 <p>Klinik MEDILAB Pusat Pemeriksaan Kesehatan Tenaga Kerja</p>	<p align="center">MEDICAL FITNESS CERTIFICATE MEDICAL REPORT</p> <p align="center">(This document was adopted from Saipem company and used only for Saipem client/subcontractor)</p>
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MEDICAL FITNESS CERTIFICATE

issued in accordance with Oil & Gas UK Guidelines, Saipem Corporate Standards OPR-COR-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
DUTARMINI MANUTUM MAMK	02.04.1991	SPV

This Health Certificate is valid until: 28/5/2022

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

Specify prescriptions and/or restrictions

FIT TO WORK


.....
Applicant's signature in the Doctor's presence

Batam 29/5/2021
Place Day, Month, Year


KLINIK MEDILAB
 Komplek Taman Niaga Suka Jaya Blok J No. 3A-6 Batam
 Tel.: 0778 - 7372022, 7372023 Fax.: 0778 - 7372024
 Doctor's stamp and signature
dr. Rindi Nursaadah Sagala
 002.1/001-356/SIP.TM/DPMP.TSP-BTM/VIII/2020

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full DAHARMIN MAWUTUM MAMUK Date of Birth 02-04-1981 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)
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?	⇒		Cigarettes <input checked="" type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <u>16</u>
c) What is the average daily consumption of alcohol?	⇒		

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	69	FI		
Mother	65	FI		
Brother / Sister	40	FI		
Brother / Sister	37	FI		
Brother / Sister	37	FI		

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 29/5/2021

3. SUMMARY OF MEDICAL HISTORY MR. /MRS. DOHARMIN MANUTURI MANIK

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				Height: 179	cm	Weight: 83	Kg
a) Measurements (to be taken in indoor clothing)				BMI: 25.90	Kg/m ²	Waist Circumference: 92	cm
b) Please describe general appearance and build:							
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any enlargement of lymph nodes or thyroid gland?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Are there any scars of material significance?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
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: 120 / 72	Pulse Rate: 78x/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 -	OS -	OD J1	OS J1	Adequate	✓	
Corrected	OD 6/12	OS 6/12	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	15.1 gr/dl	10) MCV (*)	19) HDL Cholesterol	42 mg/dl	
2) RBC	5.15 x 10 ⁹ /mm ³	11) MCM (*)	20) LDL Cholesterol	124 mg/dl	
3) ESR	5 mm/hr	12) MCHC (*)	21) Triglycerides	67 mg/dl	
4) WBC	9.0 x 10 ³ /mm ³	13) Platelet	276x 10 ³ /mm ³	22) Total Billirubine	0.8 mg/dl
5) Neutrophils		14) Reticulocyte (*)	23) Direct Billirubin	0.4 mg/dl	
6) Lymphocytes	26.2 %	15) Hematocrit	46.5 %	24) AlkalinePhosphatase	87 u/L
7) Monocytes	7.6 %	16) Glycemia	88 mg/dl	25) AST (SGOT)	51 u/L
8) Eosinophils		17) Blood Urea	-	26) ALT (SGPT)	59 u/L
9) Basophils		18) Total Cholesterol	179 mg/dl	27) Gamma GT	41 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: 1.015, Glucossa: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

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

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

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

(*)Only if required (**) Only to the personnel who have never been vaccinated before or if expressly required

(***)Compulsory on pre-employment medical examinations and periodical examination for OFFSHORE and employees involve in Safety Sensitive Positions (SSP). For all other employees depend on circumstances, national and international legal requirements.

(****) Chest X-ray is required on the first examination. Afterwards, the examining physician has the discretion whether to perform it or not, based on physical examination, laboratory results, epidemiological situation and local laws and regulation in the country of origin or assignment.

6. OVERALL SUMMARY, ASSESSMENT AND RECOMMENDATIONS

The present Medical Certificate is valid until:28-May-2022

I have examined Mr./Mrs. DOHARMIN MANUTURI MANIKand found him/her (tick the box)

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



D Komplek Nusa Niaga Suka Jati Blok 1 No. A/C 8/Ban
Tel : 0778 - 7372022 7372023 Fax : 0778 - 7372024

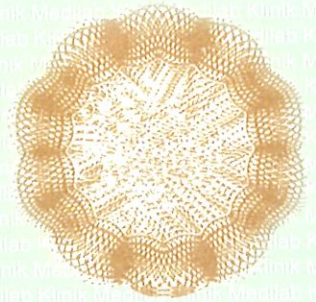
Examining Doctor's Signature
(Stamp, Signature, Name and address of the Physician)

Date: 29-May-2021

dr. Rindi Nursaadah Sagala
002.1/001-356/SIP.TM/DPNPTSP-BTM/VIH/2020



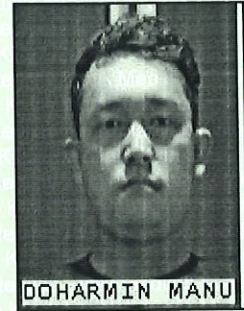
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EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : DOHARMIN MANUTURI MANIK
DOB/Gender/Emp. ID: 2 April 1991 / Male / 17079
Address : BATU AJI PERMAI BLOK GF NO 07, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



Distant Vision Acuity (Snellen Chart)	Near Vision Acuity
Right Eye: 6/12 With Glasses Left Eye : 6/12 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. RINDI NURSA'ADAH SAGALA

Examiner's Name

Examiner's Signature

BATAM, 29 May 2021



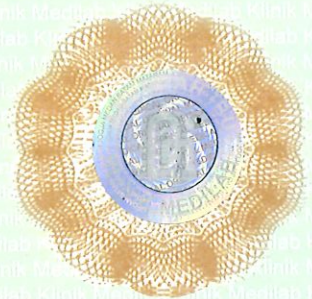
Place, Date of eye examination

Official Stamp of Medical Practitioner



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HEALTH SCREENING REPORT

Preemployment Physical Examination

185

CONFIDENTIAL

No. Medical Record : 
00041/008/V/ISP/21

PERSONAL DATA

Name : DOHARMIN MANUTURI MANIK
 Birthday/Gender/Emp. ID : 2 April 1991 / Male / 17079
 Father's Name : BALDWIN
 Address : BATU AJI PERMAI BLOK GF NO 07, BATAM
 Occupation : SPV
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



MEDICAL HISTORY

	Yes	No		Yes	No		Yes	No
1. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Allergic Rhinitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Bronchial Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Peptic Ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Echolalia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Bloody Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CLINICAL EXAMINATION

Weight : 83 Kg	Height : 179 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 25.90		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 120 / 72 mm Hg		
		Pulse : 78 / min		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			c. Varicose Veins	<input type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)			5. Skin-Chronic Disease	<input type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			9. Mental State	<input type="checkbox"/>

LABORATORY TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Blood Count	<input 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 checked="" type="checkbox"/>	<input 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, Myopia H52.1 Aided R:6/12, L:6/12 MIM, Dental Caries K02 1, Waist Circumference: 92 cm, Dermatitis on the Stomach & Back L30.9, Lab: SGOT R74.9 51 U/L MIE, SGPT R74.9 59 U/L MIE, HDL E78.4 42 mg/dl BHR, Cholesterol Ratio E78 4.3 AR, Urea R79.89 12 mg/dl, BUN R79.89 6.5 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 & Skin Hygiene, Take Enough Rest & Consume Curcuma, Diet to Raise HDL Cholesterol

Authentic Signature



Date of Exam : 29 May 2021



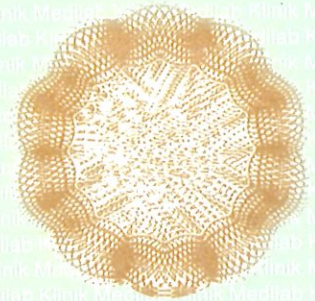
DR. RINDI NURSA'ADAH SAGALA



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HEALTH SCREENING REPORT

Preemployment Physical Examination

185

CONFIDENTIAL

No. Medical Record : 
00041/008/V/ISP/21

PERSONAL DATA

Name : DOHARMIN MANUTURI MANIK
 Birthday/Gender/Emp. ID : 2 April 1991 / Male / 17079
 Father's Name : BALDWIN
 Address : BATU AJI PERMAI BLOK GF NO 07, BATAM
 Occupation : SPV
 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	15.1	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	9.0	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.15	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	5	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	46.5	%	M: 40 - 52	F: 35 - 47	
PLT	276	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	26.2	%	25 - 40		
- MON	7.6	%	2 - 8		
- GRA	66.2	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	2.52	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2358	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	5	- WBC/HPF	Occ/HPF
- Specific Gravity	1.015	- RBC/HPF	Nil/HPF
- Glucossa	Negative	- Epithel Cell	Nil
- Protein	Negative	- Crystals	Nil
- Ketones	Negative	- Cast	Nil/HPF
- Bilirubin	Negative		
- Urobilinogen	Normal		
- Nitrit	Negative		
- Blood	Negative		
- Leucocytes	Negative		

X-RAY REPORT

Chest PA:
 Show no Abnormalitis.
 There is no evidence of pulmonary tuberculosis or other pulmonary,pleural or mediastinal lesions.
 The size,shape and position of the heart are within limits of normal variations.
 Bony structures of the thorax show no abnormalities.

Date of Exam : 29 May 2021



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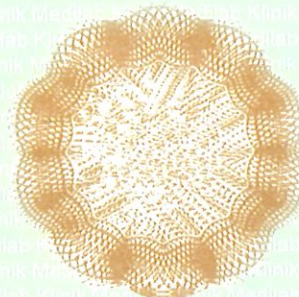


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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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Preemployment Physical Examination

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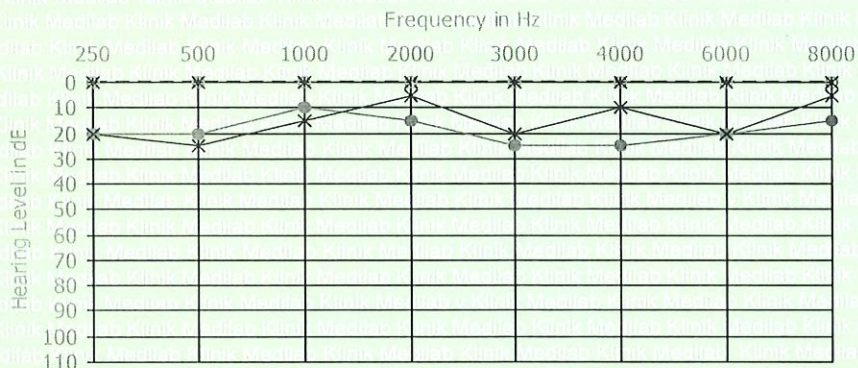
AUDIOMETRY REPORT

Occupational History

	Yes	No
- Noisy Working Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Present/use of Hearing Protector	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Period of Working	0.0 years	

Medical History/Examination

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



Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -11.25 %
L : -13.13 %
Hearing Handicap : -12.813 %
- Not a Noise Induced Hearing Loss

Date of Exam : 29 May 2021



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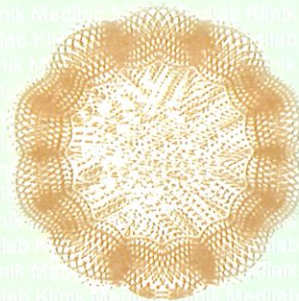
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Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



LABORATORY REPORT

Test Name	Result	Unit	Reference Range
LIVER FUNCTION TEST			
Total Bilirubin	0.8	mg/dl	0.3 - 1.1
Direct Bilirubin	0.4	mg/dl	0.1 - 0.4
Indirect Bilirubin	0.4	mg/dl	0.2 - 0.7
Alkaline Phosphatase	87	U/L	30 - 120
SGOT	51	U/L	M: <= 35 F: <= 31
SGPT	59	U/L	M: <= 45 F: <= 34
Gamma GT	41	U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST			
Total Cholesterol	179	mg/dl	<= 200
HDL - Cholesterol	42	mg/dl	M: > 35 F: > 45
LDL - Cholesterol	124	mg/dl	50 - 140
Triglycerida	67	mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	4.3		M: < 3.4 F: < 3.3
BLOOD SUGAR TEST			
Nuchter	88	mg/dl	< 100
RENAL FUNCTION TEST			
Ureum	12	mg/dl	17 - 43
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
OTHERS			
BUN	6.5	mg/dl	8 - 22

Date of Exam : 29 May 2021



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



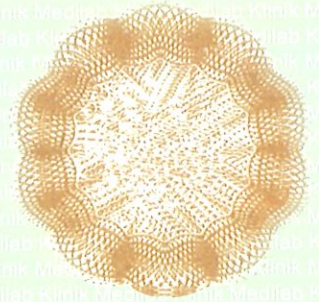
Management System
ISO 9001:2015

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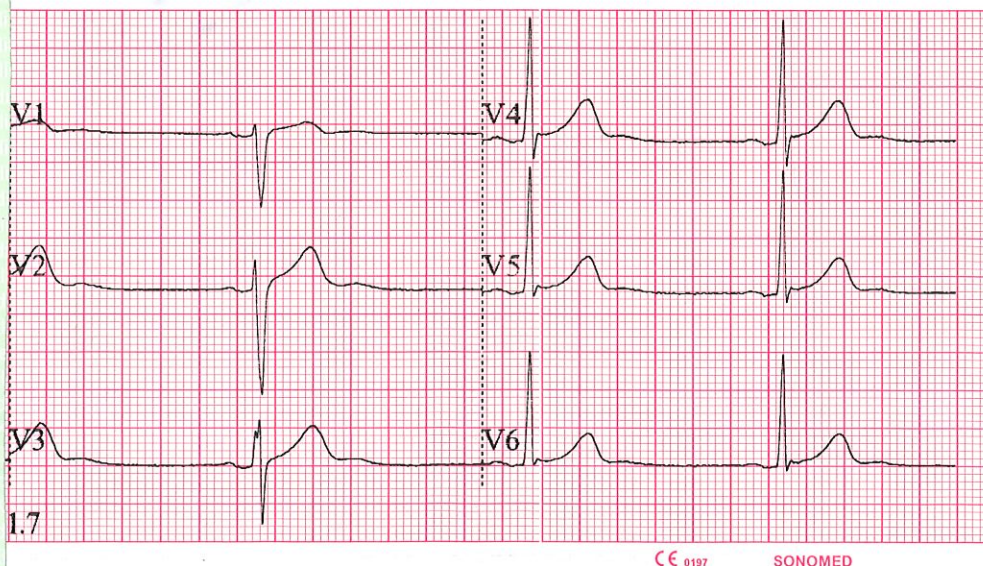
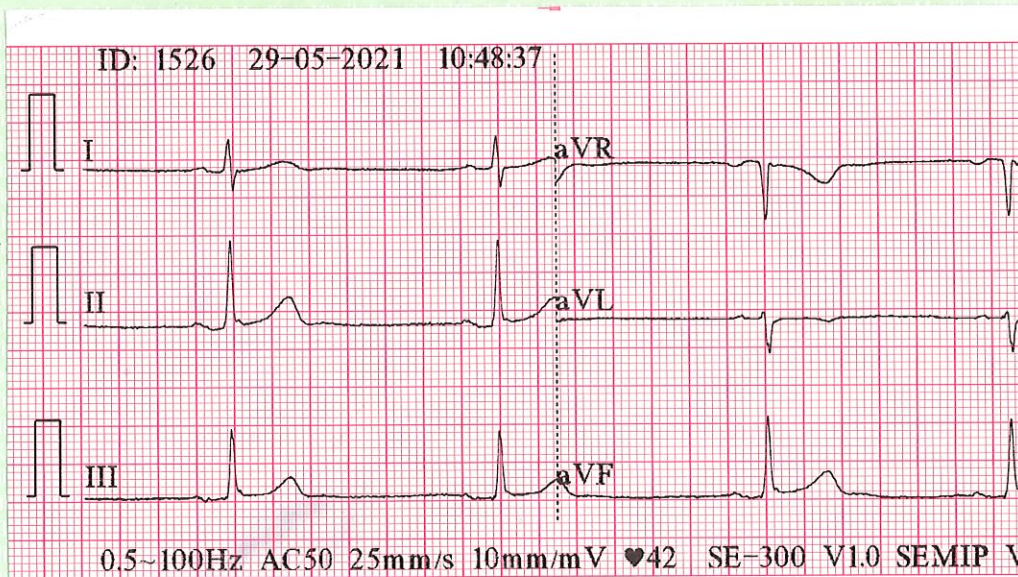
PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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



ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : DOHARMIN MANUTURI MANIK
Age : 30 Years
Gender : Male
Place/Date : BATAM/29 May 2021
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Sinus Bradycardia R00.1

ADVICE :

EXAMINER :

dr. Tosyarna BR.Dalimunthe
007.1/007-363/SIP.TM/DPMP TSP-BTM/VIII/2020