SAIPEM	MEDICAL REPORT	Doc. n. FORM-COR-HR-HLT-039-E		
		Rev. 03	07/12/2016	Page 1 of 3
		Ref. doc. OPR-COR-HR-HLT-001-E		

1. PERSONAL ANAMNESIS

Name in full	YONAS FEBRIAN	Date of Birth	17/02/1993	Sex	M / F
Occupation	INSPECTION ENGINEER DEVELOPMENT PROGRAM	Badge No.		Blood Group	O / Rh +

Please tick box ☑	Yes	No
1. 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 so, or are you on a special diet?	☐	☑
2. Have you ever suffered from:		
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?	☐	☑
3. a) Have you ever been a patient at a hospital, nursing home 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?	☐	☑
a) Non-smoker: Have you smoked in the past?	☐	☑
b) Smokers: How much do you smoke per day?	⟹	
c) What is the average daily consumption of alcohol?	⟹	

Details if "yes"
(including dates and duration and any other relevant information)

Cigarettes ☐ Cigars ☐ Pipes ☐ Number smoked ☐

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	50	FIT		
Mother	49	FIT		
Brother / Sister	25	FIT		
Brother / Sister				
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 28 JANUARY 2021

3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS.

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 ☐	Yes	No	Details if "yes"
8. Measurement & Physical Description			
a) Measurements (to be taken in indoor clothing)	⇒		Height: 179 cm Weight: 75 Kg
b) Please describe general appearance and build:	⇒		BMI: Kg/m² Waist Circumference: 72cm
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?	☐	☑	
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?	☐	☐	
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)	⇒		Systolic / Diastolic: 110/70 Pulse Rate: 93
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?	☐	☐	
11. 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	☐	☑	
d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?	☐	☑	
12. 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
Uncorrected	OD 6/6	OS 6/15	OD	OS	Adequate
Corrected	OD 6/60	OS 6/60	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
2. ECG Report Sinus Rhythm - LAD
3. Audiogram Report Normal
4. Spirometry Report —
5. Blood Examination Report (Please, attach the results of the following examinations or indicate here below the results):

1) Hemoglobin	10) MCV (*)	19) HDL Cholesterol ↑ 75
2) RBC	11) MCM (*)	20) LDL Cholesterol
3) ESR	12) MCHC (*)	21) Triglycerides
4) WBC	13) Platelet	22) Total Bilirubin ↑ 1.6
5) Neutrophils ↓ 44.7	14) Reticulocyte (*)	23) Direct Bilirubin ↑ 0.51
6) Lymphocytes ✓	15) Hematocrit	24) Alkaline Phosphatase
7) Monocytes	16) Glycemia	25) AST (SGOT)
8) Eosinophils	17) Blood Urea	26) ALT (SGPT)
9) Basophils	18) Total Cholesterol	27) Gamma GT

6. Urine Examination Report (Physical, Chemical and Microscopy test results. Please attach the results of the following examinations or indica here below the results). Please indicate abnormalities (if Any):
7. Drugs (***), alcohol screening test Report (***):(Please attach the results of the following examinations or indicate here below the results):

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

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:

I have examined Mr./~~Mrs.~~ Yonas Febrian **and found him/~~her~~ (tick the box)**

FIT for (offshore/onshore) duty ☑ **UNFIT for duty** ☐ **Pending** ☐

dr Hermawan Nur Aditya

Examining Doctor's Signature
(Stamp, Signature, Name and address of the Physician)

Date: 3-2-2021

SAIPEM	MEDICAL FITNESS CERTIFICATE	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

Full name (in block letters)	Date of Birth	Occupation
YONAS FEBRIAN	17 FEBRUARY 1998	INSPECTION ENGINEER DEVELOPMENT PROGRAM

This Health Certificate is valid until: 03-02-2022

- ☑ 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

.....

Applicant's signature in the Doctor's presence

Sangatang
Place

18/01 2021
Day, Month, Year

dr. Hermawan Nur Aditya
Doctor's stamp and signature

Employer must provide the personal protective equipment specific to the activity

YAYASAN ELISABETH
RUMAH SAKIT ST. ELISABETH SEMARANG
Jl. Kawi No. 1 Semarang 50231 Telp. (024) 8310035, 8310076 Fax. (024) 8413373
Email : sekretariat@rs-elisabeth.com Website : www.rs-elisabeth.com

HASIL PEMERIKSAAN RADIOLOGI

Tgl Masuk	: 28/01/2021	Alamat	: JL.KEPODANG BARAT VII/C-117 RT 001 RW 010 PUDAK PA
No RM	: 05 23 79 - 2004		
Nama	: YONAS FEBRIAN	Pekerjaan	: Swasta
		Ruang	: POLI
Umur	: 22 Tahun 11 Bulan	Dokter Pengirim	: Hermawan Nur Aditya dr. (Full)
Jenis Kelamin	: Laki-laki	Tgl Terima	: 28 Januari 2021 9:10:04
Klinis	:		

Thorax Check-Up 2 (Film 35 x 43) 28 Januari 2021 10:52:38

Yth TS,

Pemeriksaan X foto Thorax PA:
Cor : bentuk, letak & ukuran normal
Pulmo : vascular marking normal
tak tampak bercak kesuraman di kedua lapangan paru
Diafragma & sinus costofrenikus baik

Kesan :
Cor dan pulmo tampak normal

Dokter Pemeriksa,

(.....)
Nama dan tanda tangan
Monica Aditjondro Sp.Rad, Dr

[00002234/01/2021R] YONAS FEBRIAN

RUMAH SAKIT ST. ELISABETH SEMARANG
JL. KAWI NO 1 SEMARANG
TELP. 024 8310076

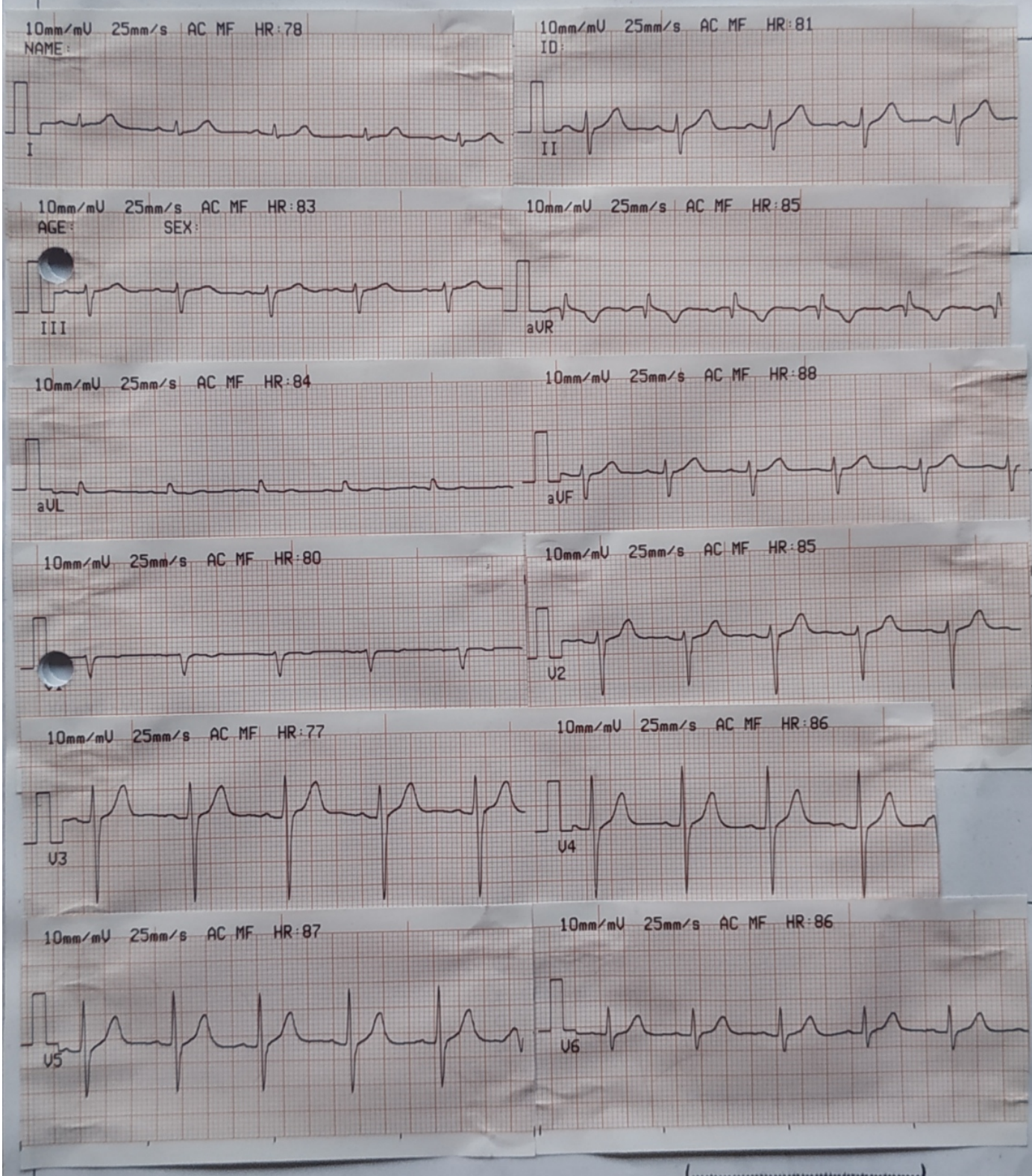
RM.B.12.1.A
Rev.05.2017

LAPORAN REKAMAN E.C.G

Tgl. Masuk	:	Alamat	:
No. RM	:	Pekerjaan	:
Nama	:	Ruang	: ECG
Umur	: 22 Tahun 11 Bulan	Dokter Pengirim	: Hermawan Nur Aditya dr.
Jenis Kelamin	: Laki-laki	Tgl. Terima	: 28 Januari 2021

Tgl Masuk :
No RM : 05 23 79 - 2004
Nama : YONAS FEBRIAN
Umur
Jenis Kelamin
Keterangan Klinis Penderita :

Alamat : JL.KEPODANG BARAT VII/C-117 RT 001 RW 010 PUDAK PA
Pekerjaan : Swasta
Ruang : POLI
Tgl. Pemeriksaan :
Dokter Pengirim
Jam :



(.....)

RS.ST.ELISABETH
Unit Kardiovaskuler
Jl.Kawi No.1
Telp.(024)8310076/8310035 Pes.7219 Fax.(024)8413373
Semarang 50231

HASIL INTERPRETASI ECG

Tanggal	: 28 Januari 2021
No.RM	: 05 23 79 - 2004
Nama Pasien	: Yonas Febrian
Umur	: 22 Tahun
Alamat	: Kepodang Barat VII / C – 117 Semarang
Dokter Pengirim	: dr.Hermawan Nur Aditya
Klinis	: MCU
Ruang	: Poli

Irama	: Sinus
Denyut Jantung	: 86 x/mnt
Posisi Jantung	: Normal
Zona Transisi	: V4
Deviasi Sumbu	: Left axis deviation
Gelombang P	: Normal
Gelombang QRS	: Normal
Segment ST	: Isoelektrik
Gelombang T	: Normal
Gelombang U	: -
Gelombang2 lain	: -
Interval PR	: 0.16 detik
Interval QRS	: 0.08 detik
Interval QT	: 0.36 detik
Voltase	: Normal
KESAN	: SR, LAD
SARAN	: -

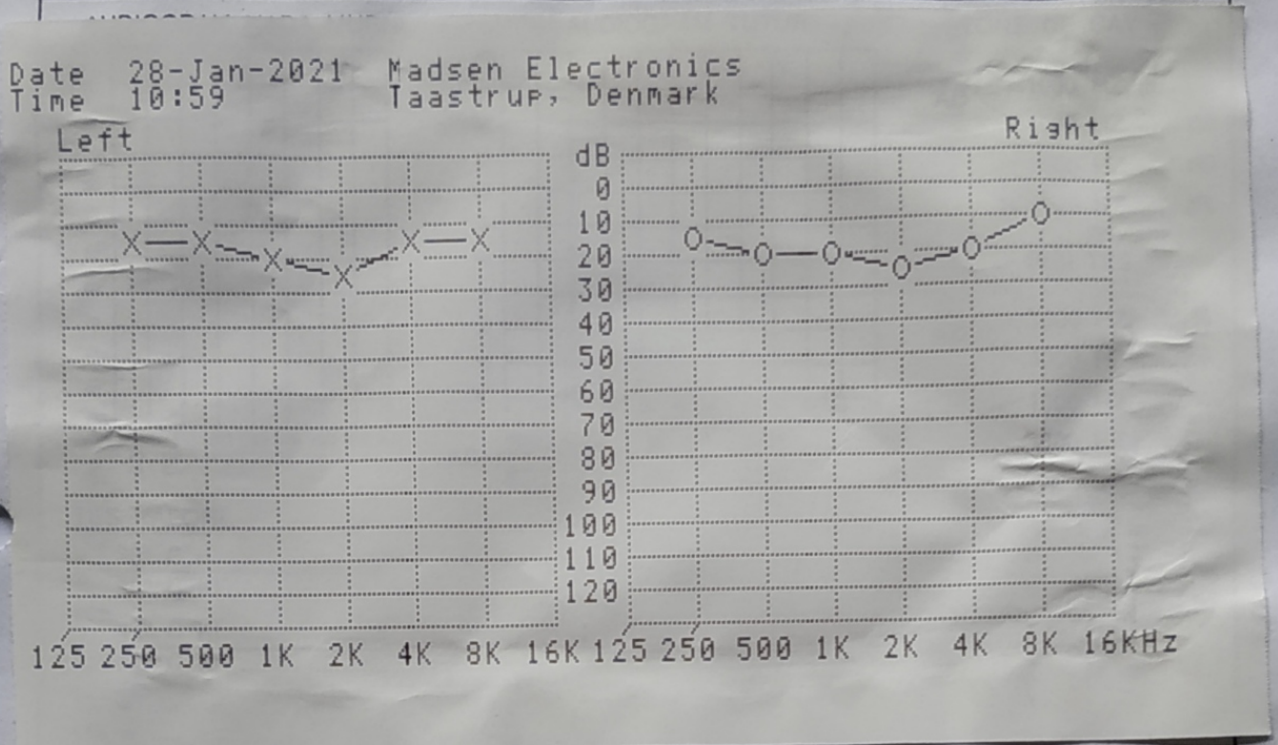
Terimakasih,
Dokter Pembaca

(dr.Ferry Christian Sp.JP, FIHA)

POLIKLINIK SPESIALIS
RS. ST. ELISABETH

107. I.3
T.H.T SUB UNIT AUDIOVESTIBULOLOGI

(Tulis dengan huruf cetak)	Umur	LK. ☐	No. CM
NAMA : SDR. YONAS FEBRIAN	22 Tahun	Pr. ☐	052379-2004
Alamat : JL. Kepodang Barat VII/C-117 Pudak Payung, Semarang		Ruang MCU	No. Audio
Dr. Peminta : Dr. Nancy Liwikasari, Sp.THT-KL Tgl. 28 - 01 - 2021		Klas	
Ket. Klinik : Medical Check Up			



TES POSISI

1. Terlentang ( )
2. Terlentang Kepala miring KA ( )
3. Terlentang Kepala miring KI ( )
4. Terlentang Tubuh miring KA ( )
5. Terlentang Tubuh miring KI ( )
6. Terlentang Eks Kepala miring KA ( )
7. Terlentang Eks Kepala miring KI ( )
8. Tertelungkup Kepala miring KA ( )
9. Tertelungkup Kepala miring KI ( )
10. Kembali duduk ( )

TES PENCIUMAN

TES GUSTATORI

	Ka	Ki
Asin	.....	.....
Manis	.....	.....
Asam	.....	.....
Pahit	.....	.....

TES LAKRIMAL

OD = ... mm

OS = ... mm

Perbedaan = ... mm ..... %

NERVOUS VII Kanan / Kiri

Positif	Negatif

TES MOTORIC

1. Mengerutkan dahi
2. Memejamkan kedua mata
3. Pasang muka
4. Angkat hidung
5. Memoncongkan mulut
7. Tarik sudut mulut kebelakang
8. Tertawa lebar
9. Menggelembungkan pipi
10. Mengangkat dagu

Kesimpulan : dalam batas normal.

Tgl. 28 Januari 2021
Tanda tangan Dokter

Dr. Nancy Sp. THT-KL

E / PS / THT AUD / 230

YAYASAN ELISABETH
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Telp. (024) 8310035, 8310076 Fax. (024) 8413373
Email : sekretariat@rs-elisabeth.com Website : www.rs-elisabeth.com

Dokter : Hermawan Nur Aditya dr.
Pasien : **YONAS FEBRIAN (SDR.)**
Alamat : JL.KEPODANG BARAT VII/C-117 RT 001 RW 0
PUDAK PAYUNG BANYUMANIK
SEMARANG
No.RM : 052379-2004 No.Lab : **21008342**
Tgl. Order: 28-01-21 08:48

Bangsal/Poli : Medical Check Up
Ruang :
Umur/Jenis Kelamin: 22 Th / Laki-laki
Tanggal Lahir : 17-02-1998
Tanggal Terima : 28-01-21 08:49
Tanggal Pelaporan : 02-02-21 13:02
Halaman : 1 / 3

PEMERIKSAAN	HASIL	SATUAN	NILAI RUJUKAN
HEMATOLOGI			
Darah Lengkap			
Hemoglobin	14.1	g/dL	14.0 - 18.0
Hematokrit	41	%	40 - 54
Jumlah Lekosit	5.4	10^3/ul	5.0 - 10.0
Jumlah Eritrosit	4.67	M/ul	4.50 - 6.20
Jumlah Trombosit	291	K/ul	150 - 450
Hitung Jenis			
Netrofil	**L 44.7**	%	50.0 - 70.0
Limfosit	45.4	%	20.0 - 60.0
Monosit	8.2	%	2.0 - 15.0
Eosinofil	1.3	%	0.0 - 7.0
Basofil	0.4	%	0.0 - 2.5
NLR	1.0		
MCV	88.7	fL	80.0 - 97.0
MCH	30.2	pg	26.0 - 36.0
MCHC	34.1	g/dL	31.0 - 37.0
RDW	12.7	%	11.6 - 14.8
Laju Endap Darah			
LED 1 jam	4	mm	3 - 10
LED 2 jam	11	mm	7 - 20
KIMIA KLINIK			
Glukosa Darah Puasa	83	mg/dL	70 - 110
Ureum	20.4	mg/dL	15.0 - 38.5
Kreatinin	0.90	mg/dL	0.70 - 1.30
Kolesterol Total	232 Borderline High	mg/dL	Normal : < 200 Borderline High : 200 - 239 High : >= 240
HDL Kolesterol * Duplo	**H 75.0**	**mg/dL**	35.0 - 60.0
LDL Kolesterol Direk	147 Borderline High	mg/dL	Normal : < 130 Borderline High : 130 - 159 High : >=160
Trigliserida	57 Normal	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : >= 200

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: Hermawan Nur Aditya dr.
: **YONAS FEBRIAN (SDR.)**
: JL.KEPODANG BARAT VII/C-117 RT 001 RW 0
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Tanggal Terima : 28-01-21 08:49
Tanggal Pelaporan : 02-02-21 13:02
Halaman : 2 / 3

PEMERIKSAAN	HASIL	SATUAN	NILAI RUJUKAN
LFT			
Bilirubin			
Bilirubin Total	**H 1.60**	**mg/dL**	0.1 - 1.2
Bilirubin Direk	**H 0.31**	**mg/dL**	0.0 - 0.2
Bilirubin Indirek	**H 1.29**	**mg/dL**	0.0 - 1.0
SGOT	28	U/L	15 - 37
SGPT	37	U/L	12 - 78
ALP	54.0	U/L	46 - 116
Gamma GT	22	U/L	15 - 85
DRUG MONITORING			
Drug Monitoring			
Amphetamine	Negatif		Negatif
Benzodiazepine	Negatif		Negatif
Cocaine	Negatif		Negatif
Cannabinoid	Negatif		Negatif
Morphin	Negatif		Negatif
Methamphetamin	Negatif		Negatif
Alkohol			
Etanol	Tidak Terdeteksi		
Limit of Detection (LOD)	0.002%		
Metanol	Tidak Terdeteksi		
Limit of Detection (LOD):	0.005%		
IMUNOLOGI			
HBsAg	0.24	S/CO	Negatif : < 1.00
	Negatif		Positif : >= 1.00
Chemiluminesent Microparticle Immunoassay Method (CMIA)			
Anti HBs	0.5	mIU/mL	< 10.0 :Negatif
	Negatif		>=10.0 :Positif
Metode Chemiluminescent Microparticle Immunoassay (CMIA)			
SEROLOGI			
TPHA	Negatif		Negatif

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Email : sekretariat@rs-elisabeth.com Website : www.rs-elisabeth.com

: Hermawan Nur Aditya dr.		Bangsal/Poli	: Medical Check Up
n : **YONAS FEBRIAN (SDR.)**		Ruang	:
at : JL.KEPODANG BARAT VII/C-117 RT 001 RW 0 PUDAK PAYUNG BANYUMANIK SEMARANG		Umur/Jenis Kelamin	: 22 Th / Laki-laki
		Tanggal Lahir	: 17-02-1998
		Tanggal Terima	: 28-01-21 08:49
No.RM : 052379-2004	No.Lab : **21008342**	Tanggal Pelaporan	: 02-02-21 13:02
Tgl. Order: 28-01-21 08:48		Halaman	: 3 / 3

PEMERIKSAAN	HASIL	SATUAN	NILAI RUJUKAN
URIN			
Urin Lengkap			
Makroskopis			
Warna	Kuning		
Kekeruhan	Jernih		
Kimia Urin			
pH	6.0		4.8 - 7.8
Berat Jenis	1.010		1.003 - 1.030
Glukosa	Negatif		Negatif
Protein	Negatif		Negatif
Keton	Negatif		Negatif
Bilirubin	Negatif		Negatif
Urobilinogen	Normal		Normal
Nitrit	Negatif		Negatif
Darah	Negatif		Negatif
Lekosit	Negatif		Negatif
Mikroskopis			
Eritrosit	Negatif	/lpb	0 - 1
Lekosit	Negatif	/lpb	0 - 4
Epithel	Negatif		
Silinder	Negatif		
Bakteri	Negatif		
Kristal	Negatif		
Lain-lain	Negatif		

Diotorisasi oleh,

R.S. ST. ELISABETH LABORATORIUM JL. KAWI No. 1 SEMARANG

dr. Andreas Agung W.M Kes. Sp.Par

Management System ISO 9001:2016
TÜVRheinland CERTIFIED
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

EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Apllicant's Name : YONAS FEBRIAN

DOB/Gender/Emp. ID: 17 February 1998 / Male / ISP 21267

Address : JL TIBAN 2 BLOK B1 NO 9, BATAM

Company's Name : INSPEKTINDO SINERGI PERSADA, PT

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. EBIET YUDI SANTOKO

Examiner's Name

Examiner's Signature

KLINIK MEDILAB BATAM

BATAM, 22 March 21

Place, Date of eye examination

Official Stamp of Medical Practitioner