

BATAM Place

Day, Month, Year

#### 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
ARIS RITONGA	18.06.1989	RIGGER
	alth Certificate is valid unt	il: 07/10/2021
Fit  Fit with prescriptions a  Unfit	and/or restrictions 🗆 permanent	t conshore temporary for months
Specify prescriptions and	FIT TO WO	RK
Applicant's signature in the Doc	tor's presence	MEDILAB

Employer must provide the personal protective equipment specific to the activity

Komplek Tamar Niaga Suka 1 di Blok J No. 3A-6 Batam Tel: 0778 - 73 (2)22, 7°700 Fax: 0778 - 7372024

Doctor's stamp and signature



#### MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

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#### 1. PERSONAL ANAMNESIS

Please tick box	Name in full ARIS RITON 6A  Occupation RIGGER	] ]	Date of Birth Badge No.	1Q. 6. 80 Sex	M Group	F Rh
1. a) Are you at present under medical care or receiving treatment?		-				
a) Fits, fainting, giddiness or any mental or nervous disorder? b) Asthma. bronchitis, pneumonia or any other lung disorder? c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle? d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation? e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes f) Kidney, bladder o other genito-urinary disorders? g) Any injury, operation, physical defect or deformity? h) Any other illness not mentioned above? d) Any ever been a patient at a hospital, nursing home or special clinic? b) Have you ever had any medical investigation carried out? b) 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? f. Female only: Have you ever had any gynaecological or obstetric problems? f. Have you ever taken drugs other than prescribed by any doctor? f. a) Non-smoker. Have you smoked in the past? b) Smokers: How much do you smoke per day?  Cigarettes Cigars Pipes Number smoked	a) Are you at present under medical care or receiving treatment     b) Are you currently taking medication, prescribed or not,     having injection, using an inhaler or have you recently done	? 🗆 🗷	(including date			mation)
or special clinic?  b) Have you ever had any medical investigation carried out?  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?  5. Female only: Have you ever had any gynaecological or obstetric problems?  6. Have you ever taken drugs other than prescribed by any doctor?  7. a) Non-smoker: Have you smoked in the past?  b) Smokers: How much do you smoke per day?  Cigarettes Cigars Pipes Number smoked	<ul> <li>a) Fits, fainting, giddiness or any mental or nervous disorder?</li> <li>b) Asthma. bronchitis, pneumonia or any other lung disorder?</li> <li>c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?</li> <li>d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?</li> <li>e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes</li> <li>f) Kidney, bladder o other genito-urinary disorders?</li> <li>g) Any injury, operation, physical defect or deformity?</li> </ul>					
or is there anything about your lifestyle which could expose you to the risk of AIDS or AIDS related condition?  5. Female only: Have you ever had any gynaecological or obstetric problems?  6. Have you ever taken drugs other than prescribed by any doctor?  7. a) Non-smoker: Have you smoked in the past?  b) Smokers: How much do you smoke per day?  Cigarettes Cigars Pipes Number smoked	or special clinic?					
obstetric problems?  6. Have you ever taken drugs other than prescribed by any doctor?  7. a) Non-smoker: Have you smoked in the past?  b) Smokers: How much do you smoke per day?  Cigarettes Cigars Pipes Number smoked	or is there anything about your lifestyle which could expose					
doctor?  7. a) Non-smoker: Have you smoked in the past?  b) Smokers: How much do you smoke per day?  Cigarettes Cigars Pipes Number smoked	5. Female only: Have you ever had any gynaecological or obstetric problems?					
b) Smokers: How much do you smoke per day? Cigarettes Cigars Pipes Mumber smoked	6. Have you ever taken drugs other than prescribed by any doctor?					
The state of the s	7. a) Non-smoker: Have you smoked in the past?					
			Cigarettes Ci	igars 🗌 Pipes 🗹	Number smoked	15

#### 2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	60	<b>‡1</b> 0		
Mother			58	010
Brother / Sister	40	\$1T		Jey
Brother / Sister	37	FIT		
Brother Sister	36	ĦT		

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 talle 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 preserve of Medical Examiner)

00/10/2020



#### MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

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#### RMONGA APAS 3. SUMMARY OF MEDICAL HISTORY OF MR. HMRS. 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 Yes No Yes No 1. Ear infection / Sinusitis / Vertigo 8. Endocrine disorder 2. Nose, mouth or throat trouble 9. Hernia / Hydrocele / Piles / Fissures 3. Color blindness / Loss of vision 10. Fistula / Appendicitis / Varicocele 4. Frequent headaches / Fainting 11. Malaria / Tropical Disease 5. Epilepsy / Mental illness 12. Skin disease 6. Hypertension 13. Cancer or tumor 7. Diabetes mellitus 14. Allergy to foods / drugs 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 Details if "ves" 8. Measurement & Physical Description Height: 169cm Weight: 19 Ka a) Measurements (to be taken in indoor clothing) BMI:24, Ckg/m<sup>2</sup> b) Please describe general appearance and build: W aist Circumference: 95 cm c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle d) Is there any enlargement of lymph nodes or thyroid gland? e) Are there any scars of material significance? 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? b) Is there any irregularity of rhythm? c) Is there any abnormality in the arterial pulse? d) Are there any varicose veins? e) Blood Pressure: (please record opposite) Pulse Rate: 76 min Systolic / Diastolic: 10. Respiratory System a) Is there any abnormality in the shape and development of the chest? b) Are there any abnormal physical signs in the lungs? Genito / Urinary & Digestive System a) Is the urine test abnormal? b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen? c) Is a hernia present 1 d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.? Nervous System a) Is there any sign of disease in the central nervous system? b) Is there anything to suggest a tendency to psychiatric disorder? 13. Sense Organs a) Is there any affection of the eyes, ears, nose or tongue Vision Far Vision Near Vision Color Vision

3,

OS

OS

Adequate

Defective

OD

OD

Remarks:

Uncorrected

OD

OS

Corrected



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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. Pl	lease, indicate y	our remarks in case	of abnormal results
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1. (	Chest X-Ray Report (****)	MILKIH HOPP	AL LIMIT		
2. E	ECG Report	21 HAIL BOTHD	Caron		
3. A	Audiogram Report	HOPMAL PE	sting ecc		
4. 8	Spirometry Report	MA			
5. E	Blood Examination Report (Pla	ease, attach the results o	f the following examinations	or indicate here below the results):	
	1) Hemoglobin	10) MC\	′ (*)	19) HDL Cholesterol	
2	2) RBC	11) MCN	1 (*)	20) LDL Cholesterol	
3	3) ESR	12) MCH	IC (*)	21) Triglycerides	
4	4) WBC	13) Plate	IC (*) ellet culocyte (*)	22) Total Bilirubin	
5	5) Neutrophils	14) Retio	culocyte (*)	23) Direct Bilirubin	
6	6) Lymphocytes	15) Hem	atocrit	24) Alkaline Phosphatase	
7	7) Monocytes	16) Glyc	emia C	25) AST (SGOT)	
8	B) Eosinophils	17) Bloo	d Urea	26) ALT (SGPT)	
9	9) Basophils	18) Tota	Cholesterol	27) Gamma GT	
7. Dri	ugs (***), alcohol screening te Amphetamines			ing examinations or indicate here below 7) Alcohol	ow the results):
8.	HIV Test (*) Tine (Tuberculin test) (*) HBsAg (**) HBsAb (** TPHA Stool examination (*) Pharyngeal plug test (*)	) HBcAb (**)	HBeAg (**) HBe		CVAb(**)
*)Only if	required (**) Only to the pers	onnel who have never be	een vaccinated before or if ex	pressly required	
***)Comp Safety Se	oulsory on pre-employment mensitive Positions (SSP). For a	edical examinations and	periodical examination for O	FFSHORE and employees involve in Il and international legal requirements	
****) Che	est X-ray is required on the firs	t examination. Afterward	s, the examining physician h	as the discretion whether to perform it	ornot
	PRALL SUMMARY, A			nd regulation in the country of origin o	r assignment.
	MMENDATIONS The			until: 07/10/2024	
575	examined Mr./Mrs.~	APIS PITOHE	and fou	nd him/ <del>her-</del> (tick the box)	
1 13	KLINIK (offshore/onshore)	duty	UNFIT for duty	Pending	
ir. Rez	Niaga Suku Jadi Alok J No. 3A-6 Batarn 17023 Hav. 0778 - 7372024 1ng. Doc Port's Signature fignature, Name and address		г	oate: 09/10/2020	





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



## **EYE EXAMINATION REPORT**

#### **IDENTIFICATION OF APPLICANT**

Apllicant's Name : ARIS RITONGA

DOB/Gender/Emp. ID: 18 June 1989 / Male /

Address : TEMBESI CENTRE, BATAM

Company's Name : RIGSPEK PERKASA .PT



#### 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)	M-officers and the officer Stank Meditab Kilmik Meditab Kilmik Meditab Kilmik Meditab Kilmik Meditab Kilmik Meditab
Grey Test	de Kanik Madilatra Kingle Medilab-kingk/Medilab-kingle Medilab Klim
Depth Test	p reing venaen til. I y-chigo koma weeligb Klinik Medilab Siinik Medilab Klifik Weylie

DR. REZGA AGNELA VALBETRI

Examiner's Name

BATAM, 08 October 20

Place, Date of eye examination

Examiner's Signature



Official Stamp of Medical Practitioner





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#### **HEALTH SCREENING REPORT**

Preemployment Physical Examination

	CONFIDENTIAL		212
	No. Medical Record :		
	PERSONAL DATA	annhi sa nan Limita sa napit uniah sa sa 19	
	Name : ARIS RITONGA		
	Birthday/Gender/Emp. ID : 18 June 1989 / Male /		
	Father's Name : HUMITAR RITONGA	Small Overheld Dispre Medican Comprise and Associations	黑人
	Address : TEMBESI CENTRE, BATAM	is nati kilonik Maalla, rajmo, asanat kainbi Me	
	Occupation : RIGGER		
	Name of Employer / Recruitment Agency : RIGSPEK PERKASA .F	PT ARIS	RITONGA
	Address of Employer / Recruitment Agency : KOMPLEK KAWASAN	ite full team to the teach period team that the team is trained to the team of	
	MEDICAL HISTORY	edeb Alpik beulau Kapik Medala Midik (hebipa Ribi	KWadilab Kimik W
	Yes No	Yes No	Yes No
)	1. Hypertension X 4. Allergic Rhinitis	X 7. Surgery	X
	2. Bronchial Asthma X 5. Peptic Ulcer	X 8. Echolalia	X
	3. Bloody Cough X 6. Epilepsy	X 9. Others	
	CLINICAL EXAMINATION	Yes/Abnorm	nal No/Normal
	Weight : 79 Kg Height : 169 Cm	Cardiovascular System	iai No/Normai
	BMI : 27.66	a. Blood Pressure	X
		Systolic / Diastolic : 137 / 84 mm Hg	HANTING WESTERN
	1. Vision Yes/Abnormal No/Normal	Pulse : 76 / min	
	a. Distant Vision	b. Heart Disease	X
	( Should be at least 6/12 in both eyes with or without glasses )	c. Varicose Veins	X
	b. Near Vision	4. Respiratory System	X
	( Should be at least J2 in both eyes with or without glasses )	5. Skin-Chronic Disease	X
	c. Colour Vision	6. Abdomen	X
	d. Any Organic Eye Disease	7. Locomotor/Neurological	X
	2. Hearing	8. Endocrine disorders	Y
		9. Mental State	
T	( Unable to hear ordinary conversation at 2 m )		
	LABORATORY TEST	OTHER TEST	
	( Report Enclosed ) Yes/Abnormal No/Normal	( Report Enclosed ) Yes/Abnorm	al No/Normal
	1. Blood Count	1. Audiometry	X
	2. Urine Feme	2. Spirometry	
	3. Other Laboratory Test	3. ECG ( if indicated )	ab Clini CM culab F
	ati Kinjil Mediati Kinji Mediati Sinji Ni	4. Chest X-Ray	X
	Remarks: Overweight E66, Myopia H52.1 R:6/7.5, L:6/7.5 MIM, W		
	MIE, Total Cholesterol E78.0 207 mg/dl BHR, HDL E78.4		
	R00.1	ninegijas varias areaissaari kalikeeriste kariik (1966–20) 2016 billak Mediate Klinek Mediate Klinek (1eduate Klinek	romuse Preference (un Medulaty Klimik Me
	CERTIFICATION	link:Madilah Klirik Medilah Klirik Madilah Klirik Medila	ab Klinik Medilah K
	I certify that I have examined the abovenamed person. In	my opinion, this person is FIT for duties mention	oned above.
	ADVICE:	Mak Kirik Magilah Kirik Madilah Kirik Medilah Kunik	Medilah Kunk Ma
	Regular Exercise and Reduce Weight, Low Fat Diet	Authentic Sign	nature
			Medilah Klinyk Med Sakilaik Medilah K
		chap kimik Medilap Kinik Medilap kinik madilap	KAMO

Date of Exam : 8 October 2020

DR. REZGA AGNELA VALBETRI



Management System ISO 9001:2015

www.tuv.com ID 9105042627



#### 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:

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



ARIS RITONGA

# LABORATORY REPORT

BLOOD COUNT	liven law .	William William V	ICI ICEI OICI		
Test Name	Result	Unit	Reference	Range	
HGB	16.2	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC		10 <sup>3</sup> / mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.19	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	
An HCT of Killings Wiles have Burning in Applicate their	47.7	%	M: 40 - 52	F: 35 - 47	
PLT Median Median Median Ministra	264	10 <sup>3</sup> /mm <sup>3</sup>	150 -	Marilla N. Elimin Marilla H.	
Differential Count				u Kima Medias Komini.	
- LYM	34.7	%	25 -	40	
- MON	5.8	%	2 -	8	
- GRA	59.5	%	43 -	76	
Indicator of Infection			Mediab Kimik Mediab K	mik Mediala Milaik Med	
- Neutrofil Lymphocyte Ratio (NLR)	1.71	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
<ul> <li>Absolute Lymphocyte Count (ALC)</li> </ul>	2984	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous
URINE FEME				Elitik Madilah di Junian	2007011003

UKINE 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		Jelkane dilah Kinil
- Urobilinogen	Normal		
- Nitrit	Negative		

X-RAY REPORT

Chest PA:

- Leucocytes

- Blood

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.

Negative

Negative

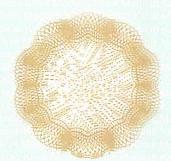
Bony structures of the thorax show no abnormalities.

Date of Exam: 8 October 2020





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#### **HEALTH SCREENING REPORT**

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CONFIDENTIAL

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00032/002/X/RP/20

**PERSONAL DATA** 

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Occupation : RIGGER

Name of Employer / Recruitment Agency

: RIGSPEK PERKASA .PT

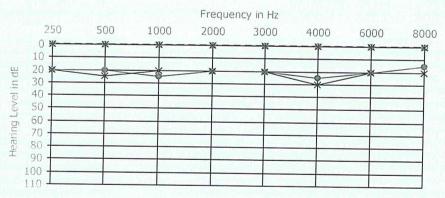
Address of Employer / Recruitment Agency

: KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM

# ARIS RITONGA

#### **AUDIOMETRY REPORT**

	Annual Control of the						
Occupational History	Yes No	Medical History/Examination	Yes	No	If Yes, which ear	Left	Righ
- Noisy Working Environment	X	- Ear Surgery		X	llah Klinik Medilab		
- Present/use of Hearing Protector	X	- Head/Ear Injury		X		- COLUMN	
- Period of Working	0.0 years	- Ears Infection		X		10.10	
		- Ear Drum Perforation	NA NA S	X		3,118	
		- Ear Cerumen		Χ		971	r Klin



#### Conclusion:

1. Audiogram : Normal

2. Hearing Impairment : Monaural : R: -3.75 %

L: -1.88 %

Hearing Handicap: -3.438 %

3. Not a Noise Induced Hearing Loss

Date of Exam : 8 October 2020





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Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



### LABORATORY REPORT

rest Name	N Kunik Medi	Result Unit	Reference Range
LIVER FUNCTION TEST		vienien vijas pienien klimis kierijas zieli.	agains meanas summ meanas similis (natilis). Matileir Kimika tenikas Kusik sineduas kunkk
Total Bilirubin	ye ildə kuru	0.5 mg/dl	0.3 - 1.1
Direct Bilirubin	ar a gar i Mesp	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	in Magnetic et	38 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST			uranik Medijab Klimik Medijab Klirlik Medijab
Total Cholesterol	:*	207 mg/dl	<= 200
HDL - Cholesterol		43 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	Marie (Ed) Popu	134 mg/dl	50 - 140
Trigycerida		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
NAL FUNCTION TEST			
Ureum	e i sokoni	23 mg/dl	17 - 43
<u>SEROLOGI</u>			
TPHA		Non Reactive	Non Reactive
<u>URINE</u>			
Cannabinoid	Sulph Medical	Negative	Negative
Methamphetamine	o Kanko Mend	Negative	Negative
Opiates	Ved sylanic	Negative	Negative
Cocain	tugik Meulia	Negative	Negative
Benzodiazepine		Negative	Negative

Date of Exam: 8 October 2020



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# **ELECTROCARDIOGRAM INTERPRETATION (RESTING)**

Name

: ARIS RITONGA

Age

: 31 Years

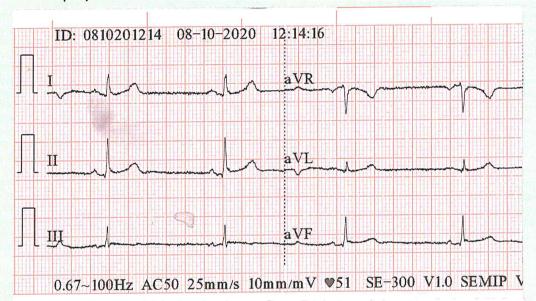
Gender

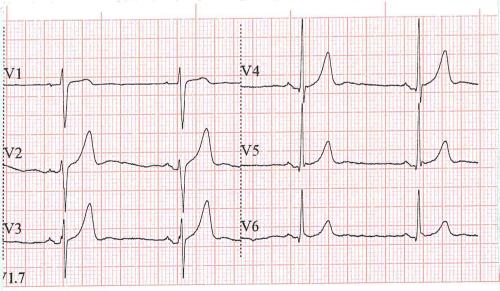
: Male

Place/Date

: BATAM/08 October 2020

Company's Name: RIGSPEK PERKASA .PT





CONCLUSION

: Sinus Bradycardia R00.1

**ADVICE** 

ab Kan

EXAMINER

dr. REZGATAGNALA VALBETRI

**Examining Physician**