



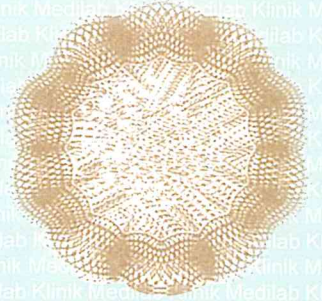
Management System
ISO 9001:2015

www.tuv.com
ID 9105042627

M^oKLINIK MEDILAB

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



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : IGNATIUS APRYANDO MANALU

DOB/Gender/Emp. ID: 14 April 1997 / Male / ISP21268

Address : KOMP YKB BLOK C NO 11 BENGKONG LAUT, BATAM

Company's Name : INSPEKTINDO SINERGI PERSADA, PT



IGNATIUS APRY

Distant Vision Acuity (Snellen Chart)	Near Vision Acuity
Right Eye: 6/6 With Glasses	Right Eye : J1 Without Glasses
Left Eye : 6/6 With 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, 20 January 22

Place, Date of eye examination



Official Stamp of Medical Practitioner



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
IGNATIUS APRYANDO MANALLI	14.04.1997	INSPECTOR.

This Health Certificate is valid until: 19 / 1 / 2023

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

IGNATIUS A. MANALLI
Applicant's signature in the Doctor's presence

Batam 20 / 1 / 2022
Place Day, Month, Year

KLINIK MEDILAB
Komplek Taman Niaga Suka Jadi Blok J No. 3A-6 Batam
Tel : 0778 - 7372022, 7372023 Fax : 0778 - 7372024
Doctor's stamp and signature
dr. Rezga Agnela
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	<u>IGNATIUS APRIYANTO MANAU</u>	Date of Birth	<u>14.04.97</u>	Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Occupation	<u>INSPECTOR</u>	Badge No.	<input type="text"/>	Blood Group	<input type="checkbox"/> Rh <input type="checkbox"/>

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"/> <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 type="checkbox"/> <input checked="" type="checkbox"/>	
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 type="checkbox"/> Number smoked <input type="checkbox"/>

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	<u>60</u>	<u>HEALTH.</u>		
Mother	<u>56</u>	<u>HEALTH.</u>		
Brother / Sister	<u>32</u>	<u>HEALTH.</u>		
Brother / Sister	<u>31</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 20 / 1 / 2022

3. SUMMARY OF MEDICAL HISTORY OF 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"
8. Measurement & Physical Description			
a) Measurements (to be taken in indoor clothing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Height: 162 cm Weight: 84 Kg
b) Please describe general appearance and build:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMI: 32.00 Kg/m ² Waist Circumference: 98 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Bilateral Varicose Grade 1 I83.9
e) Blood Pressure: (please record opposite)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Systolic / Diastolic: 139 / 89 Pulse Rate: 70x / min
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 type="checkbox"/>	<input checked="" type="checkbox"/>	
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 6/6 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. Digital Pulse Oximetry Report	: 98 %

6. Blood Examination Report (Please, attach the results of the following examinations and indicate here below the results):

1) Hemoglobin	14.1 gr/dl	10) MCV (*)	μm^3	19) HDL Cholesterol	37 mg/dl
2) RBC	$4.53 \times 10^6 / \text{mm}^3$	11) MCM (*)	pg	20) LDL Cholesterol	144 mg/dl
3) WBC	$5.9 \times 10^3 / \text{mm}^3$	12) MCHC (*)	gr/dl	21) Total Bilirubin	0.5 mg/dl
4) Neutrophils		13) Platelet	$321 \times 10^3 / \text{mm}^3$	22) Direct Bilirubin	0.2 mg/dl
5) Lymphocytes	36.2%	14) Reticulocyte (*)		23) AST (SGOT)	22 μL
6) Monocytes	7.5%	15) Glycemia	91 mg/dl	24) ALT (SGPT)	20 μL
7) Eosinophils		16) Blood Urea	30 mg/dl	25) Gamma GT	48 μL
8) Basophils		17) Total Cholesterol	202 mg/dl		
9) Hematocrit		18) Triglycerides	103 mg/dl		

7. Urine Examination Report (Physical, Chemical and Microscopy test results: Please attach the results of the following examinations and indicate here below the results). Please indicate abnormalities (if Any): pH: 5, SG: 1.010, Glucossa: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

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

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

9. HIV Test (*)

10. Tine (Tuberculin test) (*)

11. HBsAg (**) HBsAb (**) HBcAb (**) HBeAg (**) HBeAb (**) HAVAb (**) HCVAb (**)

12. TPHA (*)

13. Stool examination (*)

14. Pharyngeal plug test (*)

(*) Only if specifically required (**) Only to the personnel who have never been vaccinated before or if specifically 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: 19-Jan-2023

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. REZGA AGNELA VALBETRI
Examinig Doctor's Signature

Date: 20-Jan-2022

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

dr. Rezga Agnela
Examining Physician



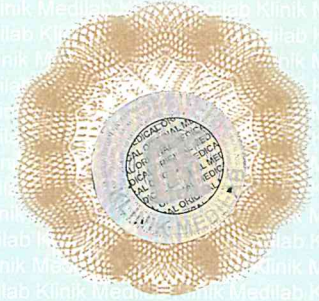
Management System
ISO 9001:2015

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

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00002/002/I/ISP/22

253

PERSONAL DATA

Name : IGNATIUS APRYANDO MANALU
 Birthday/Gender/Emp. ID : 14 April 1997 / Male / ISP21268
 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



IGNATIUS APRY

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 : 84 Kg	Height : 162 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 32.00		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 139 / 89 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 70 / min		
(Should be at least 6/12 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	c. Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)	<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 checked="" type="checkbox"/>	<input 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, Oxygen Saturation: 98%, Waist Circumference: 98 cm, Lab: Total Cholesterol E78.0 202 mg/dl BHR, HDL E78.4 37 mg/dl BHR, LDL E78.4 144 mg/dl BHR, Cholesterol Ratio E78 5.5 AR, Blood Count: ESR R70.0 30 mm/hr MIE

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



DR. REZGA AGNELA VALBETRI

Date of Exam : 20 January 2022





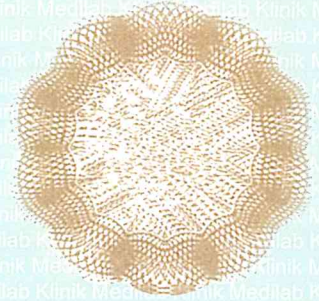
Management System
ISO 9001:2015

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

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00002/002/I/ISP/22

253

PERSONAL DATA

Name : IGNATIUS APRYANDO MANALU
Birthday/Gender/Emp. ID : 14 April 1997 / Male / ISP21268
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

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	14.1	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	5.9	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	4.53	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	30	mm/hr	M: 0 - 10 F: 0 - 20
HCT	42.3	%	M: 40 - 52 F: 35 - 47
PLT	321	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	36.2	%	25 - 40
- MON	7.5	%	2 - 8
- GRA	56.3	%	43 - 76
Indicator of Infection			
- Neutrofil Lymphocyte Ratio (NLR)	1.55	%	> 3.13 Cautious 6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	2136	%	< 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
- Glucosaa	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 : 20 January 2022



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



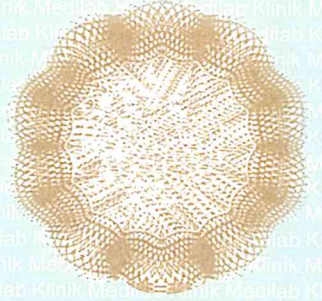
Management System
ISO 9001:2015

www.tuv.com
ID 9105042627

KLINIK MEDILAB

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

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00002/002/1/ISP/22

253

PERSONAL DATA

Name : IGNATIUS APRYANDO MANALU
 Birthday/Gender/Emp. ID : 14 April 1997 / Male / ISP21268
 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



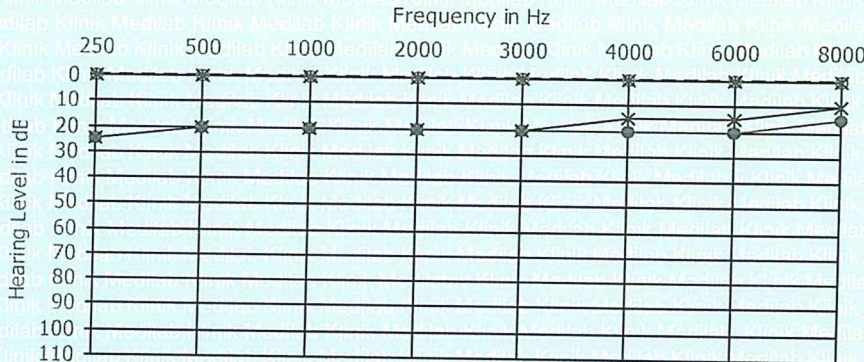
AUDIOMETRY REPORT

Occupational History

	Yes	No
- Noisy Working Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Hearing Protector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Period of Working	1.0 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 : -7.50 %
 L : -7.50 %
 Hearing Handicap : -7.500 %
- Not a Noise Induced Hearing Loss

Date of Exam : 20 January 2022



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

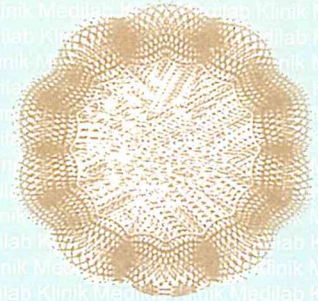


Management System
ISO 9001:2015
www.tuv.com
ID 9105042627



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

Periodic Health Examination

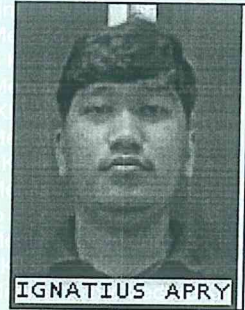
CONFIDENTIAL

No. Medical Record : 
00002/002/I/ISP/22

253

PERSONAL DATA

Name : IGNATIUS APRYANDO MANALU
 Birthday/Gender/Emp. ID : 14 April 1997 / Male / ISP21268
 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



IGNATIUS APRY

LABORATORY REPORT

Test Name	Result Unit	Reference Range
-----------	-------------	-----------------

LIVER FUNCTION TEST

Total Bilirubin	0.5 mg/dl	0.3 - 1.1
Direct Bilirubin	0.2 mg/dl	0.1 - 0.4
SGOT	22 U/L	M: <= 35 F: <= 31
SGPT	20 U/L	M: <= 45 F: <= 34
Gamma GT	48 U/L	M: <= 49 F: <= 32

LIPID PROFILE TEST

Total Cholesterol	* 202 mg/dl	<= 200
HDL - Cholesterol	37 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	* 144 mg/dl	50 - 140
Triglycerida	103 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	* 5.5	M: < 3.4 F: < 3.3

BLOOD SUGAR TEST

Nuchter	91 mg/dl	< 100
---------	----------	-------

RENAL FUNCTION TEST

Urem	30 mg/dl	17 - 43
------	----------	---------

TOXICOLOGI

TPHA	Non Reactive	Non Reactive
------	--------------	--------------

URINE

Cannabinoid	Negative	Negative
Methamphetamine	Negative	Negative
Opiates	Negative	Negative
Cocain	Negative	Negative
Benzodiazepine	Negative	Negative

Date of Exam : 20 January 2022



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

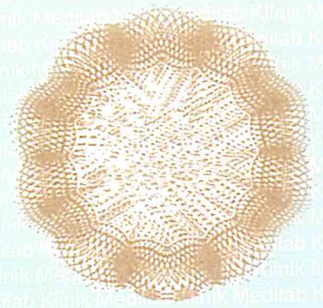


Management System
ISO 9001:2015
www.tuv.com
ID 9105042627

KLINIK MEDILAB

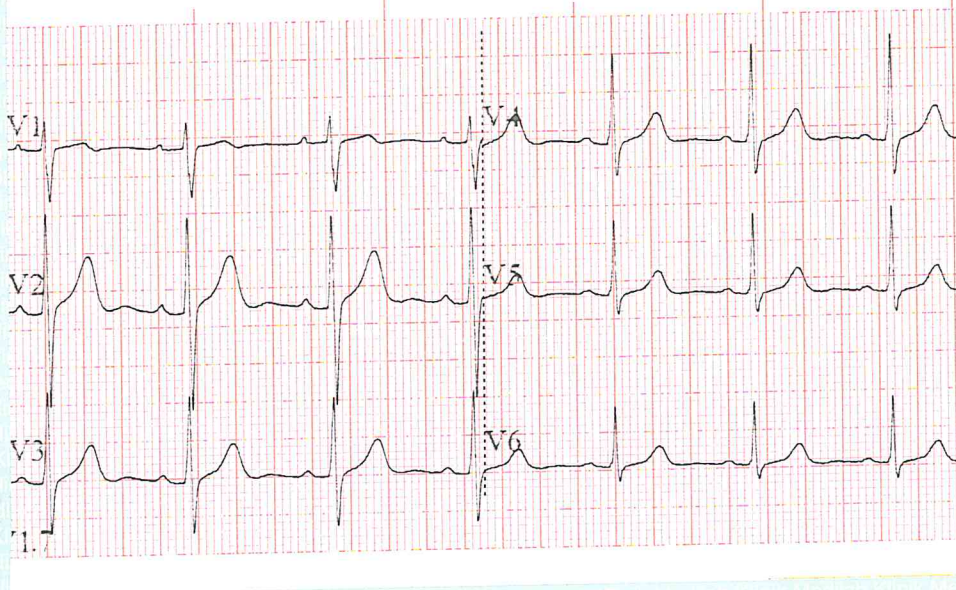
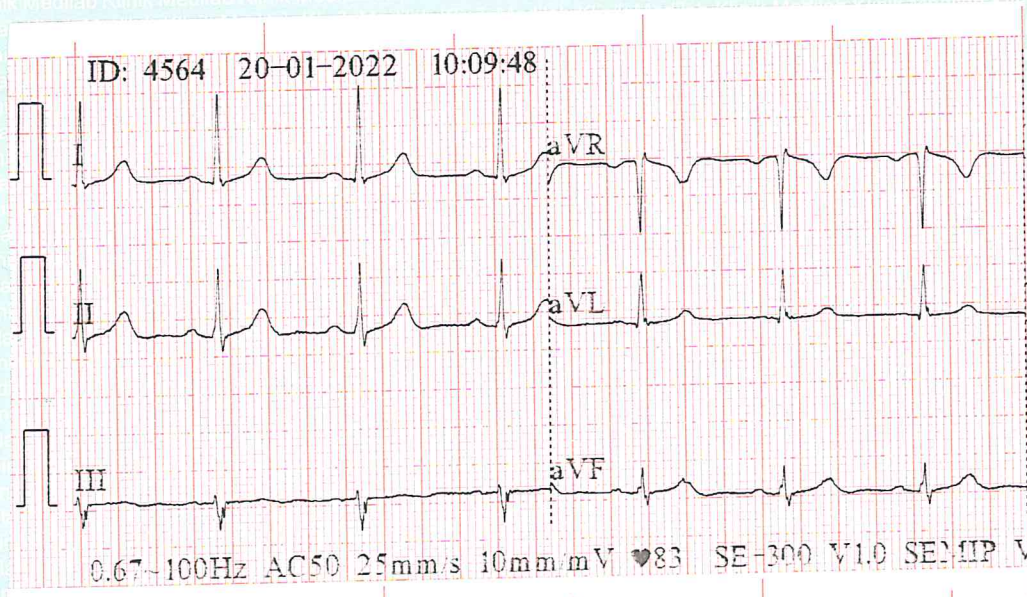
PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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



ELECTROCARDIOGRAM INTERPRETATION (REŒTING)

Name : IGNATIUS APRYANDO MANALU
Age : 24 Years
Gender : Male
Place/Date : BATAM/20 January 2022
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG
ADVICE :
EXAMINER :



Dr. REZGA AGNELA VALBETRI
Examining Physician

OVERWEIGHT DAN OBESE

Kemendes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

Overweight adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI) $\geq 25 \text{ Kg/m}^2$



Obese adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI) $\geq 30 \text{ Kg/m}^2$

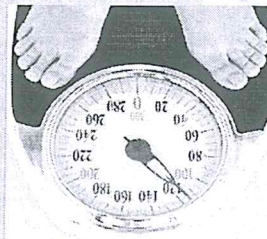
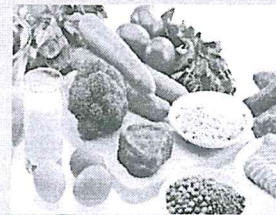
World Health Organization (WHO)

Cara Mengatasi :

1. Mengurangi porsi makan dari biasanya, perbanyak makan buah dan sayur serta kacang-kacangan.
2. Mengurangi penggunaan minyak dan santan, dianjurkan masak dengan cara dikukus, direbus atau dipanggang.
3. Mengurangi makanan dan minuman yang manis.
4. Mengurangi penggunaan garam dan makanan yang diawetkan, diasinkan dan dikemas dalam kaleng.
5. Hindari susu tinggi lemak, minumlah susu yang rendah lemak.
6. Meningkatkan konsumsi makan ikan segar.
7. Melakukan aktivitas fisik minimal 30 menit setiap hari. Kegiatan ini dapat dilakukan dimana saja dan kapan saja seperti berjalan kaki, bersepeda, membersihkan rumah dan kebun, mencuci motor/mobil.

Cara Mencegah :

1. Makan dengan gizi seimbang
*Jumlah dan jenis makanan sesuai kebutuhan
*Jadwal makan teratur
2. Aktifitas Fisik minimal 30 menit setiap hari
3. Timbang berat badan secara teratur





Pencegahan Varices

Untuk Pekerja Berdiri

- Olah Raga dengan berjalan kaki secara teratur minimal 30 menit per hari
- Relaksasi kaki sesering mungkin :
 - Lipat kaki kanan dan kiri bergantian
 - Jinjit
 - Remaskan jari-jari kaki didalam sepatu
 - Topanglah berat badan dari satu kaki ke kaki lain setiap beberapa menit sekali
- Gunakan Kaos kaki/Stocking elastis
- Tinggikan Kaki dengan Bantal Sewaktu Berbaring / Tidur selama \pm 20 menit
- Hindari Pemakaian Korset (pakaian dalam yang ketat)
- Hindari menyilangkan kaki saat duduk
- Menjaga berat badan agar ideal
- Hindari pemakaian sepatu hak tinggi