |
| Coordination                | Normal   |       |
| <b>LYMPHE SYSTEM</b>        |          |       |
| Submandibula                | Normal   |       |
| Neck Gland                  | Normal   |       |
| Armpit gland                | Normal   |       |
| Inguinal                    | Normal   |       |

## OPHTHALMOLOGY DIAGNOSTIC

|   |            |                       |                    |
|---|------------|-----------------------|--------------------|
| Name : DANNIEL OCTAVIANUS ENDONG        | Sex : Male | MR : 01051795         | Visit : 26/11/2019 |
| Comp. : INSPEKTINDO SINERGI PERSADA, PT |            | DOB : 27 October 1995 |                    |

| EXAMINATION       |         | Right            | Left             |
|-------------------|---------|------------------|------------------|
| Reading           |         | -                |                  |
| Previous Glasses  |         | -                | -                |
| Without Glasses   | Distant | 20/25            | 20/25            |
|                   | Near    | J1               | J1               |
| Correction        | Distant | C-0.50X180 20/20 | C-0.50X180 20/20 |
|                   | Near    | -                | -                |
| Depth Perception  |         | -                |                  |
| Tonometry         |         | 20.0 mmHg        | 19.0 mmHg        |
| Funduscopy        |         | NORMAL           | NORMAL           |
| Visual Fields     |         | -                |                  |
| Colour Blind Test |         | Normal           |                  |

Impression : Astigmatismus simplex ODS

## RADIOLOGY DIAGNOSTIC

Name : DANNIEL OCTAVIANUS ENDONG

Sex : Male

MR : 01051795

Visit : 26/11/2019

Comp.: INSPEKTINDO SINERGI PERSADA, PT

DOB : 27 October 1995

### EXAMINATION

### RESULT

THORAX PA

No abnormality seen in both lungs.  
Normal bronchovascular markings in both hili.  
The heart is normal in size and shape.  
The mediastinum is not widened.  
Both sinus and diaphragms are good.  
No evidence of pleural effusion.

Impression

Normal chest.  
No evidence of specific process in both lungs.



## LABORATORY RESULT

|   |               |                       |                      |
|---|---------------|-----------------------|----------------------|
| Name : DANNIEL OCTAVIANUS ENDONG        | MR : 01051795 | Visit : 26/11/2019    | #Lab : IN68732650554 |
| Comp. : INSPEKTINDO SINERGI PERSADA, PT | Sex : Male    | DOB : 27 October 1995 |                      |

| EXAMINATION | RESULT | NORMAL RANGE |
|-------------|--------|--------------|
|-------------|--------|--------------|

### HEMATOLOGI

ABO/Rh Typing "B" Rh(+) positive

#### Automated Blood Count

|                        |      |             |
|------------------------|------|-------------|
| White Blood Cell (WBC) | 7.9  | 3.8 - 11.0  |
| Erythrocyte (RBC)      | 5.5  | 4.4 - 5.9   |
| Haemoglobin            | 16.4 | 13.2 - 17.3 |
| Hematocrit             | 46   | 40 - 52     |
| Thrombocytes           | 211  | 150 - 440   |

#### MCV, MCH, MCHC

|      |      |          |
|------|------|----------|
| MCV  | 84   | 80 - 100 |
| MCH  | 30   | 26 - 34  |
| MCHC | 35.7 | 32 - 36  |
| ESR  | 7    | 0 - 10   |

#### Differential Count

|              |      |         |
|--------------|------|---------|
| Basophils    | 1    | 0 - 1   |
| Eosinophil   | 1 *  | 2 - 4   |
| Bands / Stab | 1 *  | 3 - 5   |
| Neutrophils  | 32 * | 50 - 70 |
| Lymphocytes  | 61 * | 25 - 40 |
| Monocytes    | 4    | 2 - 8   |

### BLD CHEMISTRY/LIPID PROFILE

|                   |        |   |
|-------------------|--------|---|
| Total Cholesterol | 274 *  | Normal/Desireable: <200<br>Borderline High: 200-239<br>High: >=240  |
| HDL Cholesterol   | 68.1 * | Normal : >40 - <60<br>Low HDL : <40<br>Desireable : >=60  |
| LDL Cholesterol   | 181 *  | Optimal: <100<br>Near/Above Optimal: 100-129<br>Borderline High: 130-159<br>High: 160-189<br>Very High: >=190 |
| Triglycerides     | 123    | Normal : <150<br>Borderline High: 150-199<br>High : 200-499<br>Very High : >=500                              |

### BLD CHEMISTRY/KIDNEY FUNCTION

## LABORATORY RESULT

|   |               |                       |                      |
|---|---------------|-----------------------|----------------------|
| Name : DANNIEL OCTAVIANUS ENDONG        | MR : 01051795 | Visit : 26/11/2019    | #Lab : IN68732650554 |
| Comp. : INSPEKTINDO SINERGI PERSADA, PT | Sex : Male    | DOB : 27 October 1995 |                      |

| EXAMINATION | RESULT | NORMAL RANGE |
|-------------|--------|--------------|
| Ureum       | 16.9   | 10.0 - 50.0  |
| Creatinine  | 0.9    | 0.6- 1.3     |
| Uric Acid   | 5.22   | 3.50 - 7.20  |

### BLD CHEMISTRY/LIVER FUNCTION

|            |    |         |
|------------|----|---------|
| SGOT(AST)  | 26 | 13 - 45 |
| SGPT (ALT) | 27 | 13 - 50 |

### BLD CHEMISTRY/ELECTROLYTES

|               |     |           |
|---------------|-----|-----------|
| Sodium (Na)   | 139 | 135 - 155 |
| Potassium (K) | 3.8 | 3.6 - 5.5 |
| Chloride (Cl) | 105 | 95 - 108  |

### BLD CHEMISTRY/DIABETES

|                 |          |          |
|-----------------|----------|----------|
| Glucose Fasting | 86       | < 100    |
| Glucose Urine   | Negative | Negative |
| Keton Urine     | Negative | Negative |

#### Blood Glucose 2 PP

|                        |          |          |
|------------------------|----------|----------|
| Blood Sugar 2 Hours PP | 79       | < 140    |
| Glucose Urine          | Negative | Negative |
| Keton Urine            | Negative | Negative |

### SEROLOGI / IMUNOLOGI

|                         |      |             |
|-------------------------|------|-------------|
| HBsAg (Quantitative)    | 0.00 | 0.00 - 0.03 |
| Anti Hbs (Quantitative) | 25.9 | >= 5.0      |

### TOXICOLOGY - DRUGS SCREENING

|                 |          |          |
|-----------------|----------|----------|
| MDMA            | Negative | Negative |
| THC/Marijuana   | Negative | Negative |
| Amphetamine     | Negative | Negative |
| Benzodiazepines | Negative | Negative |
| Opiat           | Negative | Negative |
| Cocain          | Negative | Negative |

### URINALYSIS

#### Complete Urine Analysis

##### Macroscopic

|                  |              |               |
|------------------|--------------|---------------|
| Color            | Light Yellow |               |
| Turbidity        | Clear        | Clear         |
| Specific Gravity | 1.020        | 1.000 - 1.030 |
| pH               | 7.0          | 4.5 - 8.0     |
| Leucocyte        | Negative     | Negative      |
| Glucose          | Negative     | Negative      |

**LABORATORY RESULT**

Name : DANNIEL OCTAVIANUS ENDONG

MR : 01051795

Visit : 26/11/2019

#Lab : IN68732650554

Comp. : INSPEKTINDO SINERGI PERSADA, PT

Sex : Male

DOB : 27 October 1995

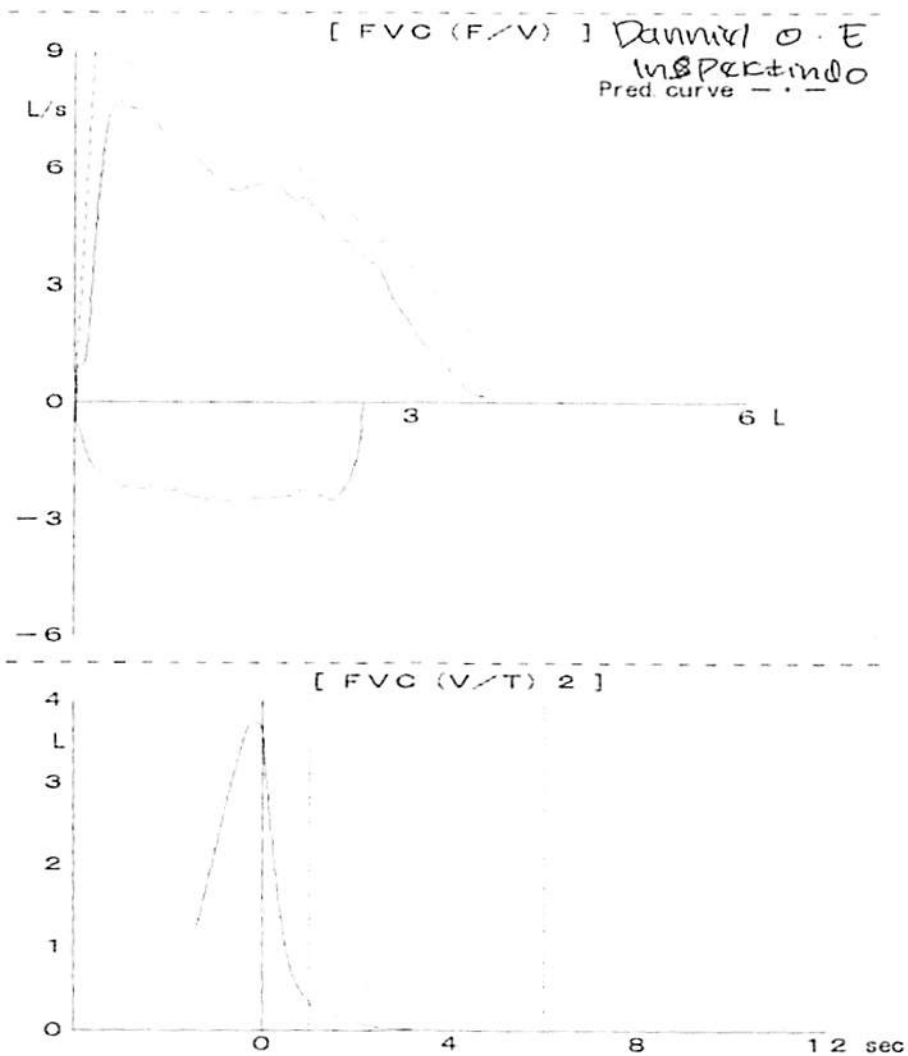
| EXAMINATION        | RESULT   | NORMAL RANGE |
|--------------------|----------|--------------|
| Nitrit             | Negative | Negative     |
| Bilirubin          | Negative | Negative     |
| Blood              | Negative | Negative     |
| Urobilinogen       | Normal   | Normal       |
| Protein            | Negative | Negative     |
| Keton              | Negative | Negative     |
| <b>Microscopic</b> |          |              |
| RBC                | 0-1      | 0 - 1        |
| WBC                | 0-1      | 0 - 4        |
| Cylinder           | Negative |              |
| Epithels Squamous  | 0-1      | 5 - 15       |
| Crystals           | Negative |              |
| Bacteria           | Negative | Negative     |
| Others             | Negative |              |

## SPIROMETRY DIAGNOSTIC

|   |            |                       |                    |
|---|------------|-----------------------|--------------------|
| Name : DANNIEL OCTAVIANUS ENDONG        | Sex : Male | MR : 01051795         | Visit : 26/11/2019 |
| Comp. : INSPEKTINDO SINERGI PERSADA, PT |            | DOB : 27 October 1995 |                    |

| EXAMINATION                | RESULT                |
|----------------------------|-----------------------|
| FVC Result                 | : 3.76 L---> 91.9 %   |
| FEV1 Result                | : 3.43 L---> 89.1 %   |
| FEV1/FVC Result            | : 91.22 %---> 110.1 % |
| PEF Result                 | : 7.71 L/S---> 77.6 % |
| Indonesian Standart Result | :                     |
| Index                      | :                     |
| Spirometry Result          | : Normal              |

Impression : Normal Spirometric Functions



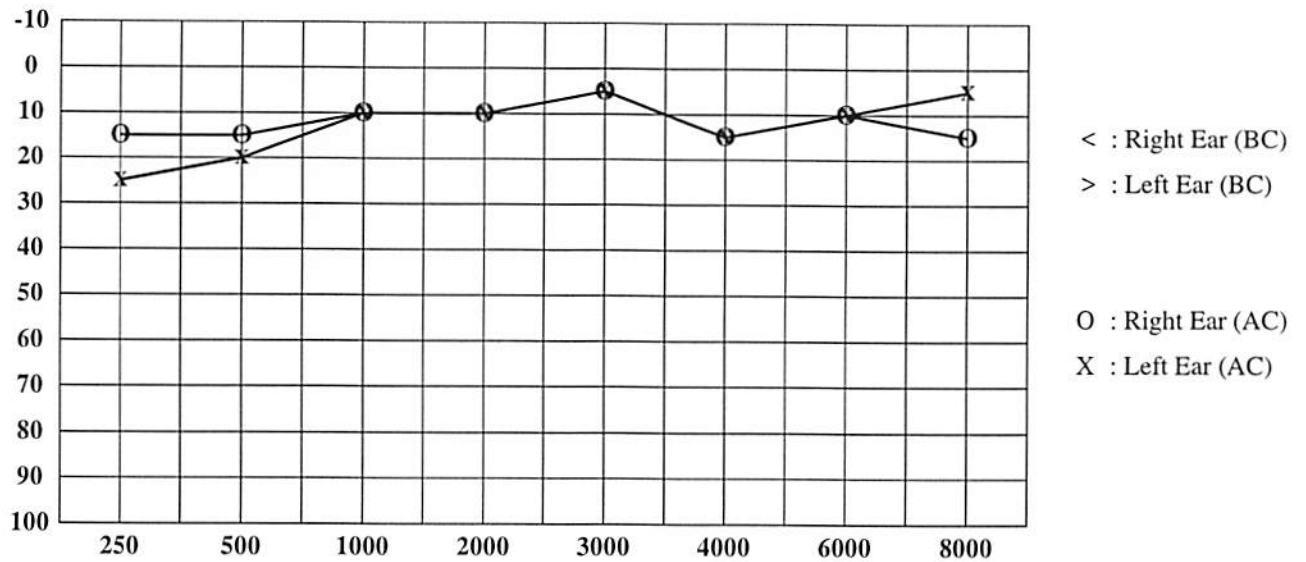
# AUDIOMETRY DIAGNOSTIC

|   |            |                       |                    |
|---|------------|-----------------------|--------------------|
| Name : DANNIEL OCTAVIANUS ENDONG        | Sex : Male | MR : 01051795         | Visit : 26/11/2019 |
| Comp. : INSPEKTINDO SINERGI PERSADA, PT |            | DOB : 27 October 1995 |                    |

## RESULT

|          |     |     |      |      |      |      |      |      |
|----------|-----|-----|------|------|------|------|------|------|
| Left Ear | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
| AC       | 25  | 20  | 10   | 10   | 5    | 15   | 10   | 5    |
| BC       | -   | -   | -    | -    | -    | -    | -    | -    |

|           |     |     |      |      |      |      |      |      |
|-----------|-----|-----|------|------|------|------|------|------|
| Right Ear | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
| AC        | 15  | 15  | 10   | 10   | 5    | 15   | 10   | 15   |
| BC        | -   | -   | -    | -    | -    | -    | -    | -    |



Conclusion Right Ear : Hearing threshold = 12.5 dB  
(Within normal limit)

Conclusion Left Ear : Hearing threshold = 13.75 dB  
(Within normal limit)

# CARDIOLOGY DIAGNOSTIC

|   |            |                       |                    |
|---|------------|-----------------------|--------------------|
| Name : DANNIEL OCTAVIANUS ENDONG        | Sex : Male | MR : 01051795         | Visit : 26/11/2019 |
| Comp. : INSPEKTINDO SINERGI PERSADA, PT |            | DOB : 27 October 1995 |                    |

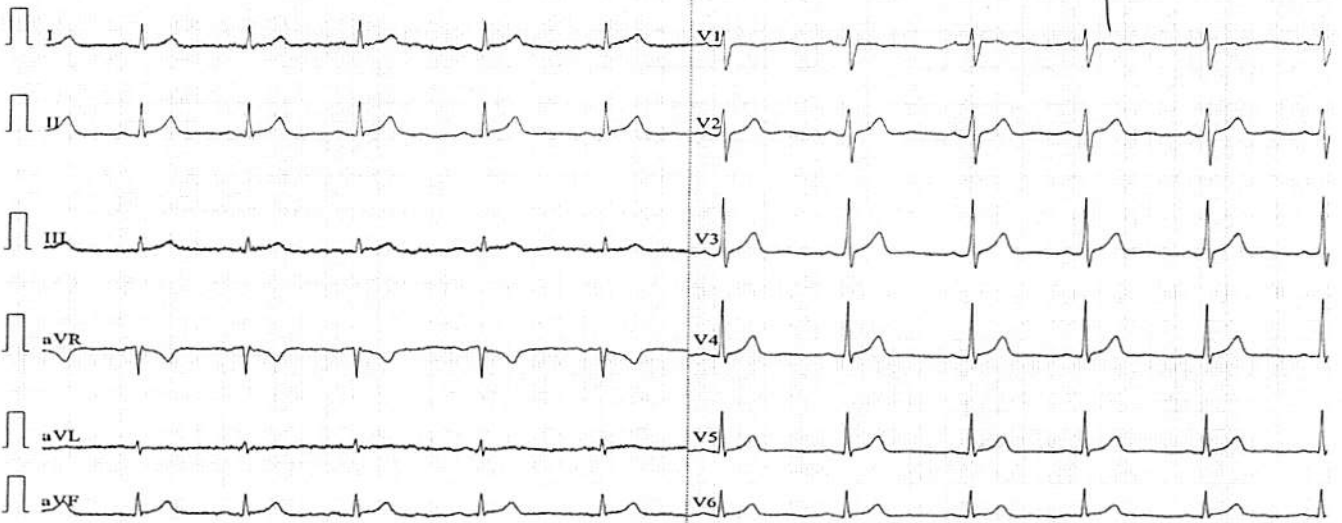
| EXAMINATION         | RESULT  | Comments :  |
|---------------------|---|---|
| ELECTROCARDIOGRAPHY | Sinus Rythm axis ( N ), P wave ( N ), PR int 0.16"<br>ST - T segment ( N ), aritmia (-) | Normal ECG  |
| TREADMILL           | Sinus Rythm axis ( N ), P wave ( N ), PR int 0.16"<br>ST - T segment ( N ), aritmia (-) | Treadmill Exercise Test : Negative<br>Cardiopulmonary Fitness<br>Classification : Good<br>METs : 11.8 |

ID: 03  
DANNIEL O  
Male 24Years

26-11-2019 07:13:39 COPY  
HR : 65 bpm  
P : 108 ms  
PR : 160 ms  
QRS : 84 ms  
QT/QTc : 374/389 ms  
P/QRS/T : 18/48/52  
RV5/SV1 : 1.121/0.652 mV

Diagnosis Information:  
— Interpretation based on pediatric criteria —  
\*\*\* EXTREME BRADYCARDIA \*\*\*  
Sinus bradycardia with borderline 1st degree A-V block  
Lead(s) unsuitable for analysis: V2  
Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2\*5.0s ♥65 SE-1200Express V2.21 Glasgow V28.6.0

12-LEAD REPORT

KLINIK MEDIKA PLAZA

DANNIELOCTAVIANUS MR  
Patient ID: 01051795  
26.11.2019  
7:10:46

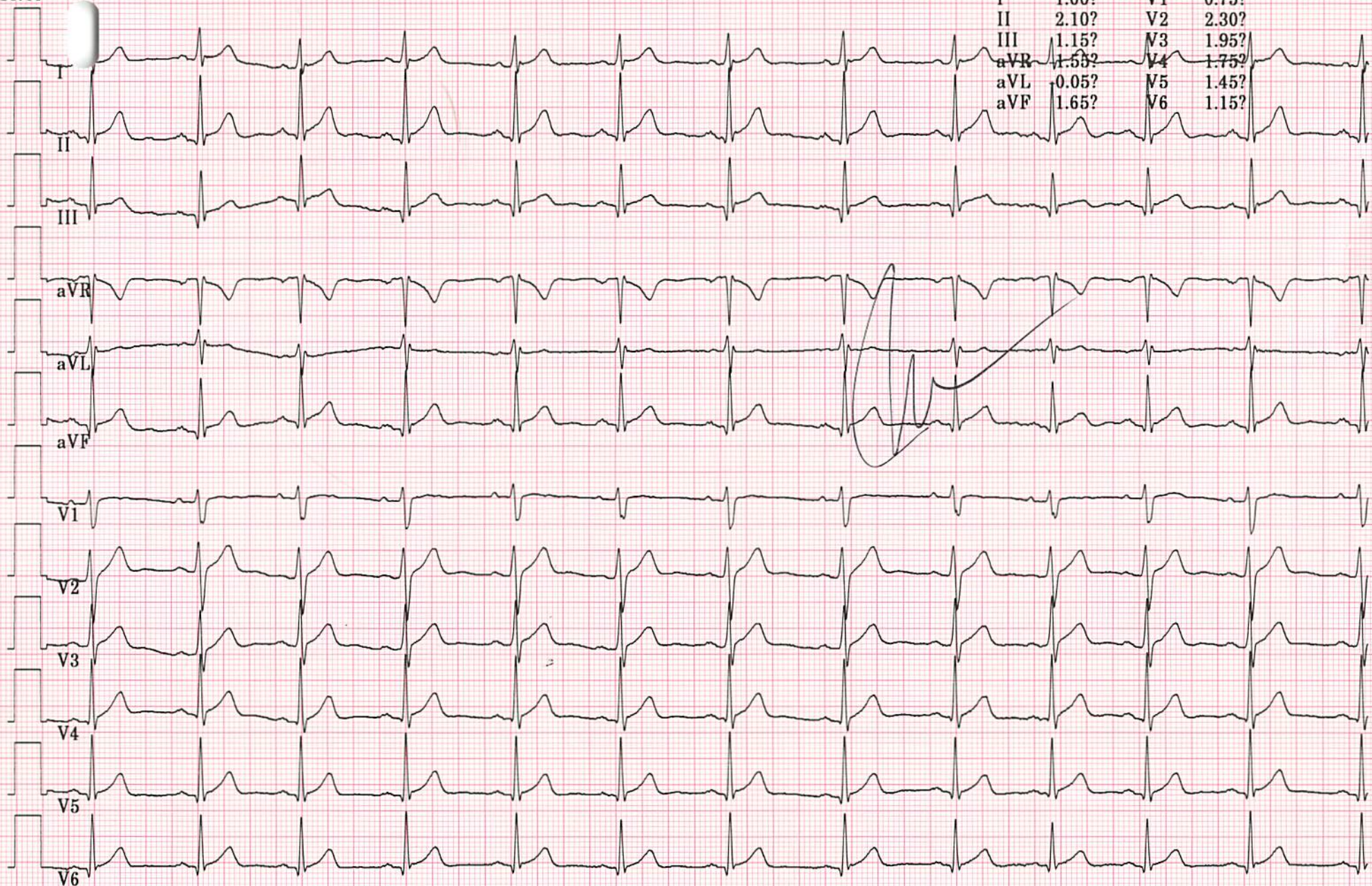
75 bpm  
00:08 100/70 mmHg

PRETEST  
SUPINE  
00:11

BRUCE  
0.0 km/h  
0.0 %

Measured At 80ms Post J (10mm/mV)  
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 1.00?  | V1   | 0.75?  |
| II   | 2.10?  | V2   | 2.30?  |
| III  | 1.15?  | V3   | 1.95?  |
| aVR  | -1.55? | V4   | -1.75? |
| aVL  | -0.05? | V5   | 1.45?  |
| aVF  | 1.65?  | V6   | 1.15?  |



GE Medical Systems IT  
CASE 4.11

25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz + HR(II,V4)

Start of Test: 7:10:35

12-LEAD REPORT

KLINIK MEDIKA PLAZA

DANNIELOCTAVIANUS MR  
Patient ID: 01051795  
26.11.2019  
7:13:42

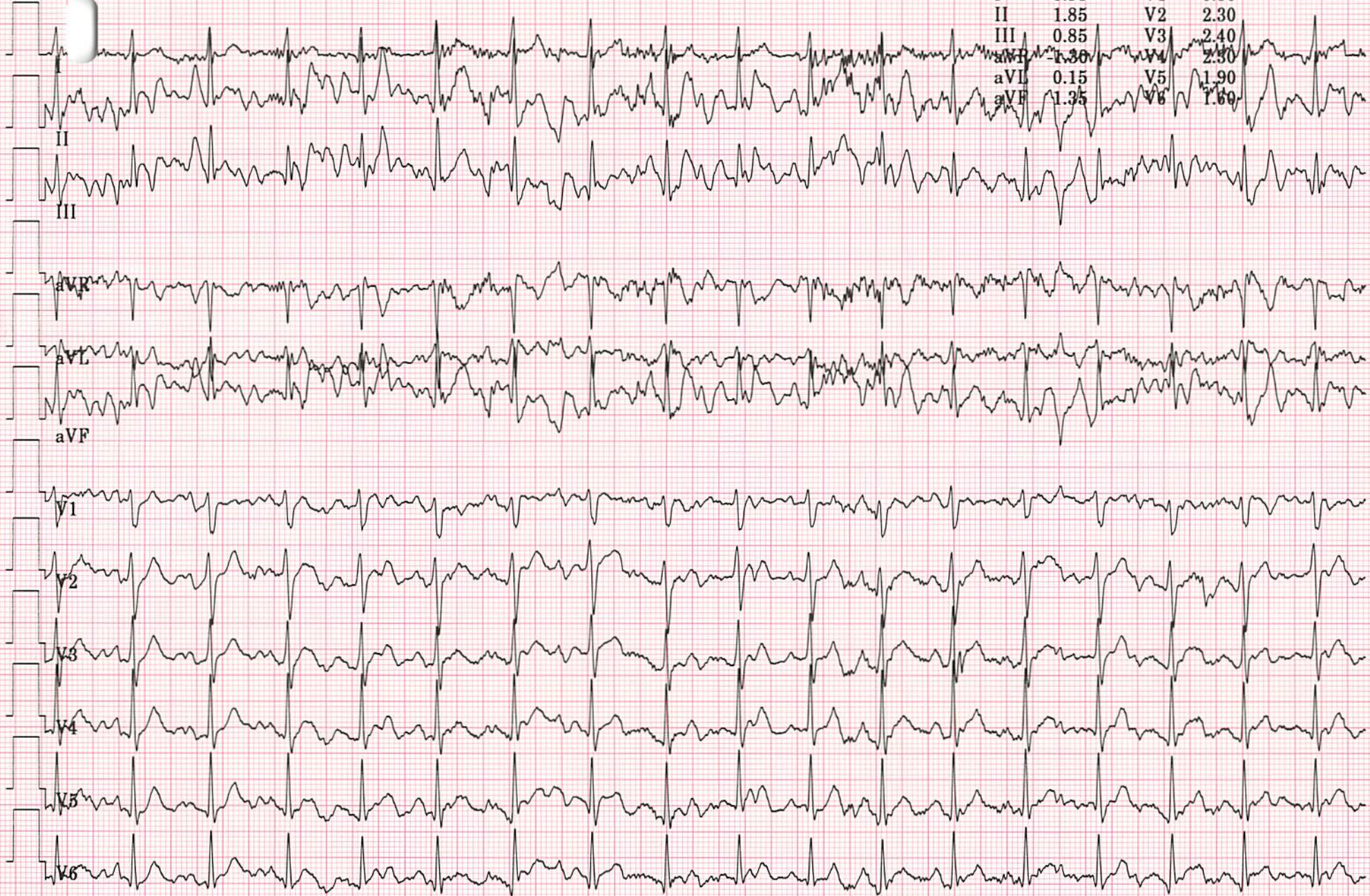
116 bpm  
02:06 100/70 mmHg

EXERCISE  
STAGE 1  
02:50

BRUCE  
2.7 km/h  
10.0 %

Measured At 80ms Post J (10mm/mV)  
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.95   | V1   | 0.80   |
| II   | 1.85   | V2   | 2.30   |
| III  | 0.85   | V3   | 2.40   |
| aVR  | -1.30  | V4   | 2.30   |
| aVL  | 0.15   | V5   | 1.90   |
| aVF  | 1.35   | V6   | 1.60   |



GE Medical Systems IT  
CASE 4.11

25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz + HR(II,V4)

Start of Test: 7:10:35



12-LEAD REPORT

KLINIK MEDIKA PLAZA

DANNIELOCTAVIANUS MR

Patient ID: 01051795

26.11.2019

7:16:42

121 bpm

02:28 130/80 mmHg

EXERCISE

STAGE 2

05:50

BRUCE

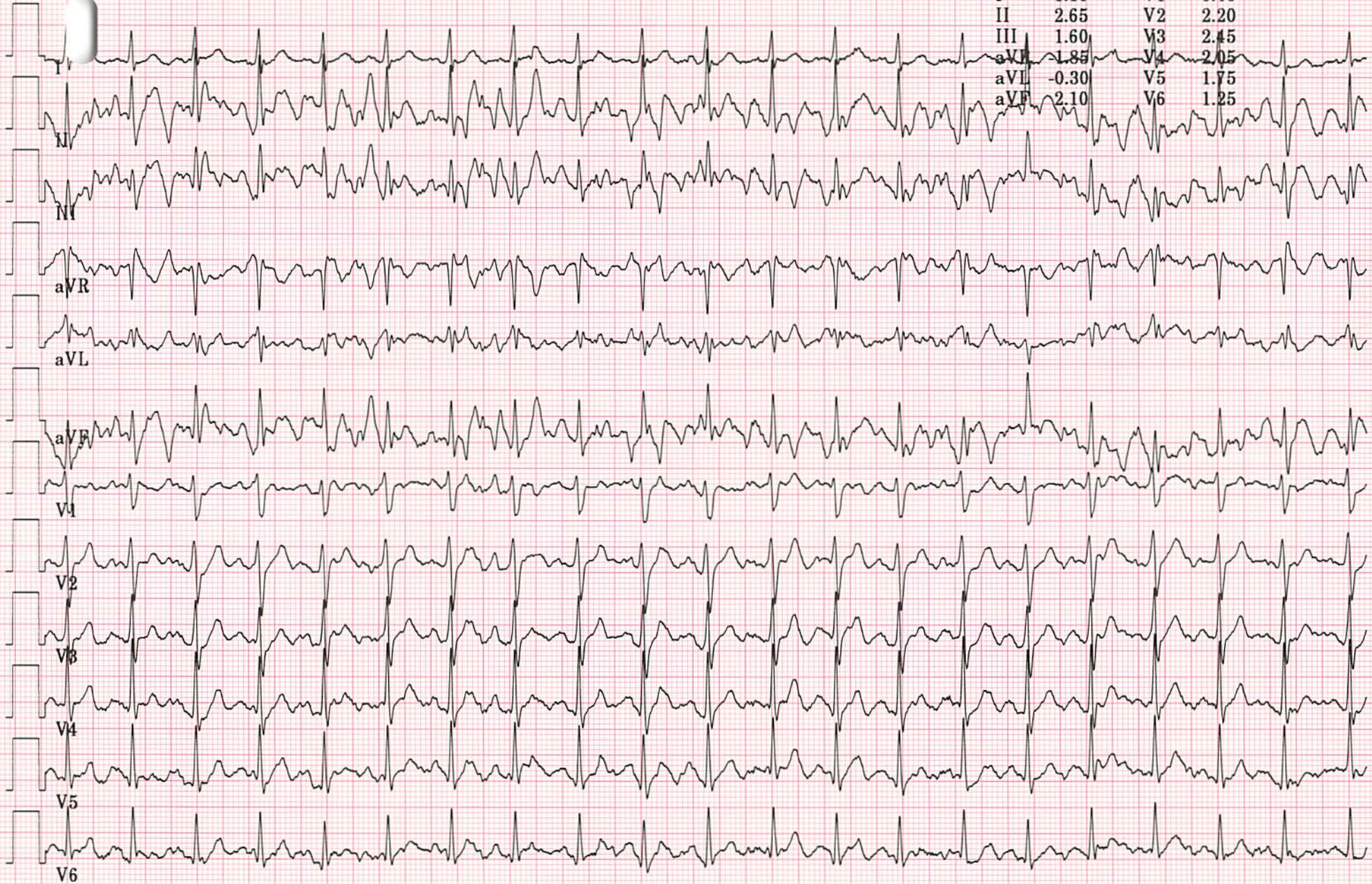
4.0 km/h

12.0 %

Measured At 80ms Post J (10mm/mV)

Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 1.10   | V1   | 0.40   |
| II   | 2.65   | V2   | 2.20   |
| III  | 1.60   | V3   | 2.45   |
| aVR  | -1.85  | V4   | 2.05   |
| aVL  | -0.30  | V5   | 1.75   |
| aVF  | 2.10   | V6   | 1.25   |



GE Medical Systems IT

CASE 4.11

25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz + HR(V4,II)

Start of Test: 7:10:35

12-LEAD REPORT

KLINIK MEDIKA PLAZA

DANNIELOCTAVIANUS MR  
Patient ID: 01051795  
26.11.2019  
7:19:42

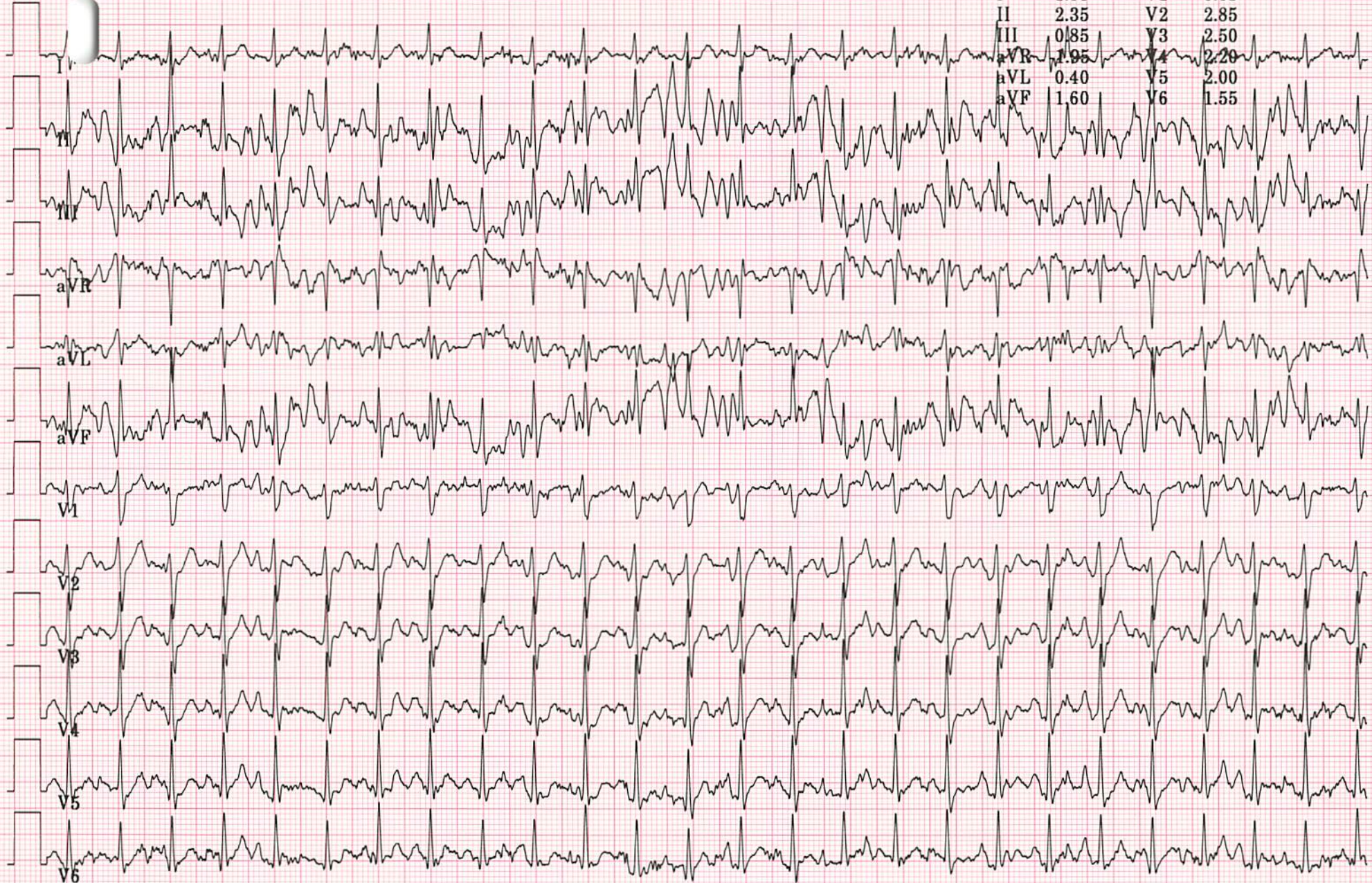
153 bpm  
02:28 140/90 mmHg

EXERCISE  
STAGE 3  
08:50

BRUCE  
5.6 km/h  
14.0 %

Measured At 80ms Post J (10mm/mV)  
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 1.55   | V1   | 0.65   |
| II   | 2.35   | V2   | 2.85   |
| III  | 0.85   | V3   | 2.50   |
| aVR  | 1.95   | V4   | 2.20   |
| aVL  | 0.40   | V5   | 2.00   |
| aVF  | 1.60   | V6   | 1.55   |



DANNIELOCTAVIANUS MR

Patient ID: 01051795

26.11.2019

7:20:53

176 bpm

EXERCISE

STAGE 4

10:01

BRUCE

6.8 km/h

16.0 %

Measured At 80ms Post J (10mm/mV)

Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 1.40   | V1   | 0.35   |
| II   | 1.10   | V2   | 2.70   |
| III  | -0.20  | V3   | 1.65   |
| aVR  | -1.30  | V4   | 1.35   |
| aVL  | 0.80   | V5   | 0.95   |
| aVF  | 0.45   | V6   | 0.75   |



12-LEAD REPORT

KLINIK MEDIKA PLAZA

DANNIELOCTAVIANUS MR  
Patient ID: 01051795  
26.11.2019  
7:21:13

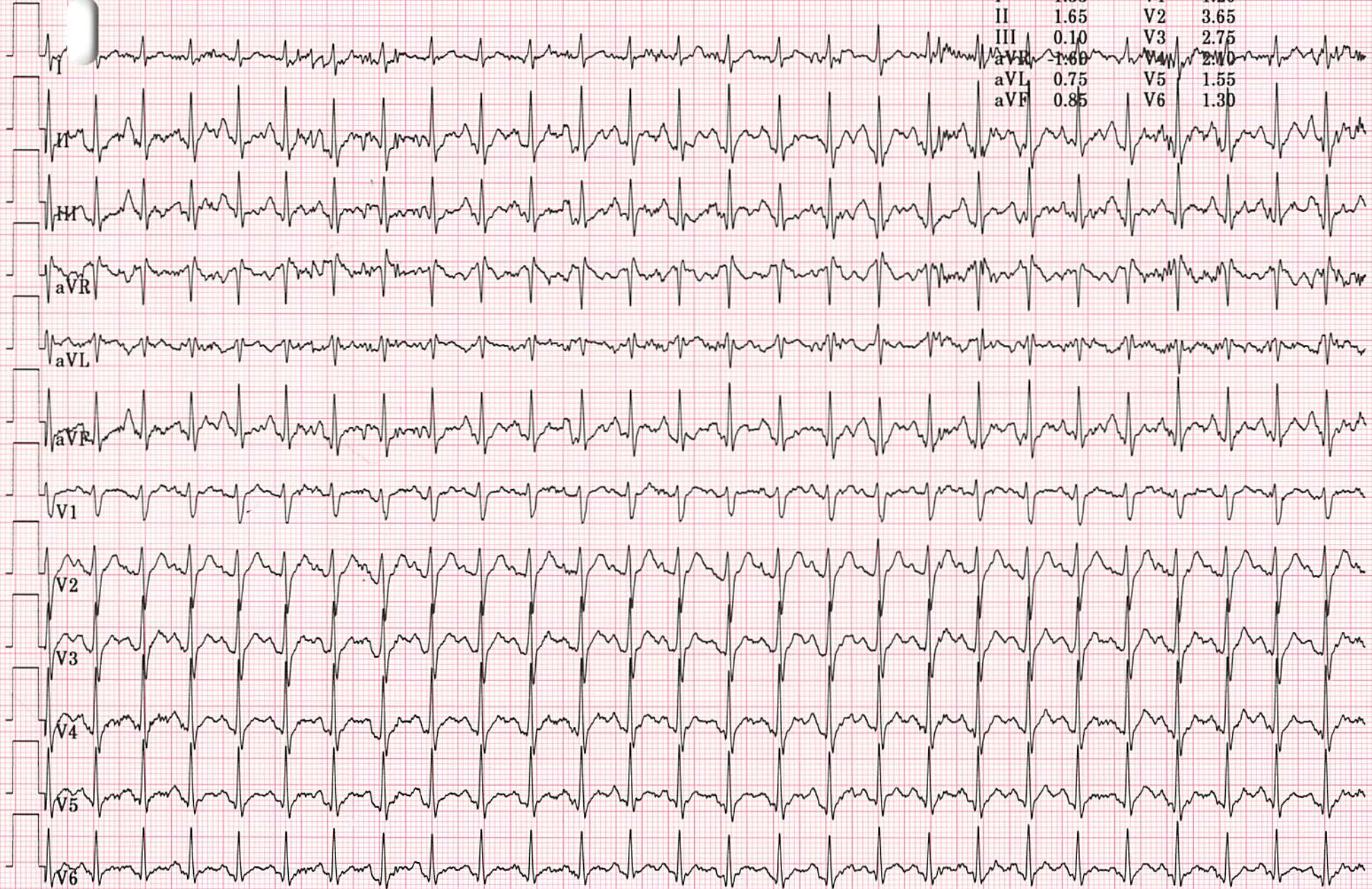
169 bpm

RECOVERY  
#1  
00:21

BRUCE  
2.4 km/h  
0.6 %

Measured At 80ms Post J (10mm/mV)  
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 1.55   | V1   | 1.20   |
| II   | 1.65   | V2   | 3.65   |
| III  | 0.10   | V3   | 2.75   |
| aVR  | -1.60  | V4   | 2.10   |
| aVL  | 0.75   | V5   | 1.55   |
| aVF  | 0.85   | V6   | 1.30   |



GE Medical Systems IT

CASE 4.11 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz + HR(V4,II)

Start of Test: 7:10:35

KLINIK MEDIKA PLAZA

Ward  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: DANNIELOCTAVIANUS, MR  
Patient ID: 01051795  
Height: 164 cm  
Weight: 73 kg

DOB: 27.10.1995  
Age: 24  
Gender: Male  
Race: Asian

Study Date: 26.11.2019  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: dr. Adolf Amahorseja, SpJP  
Technician: Lorra

Medications:

--

Medical History:

--

Reason for Test:

--

### Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed (km/h) | Grade (%) | HR (bpm) | BP (mmHg) | Comment |
|------------|------------|---------------|--------------|-----------|----------|-----------|---------|
| PRETEST    | SUPINE     | 00:18         | 0.00         | 0.00      | 75       | 100/70    |         |
| EXERCISE   | STAGE 1    | 03:00         | 2.70         | 10.00     | 111      | 100/70    |         |
|            | STAGE 2    | 03:00         | 4.00         | 12.00     | 123      | 130/80    |         |
|            | STAGE 3    | 03:00         | 5.50         | 14.00     | 153      | 140/90    |         |
|            | STAGE 4    | 01:01         | 6.80         | 16.00     | 176      |           |         |
| RECOVERY   |            | 00:36         | 2.40         | 0.00      | 157      |           |         |

The patient exercised according to the BRUCE for 10:00, achieving a work level of Max. METS: 11.80. Resting heart rate initially 75 bpm, rose to a max. heart rate of 176 bpm which represents 89 % of the maximal age predicted heart rate. Resting blood pressure 100/70 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to --.

Interpretation

--

Conclusions

**CONSULTATION  
SHEET**

PATIENT NAME : Tn. Daniel Octavianus  
No. RM : 01051795 / In spektrn  
Clinik/MCU/HCU : EMT

To. Dokter :  
(Counsel)

Kindly please counsel for patient who has take cares of

Diagnose :  
Clinik Summary :

Counsel Request :

**COUNSEL ADVISE**

Finding :

Diagnosis :

Recommendation :

Ear : Tympanic membrane Intact  
nose : Catarrhaloid, oedema, septal deviation  
Right nostril.  
throat : TIT, Foamy salivation, pharynx gran  
Audiometry : Heavy threshold with no real tone  
Septal deviation, chronic pharyngitis, sleep think along

- Stop smoking
- Avoid climbing cage to mud
- Use eye protection when working in noisy area

Date : 26/11/19

Time :

EP :



PT. KARTIKA BINA MEDIKATAMA

Signature

dr. MERISTIANA CHRISTIANE, Sp.THT-KL

SIP.: 1375.156/31.74.04/1.779.31/d/2018

Complete Name

Formulir Number : FM - DR - 008 - 02  
Revisi Number : 00  
Date : 07 Juli 2017

- Nasal Waring

Jakarta, 26/11/2019

R/

Simvastatin 20 mg No. XX

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**MP+**  
PT. KARTIKA BINA MEDIKATAMA

PRO :  
Age :  
Dokter :

Tn. Daniel.

dr. PUTERI MELATI

SIP. 23/B.15a/31.74.04.1004/1.779.3/e/2019