



REVIEW FORM MEDICAL CHECK UP

FILLED BY THE REQUESTOR

MCU Date

12/1/2021

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

Summary Examination

IDENTITY OF EMPLOYEE			
Name	AHMAD ROISUS SYIPA	Gender	MALE
Nationality	INDONESIA	Date Of Birth	10/8/1993
Name of Company	LSP	Vantage Number	
Job Title	RSD / PPR	Departemen	
Email address or Medical Certificate sent to : Monickmarions@cnp.com.cn / monickmarions@bpg.co.id			
THE LIST BELOW FILLED BY THE REVIEWER (BP DOCTOR)			
HISTORY :			
Smoker/non smoker	smoker		
PHYSICAL EXAMINATION			
BMI : 25.07	UN/N/DV/OB	BP: 107/70	N/Gr.I/Gr.II
PEMERIKSAAN SPESIFIK:			
Spirometri	Audiometri	Treadmill	
NA	NORMAL	NA	
LABORATORIUM RESULT			
HB : 14.5 g/dl	SGOT/SGPT : 18/37 u/L	GDP : 77 mg/dl	(N/D)
Chol : 174 mg/dl	HDL : 42 mg/dl	LDL : 112 mg/dl	TG : 100 mg/dl LP: (N)M/Mod/S
Rontgen Thorax	NORMAL	ECG	SINUS BRADYCARDIA 100.1
OTHER EXAMINATIONS			
-			
SUMMARY :			
FIT TO WORK			
STATUS FITNESS			
<input checked="" type="checkbox"/> Fit	<input type="checkbox"/> Fit With Restriction	<input type="checkbox"/> Temporary Unfit	<input type="checkbox"/> 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	
Attending Physician	KLINIK MEDILAB		
Signature	Komplek Taman Paga Suka Blok J No. 3A-0 Batam Tel : 0778 - 7472022 Fax : 0778 - 7372024		
Review Date (dd/mm/yyyy)	12/1/2021		

Guided by OHN, Nurse or Paramedic



MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

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

MEDICAL FITNESS CERTIFICATE

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

Full name (in block letters)	Date of Birth	Occupation
AHMAD ROISUS SYIFA'	10/08/1993	PSO/PPR

This Health Certificate is valid until: 11 / 1 / 2022

- 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

12 / 1 / 2021
Day, Month, Year



Doctor's stamp and signature

dr. Rezga Agneia
Examining Physician

Employer must provide the personal protective equipment specific to the activity



MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

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

1. PERSONAL ANAMNESIS

Name in full AHMAD ROISUS SYIFA Date of Birth 10/18/1973 sex M F
 Occupation RSD / PPR Badge No. Blood Group 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Smokers. How much do you smoke per day?	<input type="text"/>	<input type="text"/>	Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input checked="" type="checkbox"/>
c) What is the average daily consumption of alcohol?	<input type="text"/>	<input type="text"/>	<u>1 STICK DAY</u>

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	<u>57 TAHUN</u>	<u>HEALTH</u>		
Mother	<u>55 TAHUN</u>	<u>HEALTH</u>		
Brother (Sister)	<u>13 TAHUN</u>	<u>HEALTH</u>		
Brother (Sister)	<u>9 TAHUN</u>	<u>HEALTH</u>		
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 12/1/2021

3. SUMMARY OF MEDICAL HISTORY MR. /MRS. AHMAD ROISUS SYIFA

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		<input type="checkbox"/> Yes No	
	Yes	No	Yes	No
1. Ear infection / Sinusitis / Vertigo	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Nose, mouth or throat trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Color blindness / Loss of vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Frequent headaches / Fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Epilepsy / Mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Diabetes mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
			8. Endocrine disorder	<input type="checkbox"/> <input checked="" type="checkbox"/>
			9. Hernia / Hydrocele / Piles / Fissures	<input type="checkbox"/> <input checked="" type="checkbox"/>
			10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/> <input checked="" type="checkbox"/>
			11. Malaria / Tropical Disease	<input type="checkbox"/> <input checked="" type="checkbox"/>
			12. Skin disease	<input type="checkbox"/> <input checked="" type="checkbox"/>
			13. Cancer or tumor	<input type="checkbox"/> <input checked="" type="checkbox"/>
			14. Allergy to foods / drugs	<input type="checkbox"/> <input checked="" type="checkbox"/>

Remarks:

4. MEDICAL EXAMINER'S REPORT

If you answer Yes to any of the following questions, please give full details with any ascertainable cause as applicable

Please tick box <input type="checkbox"/>		Yes	No	Details if "yes"			
8. Measurement & Physical Description							
a) Measurements (to be taken in indoor clothing)				Height: 161 cm Weight: 65 Kg			
b) Please describe general appearance and build:				BMI: 25.07 Kg/m ² Waist Circumference: 82 cm			
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							
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: 107 / 70 Pulse Rate: 71x/mnt			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Dental Caries K02 1	
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 6/6 OS 6/6			OD J1 OS J1	Adequate ✓		
Corrected	OD - OS -			OD - OS -	Defective		

Remarks:

5. EXAMINATION RESULTS AND REPORT

X-Ray, ECG, Audiogram and Blood Urine Laboratory Examination Report

All examination results are to be attached. Please, indicate your remarks in case of abnormal results

1. Chest X-Ray Report (****) Normal Limited

2. ECG Report Sinus Bradycardia R00.1

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	14.5 gr/dl	10) MCV (*)	19) HDL Cholesterol	42 mg/dl	
2) RBC	5.55 x 10 ⁶ /mm ³	11) MCM (*)	20) LDL Cholesterol	112 mg/dl	
3) ESR	9 mm/hr	12) MCHC (*)	21) Triglycerides	100 mg/dl	
4) WBC	6.5 x 10 ³ /mm ³	13) Platelet	408x 10 ³ /mm ³	22) Total Bilirubine	0.4 mg/dl
5) Neutrophils		14) Reticulocyte (*)		23) Direct Bilirubin	0.3 mg/dl
6) Lymphocytes	33.3 %	15) Hematocrit	43.4 %	24) AlkalinePhosphatase	73 u/L
7) Monocytes	6.9 %	16) Glycemia	77 mg/dl	25) AST (SGOT)	18 u/L
8) Eosinophils		17) Blood Urea	-	26) ALT (SGPT)	37 u/L
9) Basophils		18) Total Cholesterol	174 mg/dl	27) Gamma GT	43 u/L

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: 1.010, Glucossa: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

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

1) Amphetamines	NEGATIVE	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7) Alcohol
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:11-Jan-2022

I have examined Mr./Mrs. AHMAD ROISUS SYIFAand found him/her (tick the box)

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



DR. REZGA AGNELA VALBETRI
Examining Doctor's Signature

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

Date: 12-Jan-2021



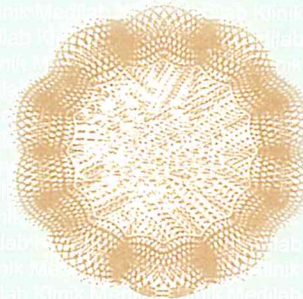
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E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : AHMAD ROISUS SYIFA
DOB/Gender/Emp. ID: 10 August 1993 / Male / ISP 20236
Address : PERUM AKASIA GARDEN BLOK K NO 11 PATAM LESTARI
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



AHMAD ROISUS

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

DR. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature

BATAM, 12 January 21

Place, Date of eye examination



Official Stamp of Medical Practitioner



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HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00008/008/I/ISP/21

152

PERSONAL DATA

Name : AHMAD ROISUS SYIFA
 Birthday/Gender/Emp. ID : 10 August 1993 / Male / ISP 20236
 Father's Name : MUSTOFA
 Address : PERUM AKASIA GARDEN BLOK K NO 11 PATAM LESTARI SEKUPANG, BATAM
 Occupation : RSO/ PPR
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAWLING.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 : 65 Kg	Height : 161 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal	
BMI : 25.07		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		Systolic / Diastolic : 107 / 70 mm Hg			
		Pulse : 71 / min			
1. Vision	Yes/Abnormal	No/Normal			
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			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"/>
(Should be at least J2 in both eyes with or without glasses)			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"/>
(Unable to hear ordinary conversation at 2 m)			9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LABORATORY TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Blood Count	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Overweight E66, Dental Caries K02 1, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 82 cm, Lab: Indirect Bilirubin E80.6 0.1 mg/dl, HDL E78.4 42 mg/dl BHR, Cholesterol Ratio E78 4.1 AR, 2 Hours PP: Pre-Diabetes R73.02 171 mg/dl, ECG: Sinus Bradycardia R00.1

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, Teeth Hygiene, Diet to Raise HDL Cholesterol, Low Sugar Diet

Authentic Signature



Date of Exam : 12 January 2021



DR. REZGA AGNELA VALBETRI

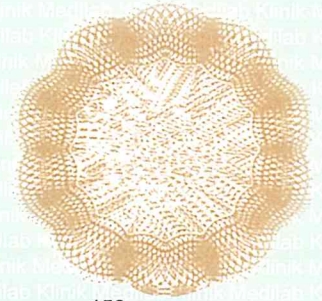


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KLINIK MEDILAB

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HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00008/008/1/ISP/21

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



AHMAD ROISUS

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	14.5	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	6.5	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.55	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	9	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	43.4	%	M: 40 - 52	F: 35 - 47	
PLT	408	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	33.3	%	25 - 40		
- MON	6.9	%	2 - 8		
- GRA	59.8	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	1.79	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2165	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	5	- WBC/HPF	Occ/HPF
- Specific Gravity	1.010	- RBC/HPF	Nil/HPF
- Glucossa	Negative	- Epithel Cell	Nil
- Protein	Negative	- Crystals	Nil
- Ketones	Negative	- Cast	Nil/HPF
- Bilirubin	Negative		
- Urobilinogen	Normal		
- Nitrit	Negative		
- Blood	Negative		
- Leucocytes	Negative		

X-RAY REPORT

Chest PA:

Show no 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 : 12 January 2021



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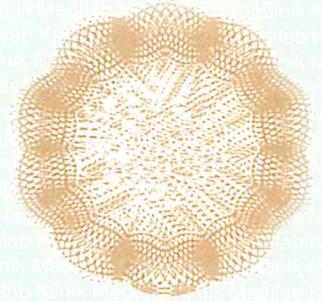
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AUDIOMETRY REPORT

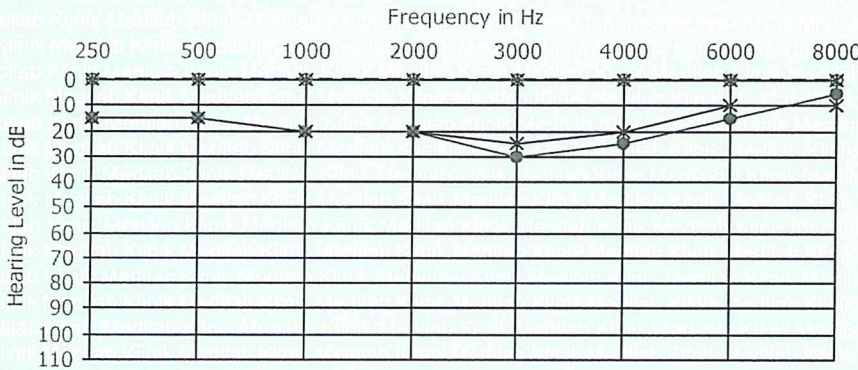
Occupational History

- Noisy Working Environment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Present/use of Hearing Protector	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Period of Working	2.0 years	

Medical History/Examination

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

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"/>



Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -5.63 %
L : -7.50 %
Hearing Handicap : -7.188 %
- Not a Noise Induced Hearing Loss

Date of Exam : 12 January 2021



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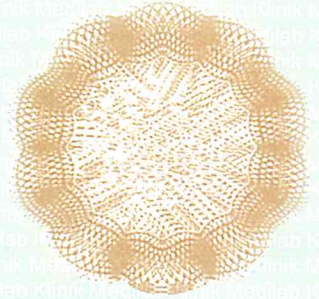


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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
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E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00008/008/I/ISP/21

152

PERSONAL DATA

Name : AHMAD ROISUS SYIFA
Birthday/Gender/Emp. ID : 10 August 1993 / Male / ISP 20236
Father's Name : MUSTOFA
Address : PERUM AKASIA GARDEN BLOK K NO 11 PATAM LESTARI SEKUPANG, BATAM
Occupation : RSO/ PPR
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



LABORATORY REPORT

Test Name	Result Unit	Reference Range
LIVER FUNCTION TEST		
Total Bilirubin	: 0.4 mg/dl	0.3 - 1.1
Direct Bilirubin	: 0.3 mg/dl	0.1 - 0.4
Indirect Bilirubin	:* 0.1 mg/dl	0.2 - 0.7
Alkaline Phosphatase	: 73 U/L	30 - 120
SGOT	: 18 U/L	M: <= 35 F: <= 31
SGPT	: 37 U/L	M: <= 45 F: <= 34
Gamma GT	: 43 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST		
Total Cholesterol	: 174 mg/dl	<= 200
HDL - Cholesterol	: 42 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	: 112 mg/dl	50 - 140
Triglycerida	: 100 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	:* 4.1	M: < 3.4 F: < 3.3
OOD SUGAR TEST		
Nuchter	: 77 mg/dl	< 100
2 hours PP	:* 171 mg/dl	< 140
RENAL FUNCTION TEST		
Ureum	: 23 mg/dl	17 - 43
Creatinine	: 0.9 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	: 6.0 mg/dl	M: 3.6 - 8.2 F: 2.3 - 6.1
SEROLOGI		
TPHA	: Non Reactive	Non Reactive
HBsAg	: Negative	Negative
Anti HBs	: Negative	
URINE		
Cannabinoid	: Negative	Negative
Methamphetamine	: Negative	Negative
Opiates	: Negative	Negative
Cocain	: Negative	Negative
Amphetamine	: Negative	Negative
Benzodiazepine	: Negative	Negative

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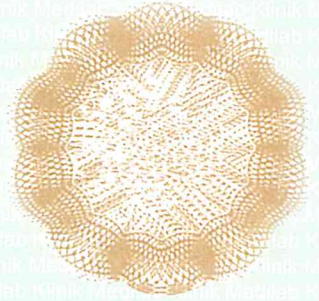


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LABORATORY REPORT

Test Name	Result Unit	Reference Range
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OTHERS

BUN	:	10.7 mg/dl	8 - 22
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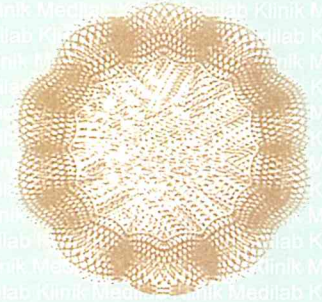
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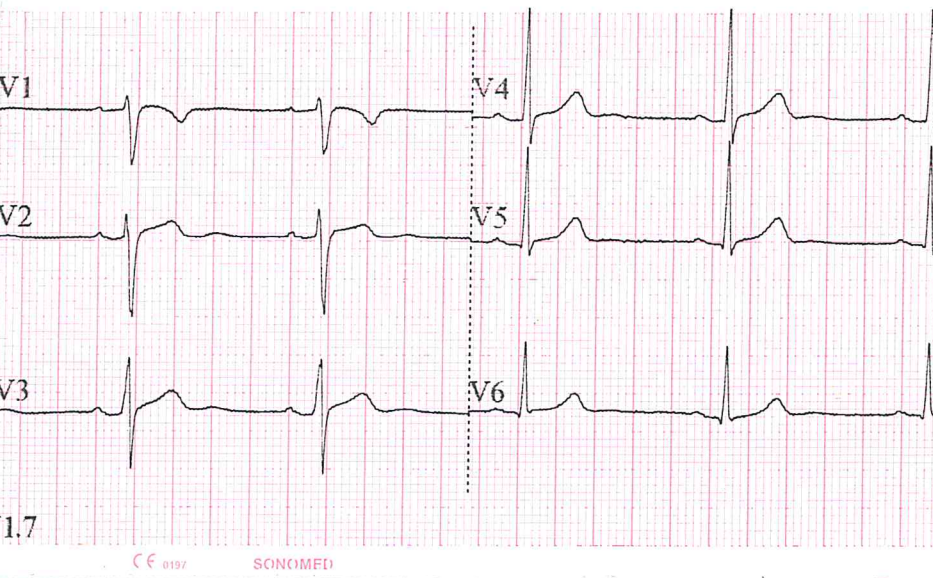
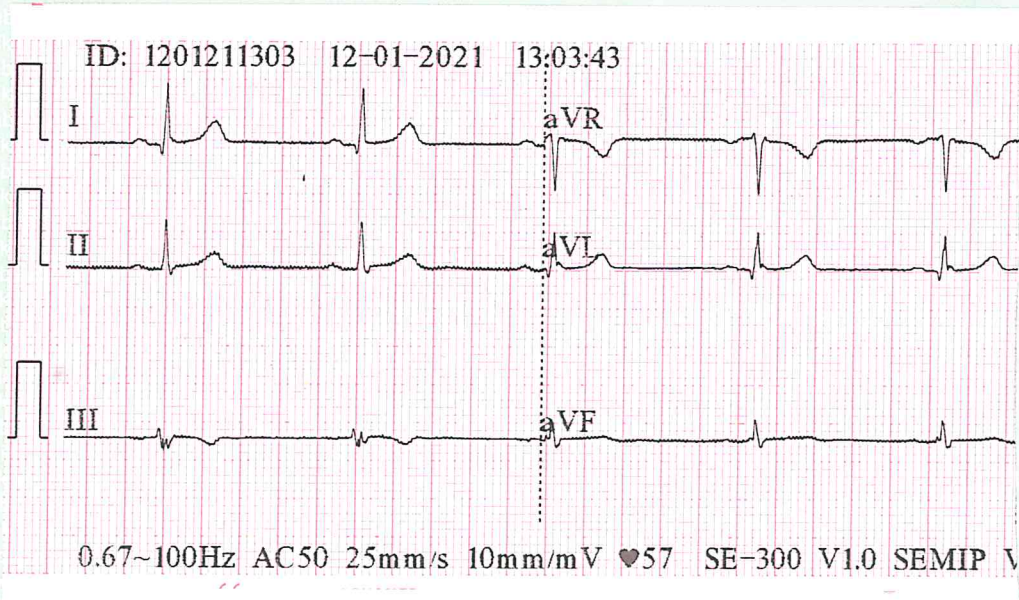
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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : AHMAD ROISUS SYIFA
Age : 27 Years
Gender : Male
Place/Date : BATAM/12 January 21
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Sinus Bradycardia R00.1

ADVICE :

EXAMINER :

dr. REZGA AGNELA VALBETRI
Examining Physician

