

	<b>MEDICAL FITNESS CERTIFICATE</b>	Doc. n. FORM-COR-HR-HLT-040-E		
		Rev. 03	26/09/16	Page 1 of 1
		Ref. doc. OPR-COR-HR-HLT-001-E		

## 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

<b>Full name</b> (in block letters) Forsanto Tambun	<b>Date of Birth</b> 18 . 10 . 1980	<b>Occupation</b> NDT RT Coordinator
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**This Health Certificate is valid until:** 18 JUL 2019

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

Specify prescriptions and/or restrictions .....

FIT TO WORK

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

Place Day, Month, Year

TG.BALAI KARIMUN

19 JUL 2018

  
 a/a  
 Jl. R. H. Fisabillah RT/ RW 001 Desa Pangke  
 Tanjung Balai Karimun Telp. 0777-7051499

T. LISYE LUKA  
 Doctor's stamp and signature  
 Examining Physician

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



# MEDICAL REPORT

Doc. n. FORM-COR-HR-HLT-039-E

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Ref. doc. OPR-COR-HR-HLT-001-E

## 1. PERSONAL ANAMNESIS

Name in full Forsanto Tambun  
 Occupation MDT RT Coordinator

Date of Birth 18.10.1980 Sex  M  F  
 Badge No.  Blood Group  Rh

Please tick box <input checked="" type="checkbox"/>		Yes	No	Details if "yes" (including dates and duration and any other relevant information)
1. a)	Are you at present under medical care or receiving treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b)	Are you currently taking medication, prescribed or not, having injection, using an inhaler or have you recently done so, or are you on a special diet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	Have you ever suffered from:			
a)	Fits, fainting, giddiness or any mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b)	Asthma, bronchitis, pneumonia or any other lung disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c)	Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d)	Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e)	Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f)	Kidney, bladder or other genito-urinary disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g)	Any injury, operation, physical defect or deformity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h)	Any other illness not mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. a)	Have you ever been a patient at a hospital, nursing home or special clinic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b)	Have you ever had any medical investigation carried out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	Have you ever had any form of sexually transmitted disease or is there anything about your lifestyle which could expose you to the risk of AIDS or AIDS related condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	Female only: Have you ever had any gynaecological or obstetric problems?	<input type="checkbox"/>	<input 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 type="checkbox"/>	
b)	Smokers: How much do you smoke per day?	<input type="checkbox"/>	<input type="checkbox"/>	
c)	What is the average daily consumption of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	

Cigarettes  Cigars  Pipes  Number smoked

## 2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	63	OK		
Mother	65	OK		
Brother / Sister	42	OK		
Brother / Sister	31	OK		
Brother / Sister	25	OK		

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



## MEDICAL REPORT

Doc. n. FORM-COR-HR-HLT-039-E

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Ref. doc. OPR-COR-HR-HLT-001-E

### 3. SUMMARY OF MEDICAL HISTORY MR. /MRS. FORSANTO TAMBUN

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>			
a) Measurements (to be taken in indoor clothing)			Height: 163 cm      Weight: 75 Kg
b) Please describe general appearance and build:			BMI: 28 Kg/m <sup>2</sup> Waist Circumference: 87 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"/>	
<b>9. Cardio-vascular System &amp; Blood pressure</b>			
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Is there any irregularity of rhythm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c) Is there any abnormality in the arterial pulse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d) Are there any varicose veins?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e) Blood Pressure: (please record opposite)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic / Diastolic: 135 / 85      Pulse Rate: 78x/mnt
<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 <u>6/6</u> OS <u>6/6</u>	OD <u>J1</u> OS <u>J1</u>	Adequate <input checked="" type="checkbox"/>
Corrected	OD <u>-</u> OS <u>-</u>	OD <u>-</u> OS <u>-</u>	Defective

Remarks:



# 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 (****)	Normal Limited
2. ECG Report	Normal Resting ECG
3. Audiogram Report	Normal
4. Spirometry Report	Normal Lung Function

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

1) Hemoglobin	14.8 gr/dl	10) MCV (*)	99.6 m3	19) HDL Cholesterol	31 mg/dl
2) RBC	4.59 x 10 <sup>9</sup> /mm <sup>3</sup>	11) MCM (*)	30.3 pg	20) LDL Cholesterol	136 mg/dl
3) ESR	8 mm/hr	12) MCHC (*)	33.2 gr/dl	21) Triglycerides	68 mg/dl
4) WBC	6.9 x 10 <sup>9</sup> /mm <sup>3</sup>	13) Platelet	203x 10 <sup>9</sup> /mm <sup>3</sup>	22) Total Bilirubin	0.5 mg/dl
5) Neutrophils		14) Reticulocyte (*)		23) Direct Bilirubin	0.2 mg/dl
6) Lymphocytes	39.8 %	15) Hematocrit	49.5 %	24) AlkalinePhosphatase	113 u/L
7) Monocytes	7.9 %	16) Glycemia	83 mg/dl	25) AST (SGOT)	15 u/L
8) Eosinophils		17) Blood Urea	14 mg/dl	26) ALT (SGPT)	29 u/L
9) Basophils		18) Total Cholesterol	185 mg/dl	27) Gamma GT	55 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: 8, SG: 1.015, Glucossa: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

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

1) Amphetamines	NEGATIVE	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7) Alcohol	0.000 %BAC
2) Benzodiazepine	NEGATIVE	4) Marijuana	NEGATIVE	6) Opiates	NEGATIVE		

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

(\*)Only if required (\*\*) Only to the personnel who have never been vaccinated before or if expressly required  
 (\*\*\*)Compulsory on pre-employment medical examinations and periodical examination for OFFSHORE and employees involve in Safety Sensitive Positions (SSP). For all other employees depend on circumstances, national and international legal requirements.  
 (\*\*\*\*) Chest X-ray is required on the first examination. Afterwards, the examining physician has the discretion whether to perform it or not, based on physical examination, laboratory results, epidemiological situation and local laws and regulation in the country of origin or assignment.

## 6. OVERALL SUMMARY, ASSESSMENT AND RECOMMENDATIONS

The present Medical Certificate is valid until:7/18/2019

I have examined Mr./Mrs. FORSANTO TAMBUNand found him/her (tick the box)

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

**EMEDILAB**  
 H. Pambillah, 44103/04 Desa Pangir  
 Ling. Dalat, Ling. Telp: 0777-7051499

Examining Doctor's Signature

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

Date: 7/19/2018



## FIT FOR TASK (FFT) REVIEW FORM

FORM INI DIISI OLEH KARYAWAN/*FILLED BY THE REQUESTOR* (andabisamemilihlebihdarisatu/ you may tick *> more than one*)

TANGGAL MCU/MCU DATE 18 JULY 2018

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pre-employment     | <input type="checkbox"/> Visitor             | <input type="checkbox"/> Periodic-Annual |
| <input checked="" type="checkbox"/> Project | <input type="checkbox"/> Non CSTS/Contractor | <input type="checkbox"/> Others          |
| <input type="checkbox"/> CSTS               | <input type="checkbox"/> Post Absence        |  |

### IDENTITAS DIRI/*PERSONAL IDENTITY*

<b>Nama/Name</b>	Forsanto Tambun	<b>JenisKelamin/Gender</b>	Male
<b>Kewarganegaraan/Nationality</b>	Indonesia	<b>Tempat Tanggal Lahir/Place &amp; Date of Birth</b>	Lumban Saba 18 - 10 - 1980
<b>Usia/Age</b>	37 Y	<b>Alamat/Address</b>	Mangsang Blk I No. 106, Tg. Piayu
<b>Email</b>	forsanto.tambun@yahoo.com	<b>No. Telp/Phone Number</b>	0812 7000 5874
<b>Perusahaan/Company</b>	Inspektindo Sinergi Percada	<b>Pekerjaan/Job Title</b>	MDT RT Coordinator
<b>Departemen/Department</b>	Testing & Inspection	<b>Employee ID/Sequential number</b>	

FFT Sertifikat dikirim ke/*Medical Certificate sent to:*

**RIWAYAT PAPARAN DI TEMPAT KERJA/WORK HAZARD EXPOSURE**

Apakah anda saat ini terpapar dengan paparan dibawah ini? *Have you exposed with work hazard below?*

Mohon jawaban diisi(v) untuk jawabanya di samping jenis paparan. Jawaban bias lebih dari satu/*Please fill with (v) for Yes answer in blank column beside the hazard exposure. You may thich more than one.*

JenisPaparasi/ Hazard exposure	(v)	JenisPaparasi/ Hazard exposure	(v)
Pelarut/Solvent		Bekerja di ketinggian/ Working at high	✓
Formaldehid/Formaldehyde		Gerakan repetitive/ Repetitive movement	
Merkuri/Mercury		Gerakan mengangkat/ Manual handling	✓
Asap/ Smoke	✓	Operator alat berat/ Heavy equipment operator	
Debu/ Dust	✓	Supir/ Profesional driver	
Silika/ Silica		Bekerja di ruang tertutup/ Confined space entry	
Asbes/ Asbes		Bekerja dengan komputer/ DSE	
Fume		Tenaga medis/Medical professional	
Bahan kimia lainnya/Other chemical		Bekerja dengan limbah/Sewage worker	
Suhu sangat panas/ Hot temperature		Penjamah makanan/ Food handler	
Suhu sangat dingin/ Cold temperature		Stress kerja/ Stress work	
Radiasi pengion/ Ionizing radiation		Shift kerja/ Shift work	✓
Bising/ Noise	✓	Jam kerja panjang / Long work hours	✓
Getaran/Vibration		Rotasi kerja/ Rotation work	
Bekerja di tempat terpencil /Remote site worker			



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Jl. R. H. Fisabilillah RT: 003 RW:004 Desa Pangke Barat  
Kecamatan Meral Barat, Tanjung Balai Karimun 29664, Indonesia  
Hp : 0823 9107 6669  
Email: costumercare@karimun.medilab-clinic.com



### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00007/007/VII/ISP/18

7

#### PERSONAL DATA

Name : FORSANTO TAMBUN  
Age/Sex/Employee ID : 37 years / Male /  
Father's Name : BERNARD TAMBUN  
Address : MANGSANG BLOK 1 NO 106 TG PIAYU, BATAM  
Occupation : -  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA. PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 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 : 75 Kg	Height : 163 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 28		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 135 / 85 mm Hg		
		Pulse : 78 / min		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>
( Should be at least 6/12 in both eyes with or without glasses )			c. Varicose Veins	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>
( Should be at least J2 in both eyes with or without glasses )			5. Skin-Chronic Disease	<input type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )			9. Mental State	<input type="checkbox"/>

#### LABORATORY TEST

( Report Enclosed )

	Yes/Abnormal	No/Normal
1. Blood Count	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Urine Feme	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Other Laboratory Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### OTHER TEST

( Report Enclosed )

	Yes/Abnormal	No/Normal
1. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input type="checkbox"/>	<input checked="" 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: Overweight E66, Waist Circumference: 87 cm, Romberg & Visual Test: Normal, Hernia: Negative, Lab: GGT R74.9 55 U/L MIE, HDL E78.4 31 mg/dl VHR, Cholesterol Ratio E78 6 AR, Creatinine R79.89 0.7 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, Take Enough Rest & Consume Curcuma, Diet to Raise HDL Cholesterol

Authentic Signature

Date of Exam : 19 July 2018  
Valid Until : 18 July 2019





DR. LISYE MARRILYN LUKAS



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# M•KLINIK ML MEDILAB

## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Jl. R. H. Fisabilillah RT: 003 RW:004 Desa Pangke Barat  
Kecamatan Meral Barat, Tanjung Balai Karimun 29664, Indonesia  
Hp : 0823 9107 6669  
Email: costumercare@karimun.medilab-clinic.com



### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00007/007/VII/ISP/18

#### PERSONAL DATA

Name : FORSANTO TAMBUN  
Age/Sex/Employee ID : 37 years / Male /  
Father's Name : BERNARD TAMBUN  
Address : MANGSANG BLOK 1 NO 106 TG PIAYU, BATAM  
Occupation : -  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA. PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 13, BATAM



FOR SANTO TAMB

### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	14.8	gr/dl	11.0 - 16.5
WBC	6.9	10 <sup>3</sup> /mm <sup>3</sup>	3.5 - 10.0
RBC	4.59	10 <sup>6</sup> /mm <sup>3</sup>	3.8 - 5.8
ESR	8	mm/hr	0 - 20
HCT	49.5	%	35 - 50
PLT	203	10 <sup>3</sup> /mm <sup>3</sup>	150 - 390
MCV	99.6	µm <sup>3</sup>	80 - 97
MCH	30.3	pg	26.5 - 33.5
MCHC	33.2	gr/dl	31.5 - 35
Differential Count			
- LYM	39.8	%	17 - 48
- MON	7.9	%	4 - 10
- GRA	52.3	%	43 - 76

#### URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.015
- Glucossa	Negative
- Protein	Negative
- Ketones	Negative
- 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 : 19 July 2018



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





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# M•KLINIK ML MEDILAB

## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


JL. R. H. Fisabilillah RT: 003 RW:004 Desa Pangke Barat  
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### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
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#### PERSONAL DATA

Name : FORSANTO TAMBUN  
 Birthday/Gender/Emp. ID : 18 October 1980 / Male /  
 Father's Name : BERNARD TAMBUN  
 Address : MANGSANG BLOK 1 NO 106 TG PIAYU, BATAM  
 Occupation : -  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA. PT  
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 13, BATAM



### AUDIOMETRY REPORT

#### Occupational History

- Noisy Working Environment	Yes <input checked="" type="checkbox"/>	No <input 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 : -11.25 %  
L : -9.38 %  
Hearing Handicap : -10.938 %
- Not a Noise Induced Hearing Loss

Date of Exam : 19 July 2018

Valid Until : 18 July 2019

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## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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Name : FORSANTO TAMBUN  
Age/Sex/Employee ID : 37 years / Male /  
Father's Name : BERNARD TAMBUN  
Address : MANGSANG BLOK 1 NO 106 TG PIAYU, BATAM  
Occupation : -  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 13, BATAM



### PULMONARY FUNCTION TEST

#### Occupation History

	Yes	No
- Dusty Working Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Period of Working	0.0 years	

#### Medical History

	Yes	No	If Yes, when
- Lung Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- Breathlessness/Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- Coughed Up Blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

BEST VALUES					
		Pred.	MEASURED	%Pred	
FVC	1	4.09	2.89	71	
FEV1	1	3.45	2.53	73	
FEV1/FVC	%	80.6	87.5	109	
PEF	1	8.52	8.37	98	
FEF <sub>25-75</sub>	1	4.22	3.46	81	

		Pred.	%Pred	
FVC	1	4.09	71	2.21 2.22
FEV1	1	3.45	73	2.42 2.40
FEV1/FVC	%	80.6	109	89.3 88.2

FVC Normal Value : 3.476  
FEV1 Normal Value : 2.879  
FEV1/FVC % Normal Value : 83%  
FVC % Predicted Value : 83%  
FEV1 % Predicted Value : 87%  
FEV1/FVC % Predicted Value : 105%

Interpretation : Normal Spirometri

Date of Exam : 19 July 2018



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Predicted Value based on Indonesian Pneumobile Project, Reference spirometric values of healthy Indonesian schoolchildren and working adults using equipment and methods that meet American thoracic Society (ATS) 1987 recommendations, 1993



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# M • KLINIK MEDILAB

## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


Jl. R. H. Fisabilillah RT: 003 RW:004 Desa Pangke Barat  
Kecamatan Meral Barat, Tanjung Balai Karimun 29664, Indonesia  
Hp : 0823 9107 6669  
Email: costumercare@karimun.medilab-clinic.com



### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record:   
00007/007/VII/TSP/18

#### PERSONAL DATA

Name : FORSANTO TAMBUN  
Age/Sex/Employee ID : 37 years / Male /  
Father's Name : BERNARD TAMBUN  
Address : MANGSANG BLOK 1 NO 106 TG PIAYU, BATAM  
Occupation : -  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA. PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN INDUSTRI SEKUPANG KAV. 13, BATAM



### LABORATORY REPORT

Test Name	Result Unit	Reference Range
<b>LIVER FUNCTION TEST</b>		
Total Bilirubin	: 0.5 mg/dl	0.3 - 1.1
Direct Bilirubin	: 0.2 mg/dl	0.1 - 0.4
Indirect Bilirubin	: 0.3 mg/dl	0.2 - 0.7
Alkaline Phosphatase	: 113 U/L	30 - 120
SGOT	: 15 U/L	M: <= 35 F: <= 31
SGPT	: 29 U/L	M: <= 45 F: <= 34
Gamma GT	: * 55 U/L	M: <= 49 F: <= 32
<b>LIPID PROFILE TEST</b>		
Total Cholesterol	: 185 mg/dl	<= 200
HDL - Cholesterol	: * 31 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	: 136 mg/dl	50 - 140
Triglycerida	: 88 mg/dl	<= 204
Ratio Cholesterol ( Total Chol : HDL )	: * 6	M: < 3.4 F: < 3.3
<b>BLOOD SUGAR TEST</b>		
Nuchter	: 83 mg/dl	< 100
2 hours PP	: 133 mg/dl	< 140
<b>RENAL FUNCTION TEST</b>		
Ureum	: 33.5 mg/dl	17 - 43
Creatinine	: * 0.7 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	: 5.6 mg/dl	M: 3.6 - 8.2 F: 2.3 - 6.1
<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
Amphetamine	: Negative	Negative
Benzodiazepine	: Negative	Negative
<b>OTHERS</b>		
Breath Alcohol Test	: 0.000 %BAC	< 0.02 %BAC is negative

Date of Exam : 19 July 2018



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# M•KLINIK ML MEDILAB

## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Jl. R. H. Fisabilillah RT: 003 RW:004 Desa Pangke Barat  
Kecamatan Meral Barat, Tanjung Balai Karimun 29664, Indonesia  
Hp : 0823 9107 6669  
Email: costumercare@karimun.medilab-clinic.com



### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record: 

00007/007/VI/ISP/18

#### PERSONAL DATA

Name : FORSANTO TAMBUN  
Age/Sex/Employee ID : 37 years / Male /  
Father's Name : BERNARD TAMBUN  
Address : MANGSANG BLOK 1 NO 106 TG PIAYU, BATAM  
Occupation : -

Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA. PT

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



### LABORATORY REPORT

Test Name	Result Unit	Reference Range
BUN	14 mg/dL	3.4-21

Date of Exam : 19 July 2018



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**PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA**

Jl. R. H. Fisabilillah RT: 003 RW:004 Desa Pangke Barat  
Kecamatan Meral Barat, Tanjung Balai Karimun 29664, Indonesia  
Hp : 0823 9107 6669  
Email: costumercare@karimun.medilab-clinic.com



### Electrocardiogram Interpretation

Name : Forsanto Tambun  
Age : 37 Years  
Sex : Male  
Place/Date : Tg. Balai Karimun, July 19<sup>th</sup> 2018  
Company : INSPEKTINDO SINERGI PERSADA. PT

