



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
ARIS RITOMBA	18.06.1989	RIGGER

This Health Certificate is valid until:

07/10/2021

- 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

[Handwritten signature]

Applicant's signature in the Doctor's presence

BATAM
Place

08 / 10 / 2020
Day, Month, Year

KLINIK MEDILAB
 Komplek Taman Niaga Suka Udi Blok J No. 3A-6 Batam
 Tel : 0778 - 7372022 7372023 Fax : 0778 - 7372024

Doctor's stamp and signature

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full	<u>ARIS RITONGA</u>	Date of Birth	<u>18.6.89</u>	Sex	<input checked="" type="radio"/> M <input type="radio"/> F
Occupation	<u>RIGGER</u>	Badge No.	<input type="text"/>	Blood Group	<input type="text"/> Rh <input type="text"/>

Please tick box <input type="checkbox"/>	YesNo	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"/> Yes <input checked="" type="checkbox"/> No	
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"/> Yes <input checked="" type="checkbox"/> No	
2. Have you ever suffered from:		
a) Fits, fainting, giddiness or any mental or nervous disorder?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b) Asthma, bronchitis, pneumonia or any other lung disorder?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
f) Kidney, bladder or other genito-urinary disorders?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g) Any injury, operation, physical defect or deformity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
h) Any other illness not mentioned above?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. a) Have you ever been a patient at a hospital, nursing home or special clinic?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b) Have you ever had any medical investigation carried out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Yes <input checked="" type="checkbox"/> No	
5. Female only: Have you ever had any gynaecological or obstetric problems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. a) Non-smoker: Have you smoked in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Smokers: How much do you smoke per day?	<input type="text"/>	
c) What is the average daily consumption of alcohol?	<input type="text"/>	
		Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input checked="" type="checkbox"/> Number smoked <u>5</u>

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	<u>60</u>	<u>FIT</u>		
Mother			<u>58</u>	<u>OLD</u>
Brother / Sister	<u>40</u>	<u>FIT</u>		
Brother / Sister	<u>37</u>	<u>FIT</u>		
Brother / Sister	<u>36</u>	<u>FIT</u>		

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 08/10/2020



MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

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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 (****) WITHIN NORMAL LIMIT

2. ECG Report SINUS BRADYCARDIA

3. Audiogram Report NORMAL RESTING ECG

4. Spirometry Report NA

Table with 3 columns of blood examination results (1-27) and a large diagonal 'SEE ATTACHMENT' stamp.

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): SEE ATTACHMENT

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

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

(*)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: 07/10/2021

I have examined Mr./Mrs. ARIS RISONGA and found him/her (tick the box)

FIT for (offshore/onshore) duty [checked] UNFIT for duty [] Pending []

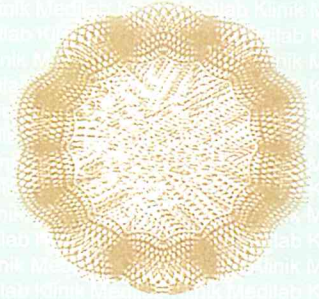
KLINIK MEDILAB
Komplek Taman Niaga Suka Jadi Blok J No. 3A-6 Batam
Tel: 0778 - 7372021 Fax: 0778 - 7372024
dr. REZQI NELLA ALI BASTRI
Examining Doctor's Signature

Date: 09/10/2020



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EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : ARIS RITONGA
DOB/Gender/Emp. ID: 18 June 1989 / Male /
Address : TEMBESI CENTRE, BATAM
Company's Name : RIGSPEK PERKASA .PT



ARIS RITONGA

Distant Vision Acuity (Snellen Chart)

Right Eye: 6/7.5 Without Glasses
Left Eye : 6/7.5 Without Glasses

Near Vision Acuity

Right Eye : J1 Without Glasses
Left Eye : J1 Without Glasses

Colour Vision (Ishihara's Test)

Normal

Visual Field Test (Confrontation Test)

-

Grey Test

-

Depth Test

-

DR. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature

BATAM, 08 October 20

Place, Date of eye examination



Official Stamp of Medical Practitioner



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HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00032/002/X/RP/20

212

PERSONAL DATA

Name : ARIS RITONGA
Birthday/Gender/Emp. ID : 18 June 1989 / Male /
Father's Name : HUMITAR RITONGA
Address : TEMBESI CENTRE, BATAM
Occupation : RIGGER
Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, 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 : 79 Kg	Height : 169 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 27.66		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 137 / 84 mm Hg		
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"/>
				<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 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, Myopia H52.1 R:6/7.5, L:6/7.5 MIM, Waist Circumference: 95 cm, Lab: Alkaline Phosphatase R74.9 121 U/L MIE, Total Cholesterol E78.0 207 mg/dl BHR, HDL E78.4 43 mg/dl BHR, Cholesterol Ratio E78 4.8 AR, 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, Low Fat Diet

Authentic Signature



DR. REZGA AGNELA VALBETRI

Date of Exam : 8 October 2020





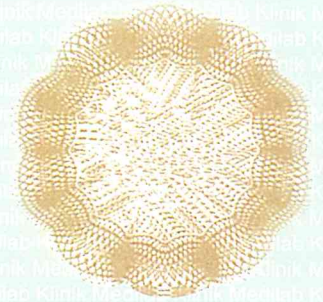
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HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00032/002/X/RP/20

PERSONAL DATA

Name : ARIS RITONGA
 Birthday/Gender/Emp. ID : 18 June 1989 / Male /
 Father's Name : HUMITAR RITONGA
 Address : TEMBESI CENTRE, BATAM
 Occupation : RIGGER
 Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	16.2	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	8.6	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.19	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	47.7	%	M: 40 - 52	F: 35 - 47	
PLT	264	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	34.7	%	25 - 40		
- MON	5.8	%	2 - 8		
- GRA	59.5	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	1.71	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2984	%	< 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
- Glucosasa	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 : 8 October 2020



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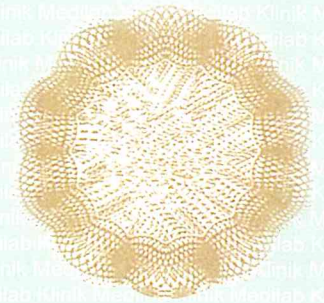
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HEALTH SCREENING REPORT

Preemployment Physical Examination

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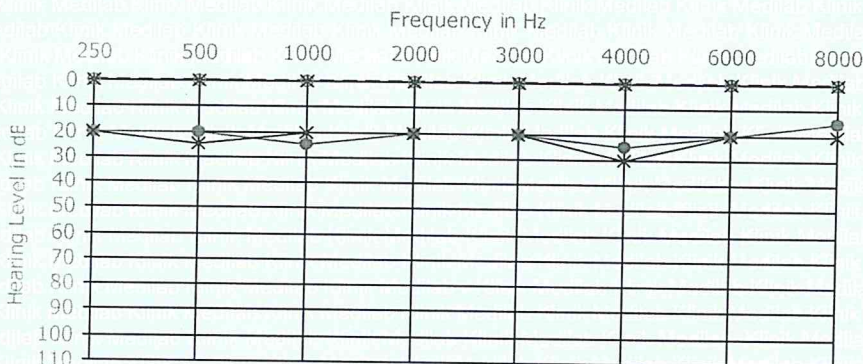
AUDIOMETRY REPORT

Occupational History

- Noisy Working Environment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Present/use of Hearing Protector	Yes <input type="checkbox"/>	No <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 : -3.75 %
L : -1.88 %
Hearing Handicap : -3.438 %
- Not a Noise Induced Hearing Loss

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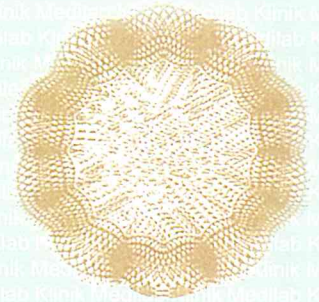
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LABORATORY REPORT

Test Name	Result	Unit	Reference Range
LIVER FUNCTION TEST			
Total Bilirubin	:	0.5 mg/dl	0.3 - 1.1
Direct Bilirubin	:	0.1 mg/dl	0.1 - 0.4
Indirect Bilirubin	:	0.4 mg/dl	0.2 - 0.7
Alkaline Phosphatase	:*	121 U/L	30 - 120
SGOT	:	19 U/L	M: <= 35 F: <= 31
SGPT	:	24 U/L	M: <= 45 F: <= 34
Gamma GT	:	38 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST			
Total Cholesterol	:*	207 mg/dl	<= 200
HDL - Cholesterol	:	43 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:	134 mg/dl	50 - 140
Triglycerida	:	150 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	:*	4.8	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST			
Nuchter	:	81 mg/dl	< 100
RENAL FUNCTION TEST			
Ureum	:	23 mg/dl	17 - 43
SEROLOGI			
TPHA	:	Non Reactive	Non Reactive
URINE			
Cannabinoid	:	Negative	Negative
Methamphetamine	:	Negative	Negative
Opiates	:	Negative	Negative
Cocain	:	Negative	Negative
Benzodiazepine	:	Negative	Negative

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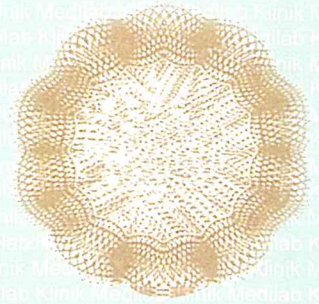
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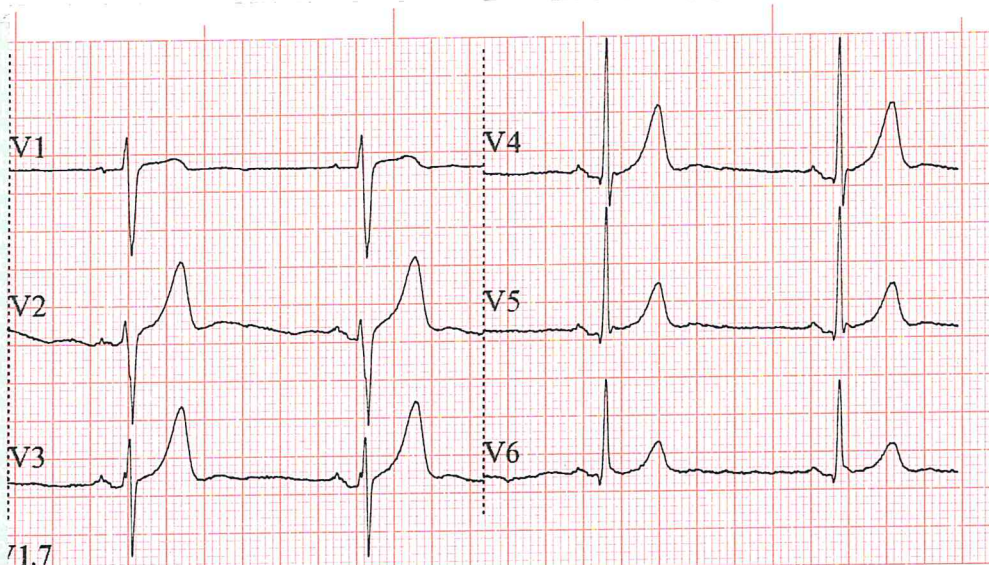
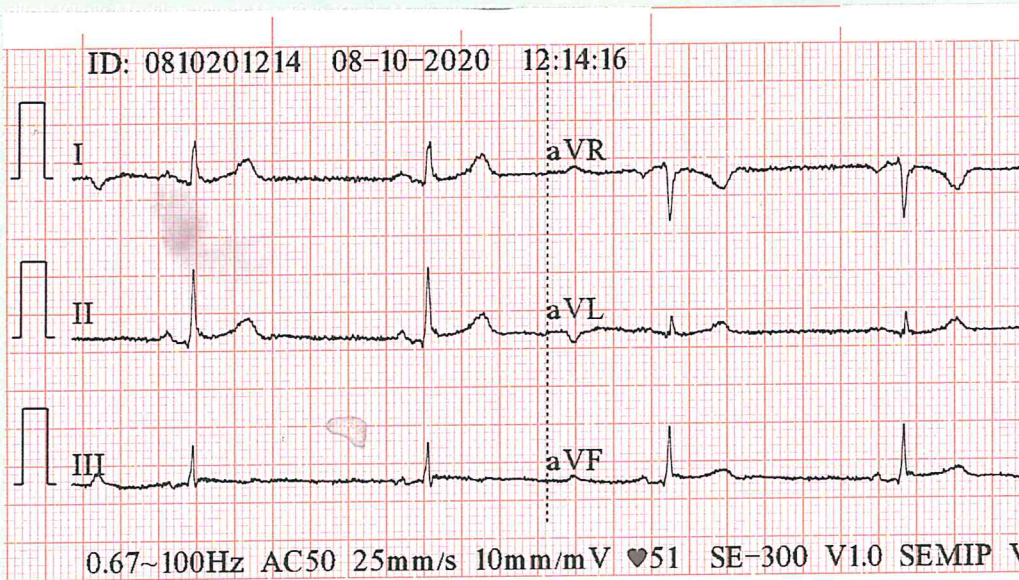
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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : ARIS RITONGA
Age : 31 Years
Gender : Male
Place/Date : BATAM/08 October 2020
Company's Name : RIGSPEK PERKASA .PT



CONCLUSION : Sinus Bradycardia R00.1
ADVICE :
EXAMINER :

dr. REZGA AGNELA VALBETRI
Examining Physician