



**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-001-1, IMO and STCW Guidelines on medical examination

Full name (in block letters)	Date of Birth	Occupation
IGNATIUS APPYANDU MANALU	14-04-1997	INSPECTOR

**This Health Certificate is valid until:** 28 / 1 / 2022

Fit  
 Fit with prescriptions and/or restrictions  
 Unfit

offshore  
 permanent  
 onshore  
 temporary for months .....  
 permanent  
 temporary for months .....

Specify prescriptions and/or restrictions .....

**FIT TO WORK**

*IGNATIUS APPYANDU MANALU*  
 Applicant's signature in the Doctor's presence

**Batam**                                  **29 / 1 / 2021**  
 Place    Day, Month, Year



Doctor's stamp and signature  
**dr. Rindi Nursaadah Sagala**  
 002.I/001-356/SIP:TM/DPMP:SP-BTM/VIII/2020

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

**1. PERSONAL ANAMNESIS**

Name in full	<u>IGNATIUS ARIYANDU MANALU</u>	Date of Birth	<u>14.04.97</u>	Sex	<input checked="" type="radio"/> M <input type="radio"/> F
Occupation	<u>INSPECTOR</u>	Badge No.	<input type="text"/>	Blood Group	<input type="text"/> Rh <input type="text"/>

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 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 type="checkbox"/>	
2. Have you ever suffered from:			
a) Fits, fainting, giddiness or any mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Asthma, bronchitis, pneumonia or any other lung disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f) Kidney, bladder or other genito-urinary disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g) Any injury, operation, physical defect or deformity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h) Any other illness not mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. a) Have you ever been a patient at a hospital, nursing home or special clinic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Have you ever had any medical investigation carried out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Have you ever had any form of sexually transmitted disease or is there anything about your lifestyle which could expose you to the risk of AIDS or AIDS related condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Female only: Have you ever had any gynaecological or obstetric problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. a) Non-smoker: Have you smoked in the past?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Smokers: How much do you smoke per day?	<input type="text"/>	<input type="text"/>	Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/>
c) What is the average daily consumption of alcohol?	<input type="text"/>	<input type="text"/>	

**2. FAMILY MEDICAL ANAMNESIS**

	If living, age	State of health	If dead, age at death	Cause of death
Father	<u>58 th</u>	<u>HEALTH</u>		
Mother	<u>55 th</u>	<u>HEALTH</u>		
Brother / <input checked="" type="radio"/> Sister	<u>32 th</u>	<u>HEALTH</u>		
<input checked="" type="radio"/> Brother / Sister	<u>31 th</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 29/1/2021

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

Has the applicant ever had or has now any of the following? If yes, give details in the summary description.

Please, tick box, whether normal or not	<input type="checkbox"/>	Yes	No		Yes	No
1. Ear infection / Sinusitis / Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Nose, mouth or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Hernia / Hydrocele / Piles / Fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Color blindness / Loss of vision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Frequent headaches / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Malaria / Tropical Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Epilepsy / Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Skin disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Cancer or tumor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Allergy to foods / drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks:

**4. MEDICAL EXAMINER'S REPORT**

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

Please tick box <input type="checkbox"/>		Yes	No	Details if "yes"			
<b>8. Measurement &amp; Physical Description</b>				Height: 162 cm      Weight: 83 Kg			
a) Measurements (to be taken in indoor clothing)				BMI: 31.62 Kg/m <sup>2</sup> Waist Circumference: 94 cm			
b) Please describe general appearance and build:							
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any enlargement of lymph nodes or thyroid gland?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Are there any scars of material significance?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>9. Cardio-vascular System &amp; Blood pressure</b>				<b>Bilateral Varicose Grade 1 I83.9</b> Systolic / Diastolic: 139 / 87      Pulse Rate: 85x/mnt			
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 checked="" type="checkbox"/>	<input type="checkbox"/>
e) Blood Pressure: (please record opposite)				→			
<b>10. Respiratory System</b>							
a) Is there any abnormality in the shape and development of the chest?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Are there any abnormal physical signs in the lungs?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>11. Genito / Urinary &amp; Digestive System</b>							
a) Is the urine test abnormal?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is a hernia present				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>12. Nervous System</b>							
a) Is there any sign of disease in the central nervous system?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there anything to suggest a tendency to psychiatric disorder?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>13. Sense Organs</b>							
a) Is there any affection of the eyes, ears, nose or tongue				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Vision</b>		<b>Far Vision</b>		<b>Near Vision</b>		<b>Color Vision</b>	
Uncorrected	OD -      OS -			OD J1      OS J1	Adequate      ✓		
Corrected	OD 6/6      OS 6/6			OD -      OS -	Defective		

Remarks:



## 5. EXAMINATION RESULTS AND REPORT

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

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

1. Chest X-Ray Report (****)	Normal Limited
2. ECG Report	Normal Resting ECG
3. Audiogram Report	Normal
4. Spirometry Report	-

5. Blood Examination Report (Please, attach the results of the following examinations or indicate here below the results):					
1) Hemoglobin	15.0 gr/dl	10) MCV (*)	19) HDL Cholesterol	54 mg/dl	
2) RBC	5.03 x 10 <sup>6</sup> /mm <sup>3</sup>	11) MCM (*)	20) LDL Cholesterol	155 mg/dl	
3) ESR	5 mm/hr	12) MCHC (*)	21) Triglycerides	122 mg/dl	
4) WBC	6.1 x 10 <sup>3</sup> /mm <sup>3</sup>	13) Platelet	301x 10 <sup>3</sup> /mm <sup>3</sup>	22) Total Bilirubine	1.1 mg/dl
5) Neutrophils		14) Reticulocyte (*)		23) Direct Bilirubin	0.4 mg/dl
6) Lymphocytes	27.3 %	15) Hematocrit	44.0 %	24) AlkalinePhosphatase	88 u/L
7) Monocytes	6.8 %	16) Glycemia	98 mg/dl	25) AST (SGOT)	12 u/L
8) Eosinophils		17) Blood Urea	-	26) ALT (SGPT)	20 u/L
9) Basophils		18) Total Cholesterol	233 mg/dl	27) Gamma GT	36 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: (-)
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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. <input type="checkbox"/>	HIV Test (*)
9. <input type="checkbox"/>	Tine (Tuberculin test) (*)
10. <input checked="" type="checkbox"/>	HBsAg (**) (-) HBsAb (**) <input checked="" type="checkbox"/> HbCAb (**) <input type="checkbox"/> HBeAg (**) <input type="checkbox"/> HBeAb (**) <input type="checkbox"/> HAVAb (**) <input type="checkbox"/> HCVAb (**) <input type="checkbox"/>
11. <input checked="" type="checkbox"/>	TPHA (-)
12. <input type="checkbox"/>	Stool examination (*)
13. <input type="checkbox"/>	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-Jan-2022

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

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

**DR. RINDI NURSAADAH SAGALA**

Examining Doctor's Signature

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

Date: 29-Jan-2021

**dr. Rindi Nursaadah Sagala**  
002.1/001-356/SIP.TM/DPMPTSP-BTM/VIII/2015





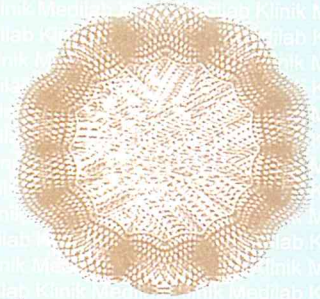
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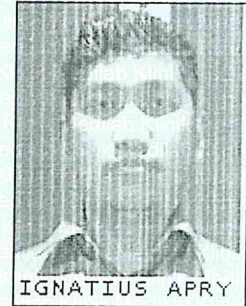
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Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024  
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



**EYE EXAMINATION REPORT**

**IDENTIFICATION OF APPLICANT**

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



IGNATIUS APRY

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

DR. RINDI NURSA'ADAH SAGALA

Examiner's Name

Examiner's Signature



BATAM, 29 January 21

Place, Date of eye examination

Official Stamp of Medical Practitioner





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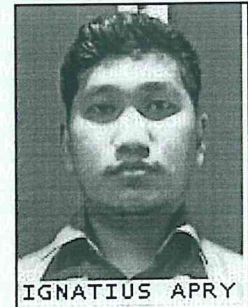
**HEALTH SCREENING REPORT**

Preemployment Physical Examination

**CONFIDENTIAL**

No. Medical Record :   
00017/017/I/ISP/21

161



IGNATIUS APRY

**PERSONAL DATA**

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

**MEDICAL HISTORY**

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

**CLINICAL EXAMINATION**

Weight : 83 Kg      Height : 162 Cm  
 BMI : 31.62

	Yes/Abnormal	No/Normal
1. Vision		
a. Distant Vision (Should be at least 6/12 in both eyes with or without glasses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision (Should be at least J2 in both eyes with or without glasses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing (Unable to hear ordinary conversation at 2 m)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes/Abnormal	No/Normal
3. Cardiovascular System		
a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Systolic / Diastolic : 139 / 87 mm Hg		
Pulse : 85 / min		
b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. ECG ( if indicated )	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Remarks:** Obese E66, Bilateral Varicose Grade 1 I83.9, Waist Circumference: 94 cm, Lab: Total Cholesterol E78.0 233 mg/dl BHR, HDL E78.4 54 mg/dl BHR, LDL E78.4 155 mg/dl BHR, Cholesterol Ratio E78 4.3 AR, Urea R79.89 16 mg/dl, BUN 7.5 mg/dl

**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, Legs Exercise, Low Fat Diet

Authentic Signature

Date of Exam : 29 January 2021



DR. RINDI NURSA'DAH SAGALA





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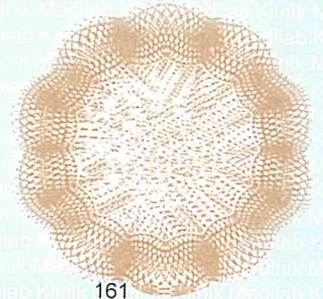


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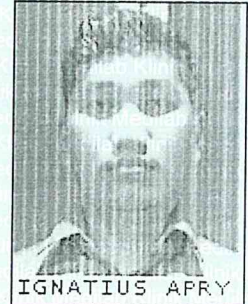
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**HEALTH SCREENING REPORT**

Preemployment Physical Examination



161



IGNATIUS APRI

**CONFIDENTIAL**

No. Medical Record :   
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 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAWLING.13, BATAM

**LABORATORY REPORT**

**BLOOD COUNT**

Test Name	Result	Unit	Reference Range		
HGB	15.0	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	6.1	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.03	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	5	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	44.0	%	M: 40 - 52	F: 35 - 47	
PLT	301	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440		
Differential Count					
- LYM	27.3	%	25 - 40		
- MON	6.8	%	2 - 8		
- GRA	65.9	%	43 - 76		
Indicator of Infection					
- Neutrophil Lymphocyte Ratio (NLR)	2.41	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	1665	%	< 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 Abnormaitis.  
 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 January 2021



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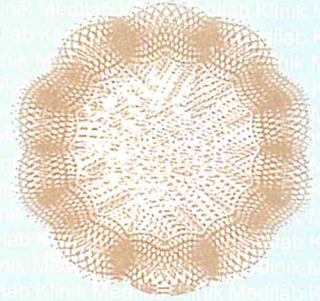
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**HEALTH SCREENING REPORT**

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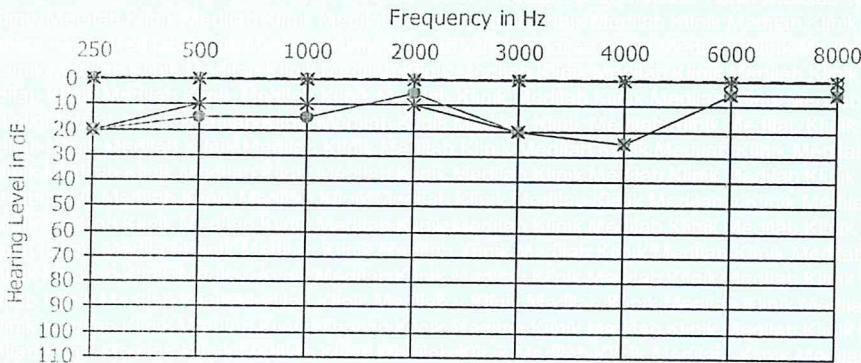
**AUDIOMETRY REPORT**

**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 : -15.00 %  
L : -16.88 %  
Hearing Handicap : -16.563 %
- Not a Noise Induced Hearing Loss

Date of Exam : 29 January 2021



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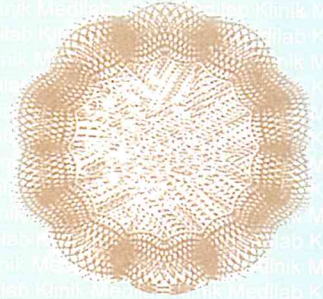
Management System  
ISO 9001:2015

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**PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA**


Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433  
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024  
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



**HEALTH SCREENING REPORT**

Preemployment Physical Examination

**CONFIDENTIAL**

No. Medical Record :   
00017/017/I/ISP/21

161

**PERSONAL DATA**

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



**LABORATORY REPORT**

Test Name	Result Unit	Reference Range
<b>LIVER FUNCTION TEST</b>		
Total Bilirubin	: 1.1 mg/dl	0.3 - 1.1
Direct Bilirubin	: 0.4 mg/dl	0.1 - 0.4
Indirect Bilirubin	: 0.7 mg/dl	0.2 - 0.7
Alkaline Phosphatase	: 88 U/L	30 - 120
SGOT	: 12 U/L	M: <= 35 F: <= 31
SGPT	: 20 U/L	M: <= 45 F: <= 34
Gamma GT	: 36 U/L	M: <= 49 F: <= 32
<b>LIPID PROFILE TEST</b>		
Total Cholesterol	:* 233 mg/dl	<= 200
HDL - Cholesterol	: 54 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:* 155 mg/dl	50 - 140
Triglycerida	: 122 mg/dl	<= 204
Ratio Cholesterol ( Total Chol : HDL )	:* 4.3	M: < 3.4 F: < 3.3
<b>BLOOD SUGAR TEST</b>		
Nuchter	: 98 mg/dl	< 100
<b>RENAL FUNCTION TEST</b>		
Ureum	:* 16 mg/dl	17 - 43
<b>SEROLOGI</b>		
TPHA	: Non Reactive	Non Reactive
HBsAg	: Negative	Negative
Anti HBs	: Negative	
<b>URINE</b>		
Cannabinoid	: Negative	Negative
Methamphetamine	: Negative	Negative
Opiates	: Negative	Negative
Cocain	: Negative	Negative
Aniphetamine	: Negative	Negative
Benzodiazepine	: Negative	Negative
<b>OTHERS</b>		
BUN	:* 7.5 mg/dl	8 - 22

Date of Exam : 29 January 2021



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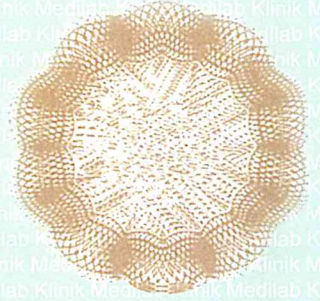
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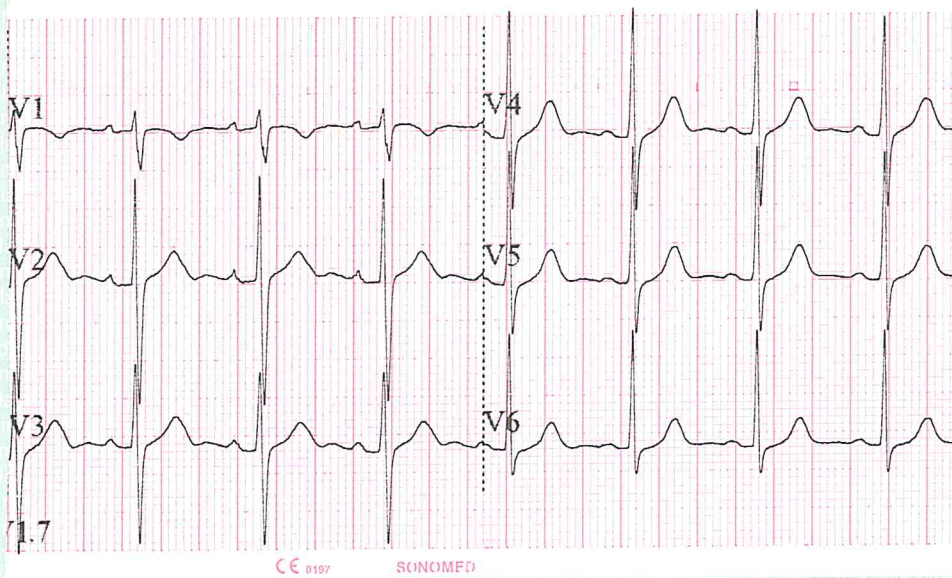
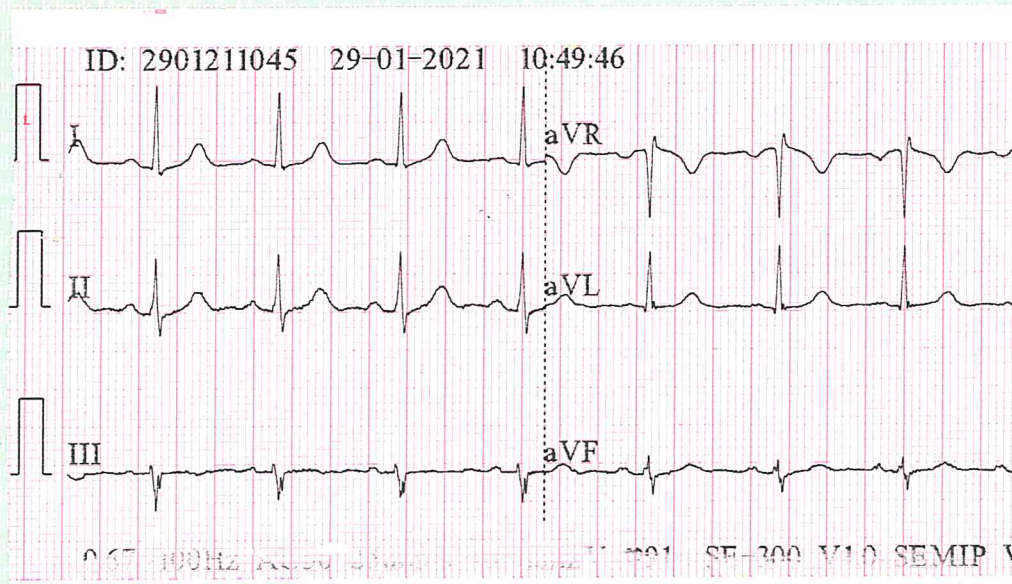
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**ELECTROCARDIOGRAM INTERPRETATION (RESTING)**

Name : IGNATIUS APRYANDO MANALU  
Age : 23 Years  
Gender : Male  
Place/Date : BATAM/29 January 2021  
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



**CONCLUSION : Normal Resting ECG**

**ADVICE :**

**EXAMINER :**



**dr. REZGA AGNELA VALBETRI**

Examining Physician