



MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

(This document was adopted from Saipem company and used only for Saipem client/subcontractor)

MEDICAL FITNESS CERTIFICATE

issued in accordance with Oil & Gas UK Guidelines, Saipem Corporate Standards OPR-COR-HR-HLT-001-E, STD-COR-HLTCLI-001-1, IMO and STCW Guidelines on medical examination

Full name (in block letters)	Date of Birth	Occupation
DARMENDRA	08-12-1983	ASST INSPECTOR

This Health Certificate is valid until: 6/3/2023

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

Specify prescriptions and/or restrictions

FIT TO WORK

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

Batam
Place

7/3/2022
Day, Month, Year



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

.....
Doctor's stamp and signature

dr. Rindi Nursaadah Sagala
002.1/001-356/SIP.TM/DPMPTSP-BTM/VIII/2020

Employer must provide the personal protective equipment specific to the activity

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

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
	<input type="checkbox"/>	Yes				No	Yes		
1. Ear infection / Sinusitis / Vertigo	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorder	<input type="checkbox"/>		<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 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 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 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 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 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 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 type="checkbox"/>	Height: 169 cm	Weight: 79 Kg
b) Please describe general appearance and build:			<input type="checkbox"/>	BMI: 27.66 Kg/m ²	Waist Circumference: 90cm
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?	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
If "yes", do you consider this to be slight, moderate or marked?					
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"/>	Systolic / Diastolic: 139 / 89	Pulse Rate: 80x / 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		Near Vision		Color Vision	
Uncorrected	Far Vision OD 6/6 OS 6/6	OD J1	OS J1	Adequate	<input checked="" type="checkbox"/>
Corrected	OD - OS -	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	Normal Lung Function
5. Digital Pulse Oximetry Report:	96%

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

1) Hemoglobin	16.0 gr/dl	10) MCV (*)	88.4 μm^3	19) HDL Cholesterol	68 mg/dl
2) RBC	$5.30 \times 10^6/\text{mm}^3$	11) MCM (*)	30.1 pg	20) LDL Cholesterol	135 mg/dl
3) WBC	$7.6 \times 10^3/\text{mm}^3$	12) MCHC (*)	34.1 gr/dl	21) Total Bilirubin	1.0 mg/dl
4) Neutrophils		13) Platelet	$295 \times 10^3/\text{mm}^3$	22) Direct Bilirubin	0.3 mg/dl
5) Lymphocytes	37.7%	14) Reticulocyte (*)		23) AST (SGOT)	30 μL
6) Monocytes	11.8%	15) Glycemia	82 mg/dl	24) ALT (SGPT)	25 μL
7) Eosinophils		16) Blood Urea	29 mg/dl	25) Gamma GT	36 μL
8) Basophils		17) Total Cholesterol	255 mg/dl		
9) Hematocrit		18) Triglycerides	261 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	NEGATIVE	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7) Alcohol	0.000%
2) Benzodiazepine	NEGATIVE	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: 06-Mar-2023

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

FIT for (offshore/onshore) duty

UNFIT for duty

Pending



Komplek Taman Niaga Sula, Blok J No. 3A-6 Batam
Tel: 0778- 331025, 331026, 331027, 331028, 331029
DR. RINDI NURSAADAH SAGALA
Examining Doctor's Signature
(Stamp, Signature, Name and address of the Physician)

Date: 07-Mar-2022

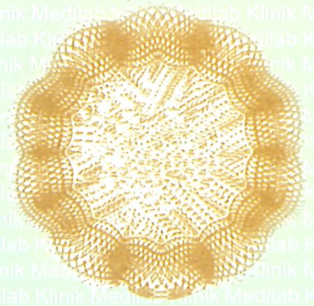


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Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : DARMENDRA
DOB/Gender/Emp. ID: 8 December 1983 / Male / 13041
Address : PERUM GARDEN RAYA BLOK A6 NO 7 BATAM CENTRE, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



Distant Vision Acuity (Snellen Chart)

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

Near Vision Acuity

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

Colour Vision (Ishihara's Test)

Normal

Visual Field Test (Confrontation Test)

-

Grey Test

-

Depth Test

-

DR. RINDI NURSA'ADAH SAGALA

Examiner's Name

Examiner's Signature

BATAM, 07 March 22



Place, Date of eye examination

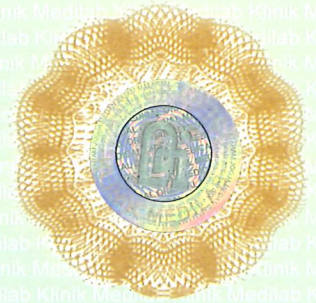
Official Stamp of Medical Practitioner



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HEALTH SCREENING REPORT

Periodic Health Examination

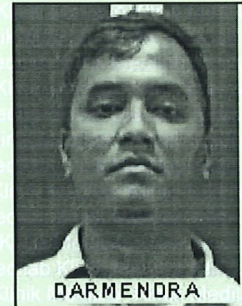
264

CONFIDENTIAL

No. Medical Record : 
00013/002/III/ISP/22

PERSONAL DATA

Name : DARMENDRA
Birthday/Gender/Emp. ID : 8 December 1983 / Male / 13041
Father's Name : DARMAINI
Address : PERUM GARDEN RAYA BLOK A6 NO 7 BATAM CENTRE, BATAM
Occupation : ASST INSPECTOR
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



DARMENDRA

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

		Yes/Abnormal	No/Normal
Weight	: 79 Kg		
BMI	: 27.66		
Height	: 169 Cm		
1. Vision			
a. Distant Vision	(Should be at least 6/12 in both eyes with or without glasses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	(Should be at least J2 in both eyes with or without glasses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	(Unable to hear ordinary conversation at 2 m)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Cardiovascular System			
a. Blood Pressure	Systolic / Diastolic : 139 / 89 mm Hg	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Pulse : 80 / min		
b. Heart Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Varicose Veins		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Respiratory System		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Skin-Chronic Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Abdomen		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Locomotor/Neurological		<input type="checkbox"/>	<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 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 BMI:27.66 E66, Oxygen Saturation: 96 %, Waist Circumference: 90 cm, Lab: Total Cholesterol E78.0 255 mg/dl
VHR, Triglyceride E78.1 261 mg/dl HR, Cholesterol Ratio E78 3.8 AR, Anti HBS (-), Blood Count: Monocytosis D72.821 11.8%,
COVID-19 Antigen Rapid Test: Negative

CERTIFICATION

I certify that I have examined the abovenamed person. In my opinion, this person is FIT for duties mentioned above.

ADVICE :

Regular Exercise and Reduce Weight, Low Fat Diet

Authentic Signature



Date of Exam : 7 March 2022



DR. RINDI NURSA'ADAH SAGALA



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HEALTH SCREENING REPORT

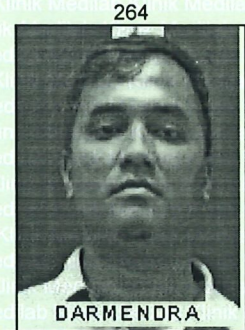
Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00013/002/III/ISP/22

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Occupation : ASST 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	16.0	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	7.6	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	5.30	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	5	mm/hr	M: 0 - 10 F: 0 - 20
HCT	46.8	%	M: 40 - 52 F: 35 - 47
PLT	295	10 ³ /mm ³	150 - 440
MCV	88.4	µm ³	80 - 100
MCH	30.1	pg	26 - 34
MCHC	34.1	gr/dl	32 - 36
Differential Count			
- LYM	37.7	%	25 - 40
- MON	* 11.8	%	2 - 8
- GRA	50.5	%	43 - 76
Indicator of Infection			
- Neutrofil Lymphocyte Ratio (NLR)	1.33	%	> 3.13 Cautious 6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	2865	%	< 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 : 7 March 2022



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AUDIOMETRY REPORT

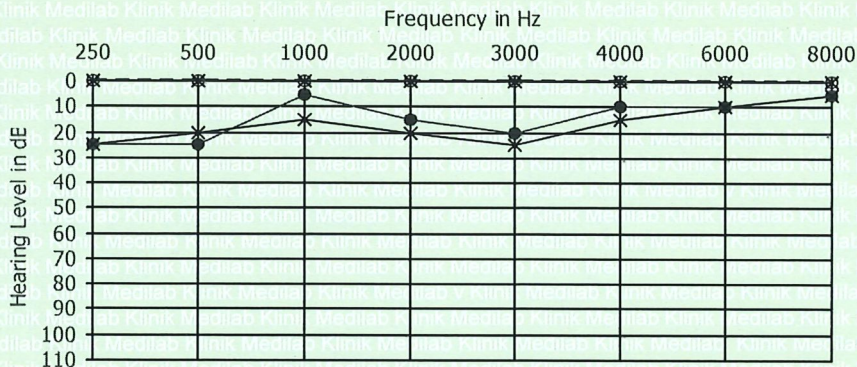
Occupational History

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Noisy Working Environment	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Hearing Protector	
<input type="checkbox"/>	8.0 years
- Period of Working	

Medical History/Examination

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ear Surgery	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Head/Ear Injury	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ears Infection	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ear Drum Perforation	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ear Cerumen	

Yes	No	If Yes, which ear	Left	Right
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>



Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -13.13 %
L : -7.50 %
Hearing Handicap : -12.188 %
- Not a Noise Induced Hearing Loss

Date of Exam : 7 March 2022



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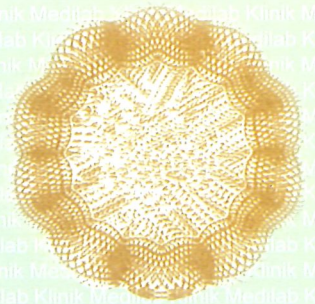


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HEALTH SCREENING REPORT

Periodic Health Examination

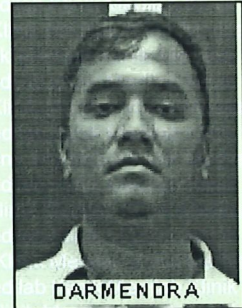
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 Occupation : ASST INSPECTOR
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 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAWLING.13, BATAM



PULMONARY FUNCTION TEST

Occupation History

	Yes	No
- Dusty Working Environment	<input type="checkbox"/>	<input checked="" 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"/>	

	FEV1	FVC	FEV1/FVC	PEF
Actual	4.41	4.06	92	3.90
Normal	3.68	3.38	92	3.27
FEV1/FVC %	100.4	100.4	100	100
PEF	3.90	3.90	100	100
FEV1/FVC % Predicted	108	108	108	100
PEF % Predicted	109	109	109	100

FVC Normal Value : 3.750
 FEV1 Normal Value : 3.090
 FEV1/FVC % Normal Value : 83 %
 FVC % Predicted Value : 108 %
 FEV1 % Predicted Value : 109 %
 FEV1/FVC % Predicted Value : 100 %

Interpretation : Normal Spirometri

Date of Exam : 7 March 2022



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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

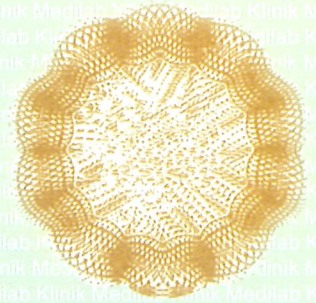


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HEALTH SCREENING REPORT

Periodic Health Examination

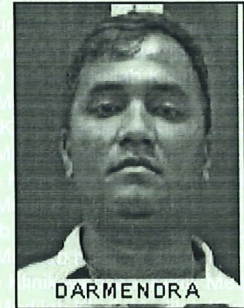
CONFIDENTIAL

No. Medical Record : 
00013/002/III/ISP/22

264

PERSONAL DATA

Name : DARMENDRA
Birthday/Gender/Emp. ID : 8 December 1983 / Male / 13041
Father's Name : DARMAINI
Address : PERUM GARDEN RAYA BLOK A6 NO 7 BATAM CENTRE, BATAM
Occupation : ASST INSPECTOR
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



LABORATORY REPORT

Test Name	Result Unit	Reference Range
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LIVER FUNCTION TEST

Total Bilirubin	1.0 mg/dl	0.3 - 1.1
Direct Bilirubin	0.3 mg/dl	0.1 - 0.4
SGOT	30 U/L	M: <= 35 F: <= 31
SGPT	25 U/L	M: <= 45 F: <= 34
Gamma GT	36 U/L	M: <= 49 F: <= 32

LIPID PROFILE TEST

Total Cholesterol	* 255 mg/dl	<= 200
HDL - Cholesterol	68 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	135 mg/dl	50 - 140
Triglycerida	* 261 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	* 3.8	M: < 3.4 F: < 3.3

BLOOD SUGAR TEST

Nuchter	82 mg/dl	< 100
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RENAL FUNCTION TEST

Ureum	29 mg/dl	17 - 43
CREATININ	14.6 mg/dl	8 - 22

SEROLOGI

TPHA	Non Reactive	Non Reactive
HBsAg	Negative	Negative
Anti HBs	Negative	

Urine

Cannabinoid/THC	Negative	Negative
Methamphetamine	Negative	Negative
Opiates/Morphine	Negative	Negative
Cocain	Negative	Negative
Amphetamine	Negative	Negative
Benzodiazepine	Negative	Negative

COVID-19 IgG/ IgM Rapid Test

SARS-CoV-2 Antigen	Negative	Negative
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OTHERS

Breath Alcohol Test	0.000 %BAC	< 0.02 %BAC is negative >= 0.02-0.039 %BAC: cannot
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Date of Exam : 7 March 2022



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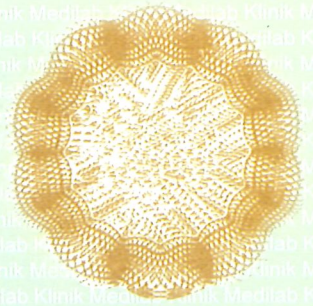


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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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

264

CONFIDENTIAL

No. Medical Record : 
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DARMENDRA

LABORATORY REPORT

Test Name	Result	Unit	Reference Range
			perform safety sensitive function >= 0.04 %BAC is a violation of rule

Date of Exam : 7 March 2022



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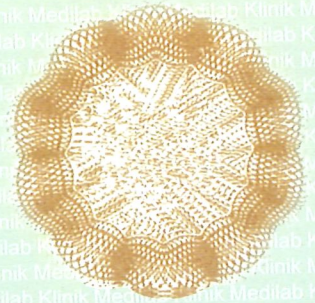
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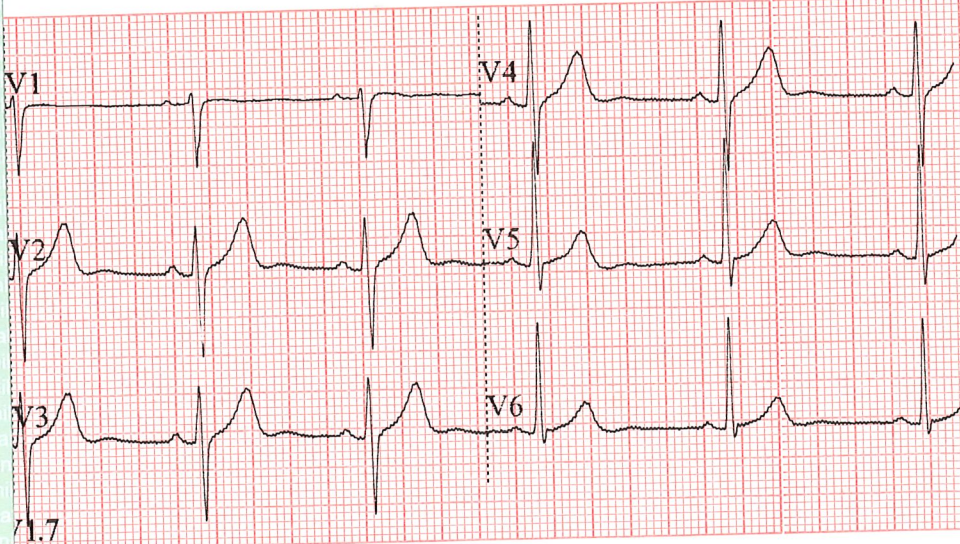
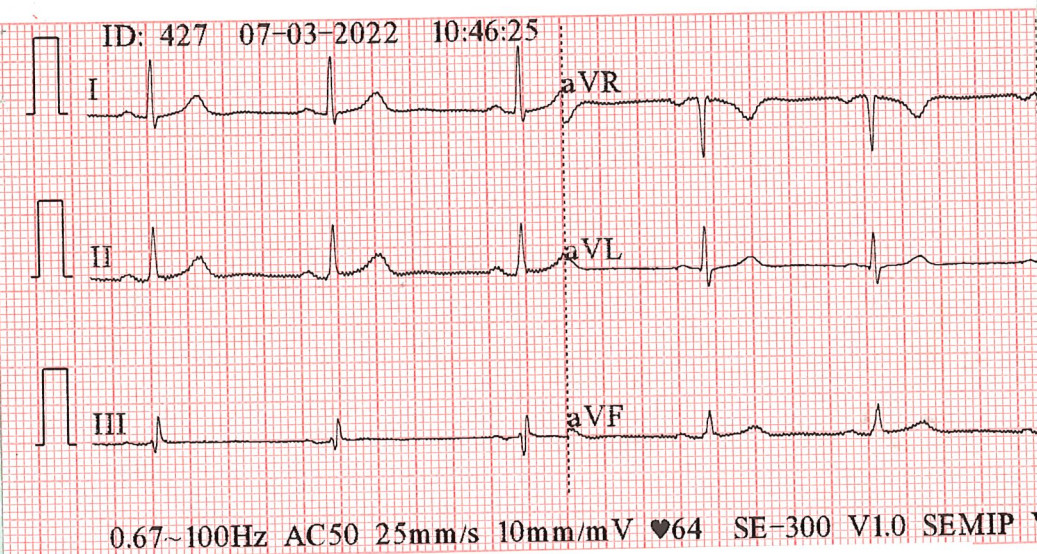
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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : DARMENDRA
Age : 38 Years
Gender : Male
Place/Date : BATAM/07 March 22
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG

ADVICE :

EXAMINER :



dr. Tosyarna BR. Dalimunthe
007.I/007-363/SIP.TM/DPMPSTP-BTM/VIII/2020

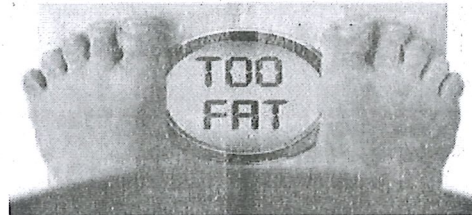
OVERWEIGHT DAN OBESE

Kemendes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

Overweight adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI) ≥ 25 Kg/m²



Obese adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI) ≥ 30 Kg/m²

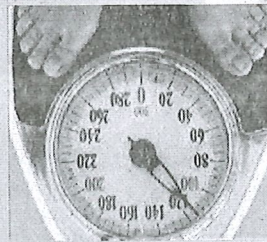
World Health Organization (WHO)

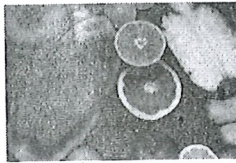
Cara Mengatasi :

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 :

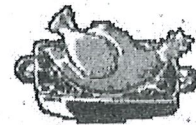
1. Makan dengan gizi seimbang
*Jumlah dan jenis makanan sesuai kebutuhan
*Jadwal makan teratur
2. Aktifitas Fisik minimal 30 menit setiap hari
3. Timbang berat badan secara teratur





CHOLESTEROL DARAH

Dr. Mariaman Tjendera, M.Kes



Total kolesterol darah dibagi dalam 3 kategori :

1. **Layak** : < 200 mg/dl
2. **Resiko Sedang** : 200-239 mg/dl (memiliki resiko serangan jantung 2 kali lebih besar dari nilai kolesterol < 200 mg/dl)
3. **Resiko Tinggi** : > 240 mg/dl (Resiko yang lebih tinggi untuk mendapat serangan jantung dan stroke)

Jenis – jenis Kolesterol

1. **LDL-Cholesterol : Kolesterol "Jahat"**

LDL-Cholesterol yang terlalu banyak beredar di darah dapat membentuk plaque, penebalan dan pengerasan yang menyebabkan penyempitan bahkan penyumbatan pembuluh darah. Kondisi tersebut dapat menyebabkan penyakit jantung dan stroke.

2. **HDL-Cholesterol : Kolesterol "Baik"**

HDL-Cholesterol yang banyak di sirkulasi darah dapat melindungi serangan jantung. HDL-Cholesterol memiliki kecenderungan membawa kolesterol keluar dan dapat membuang plaque dari pembuluh darah

3. **Trigliserida**

Merupakan salah satu jenis lemak darah yang bila tinggi dapat menyebabkan gangguan jantung

Cara menurunkan resiko serangan jantung dan stroke pada kolesterol yang tinggi :

1. Menghindari makanan berlemak jenuh yang dijumpai pada hasil hewan dan minyak tumbuhan tropis, seperti : daging lembu, domba, babi, mentega, coklat, susu lembu, keju, minyak kelapa, minyak palem, minyak kacang tanah dan snack crackers.
2. Memakan makanan berlemak tidak jenuh, seperti : minyak zaitun, minyak jagung, minyak bunga matahari, dan minyak kedelai.
3. Memakan makanan berserat seperti : cereal, buah segar dan sayur-sayuran.
4. Daging ikan yang mengandung asam lemak omega 3 dapat membantu menurunkan resiko serangan jantung.
5. Telur, ayam tanpa kulit, kacang buncis dan kacang polong dibatasi 3-4 kali seminggu.
6. Olah raga selama 30 – 60 menit, paling sedikit 3-4 kali seminggu.
7. Hentikan merokok, rokok dapat meningkatkan resiko serangan jantung
8. Mempertahankan tekanan darah tetap normal
9. Mempertahankan kadar gula darah tetap normal
10. Mempertahankan berat badan yang ideal
11. Hindari minuman beralkohol, karena dapat meningkatkan tekanan darah.
12. Periksa kadar kolesterol secara rutin.

Kepustakaan :

- American Heart Association, 2002
- Indiana university health center (03/01/2003), <http://Indiana.edu/~health/choles.html>