



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
MUHAMMAD FHADLY	08 - OKTOBER - 1994	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



Doctor's stamp and signature

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

Employer must provide the personal protective equipment specific to the activity

**1. PERSONAL ANAMNESIS**

Name in full MUHAMMAD FADLY Date of Birth 8/10/22 Sex  M  F  
 Occupation  Badge No.  Blood Group  Rh

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"/>	
<b>2. Have you ever suffered from:</b>		
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 type="checkbox"/>	
b) Smokers: How much do you smoke per day?	→	Cigarettes <input checked="" type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/>
c) What is the average daily consumption of alcohol?	→	<u>± 16 STICK/DAY</u>

**2. FAMILY MEDICAL ANAMNESIS**

	If living, age	State of health	If dead, age at death	Cause of death
Father			<u>57 TH</u>	<u>SICK</u>
Mother	<u>57 TH</u>	<u>FT.</u>		
Brother / Sister	<u>26 TH</u>	<u>FT</u>		
Brother / Sister	<u>23 TH</u>	<u>FT</u>		
Brother / Sister	<u>24 TH</u>	<u>FT.</u>		

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 7/13/2022

### 3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS. MUHAMMAD FHADLY

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	
	Yes	No	Yes	No
1. Ear infection / Sinusitis / Vertigo	<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 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 checked="" type="checkbox"/>	10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/> <input checked="" type="checkbox"/>
4. Frequent headaches / Fainting	<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 checked="" type="checkbox"/>	12. Skin disease	<input type="checkbox"/> <input checked="" type="checkbox"/>
6. Hypertension	<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 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"																			
	Yes	No																				
<b>8. Measurement &amp; Physical Description</b>																						
a) Measurements (to be taken in indoor clothing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Height: 161 cm	Weight: 69 Kg																		
b) Please describe general appearance and build:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BMI: 26.62 Kg/m <sup>2</sup>	Waist Circumference: 88cm																		
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: 116 / 77	Pulse Rate: 79x / min																		
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	E.N.T: Left Tonsil J03 T1, Right Tonsil J03 T1																			
<table border="0"> <tr> <td><b>Vision</b></td> <td><b>Far Vision</b></td> <td></td> <td><b>Near Vision</b></td> <td></td> <td><b>Color Vision</b></td> </tr> <tr> <td>Uncorrected</td> <td>OD 6/6      OS 6/6</td> <td></td> <td>OD J1      OS J1</td> <td></td> <td>Adequate      ✓</td> </tr> <tr> <td>Corrected</td> <td>OD -      OS -</td> <td></td> <td>OD -      OS -</td> <td></td> <td>Defective</td> </tr> </table>					<b>Vision</b>	<b>Far Vision</b>		<b>Near Vision</b>		<b>Color Vision</b>	Uncorrected	OD 6/6      OS 6/6		OD J1      OS J1		Adequate      ✓	Corrected	OD -      OS -		OD -      OS -		Defective
<b>Vision</b>	<b>Far Vision</b>		<b>Near Vision</b>		<b>Color Vision</b>																	
Uncorrected	OD 6/6      OS 6/6		OD J1      OS J1		Adequate      ✓																	
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:	98%

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

1) Hemoglobin	15.1 gr/dl	10) MCV (*)	91.7 $\mu\text{m}^3$	19) HDL Cholesterol	60 mg/dl
2) RBC	$4.75 \times 10^6 / \text{mm}^3$	11) MCM (*)	31.7 pg	20) LDL Cholesterol	145 mg/dl
3) WBC	$5.6 \times 10^3 / \text{mm}^3$	12) MCHC (*)	34.7 gr/dl	21) Total Bilirubin	0.6 mg/dl
4) Neutrophils		13) Platelet	$267 \times 10^3 / \text{mm}^3$	22) Direct Bilirubin	0.3 mg/dl
5) Lymphocytes	40.4%	14) Reticulocyte (*)		23) AST (SGOT)	43 $\mu\text{L}$
6) Monocytes	7.2%	15) Glycemia	118 mg/dl	24) ALT (SGPT)	61 $\mu\text{L}$
7) Eosinophils		16) Blood Urea	31 mg/dl	25) Gamma GT	63 $\mu\text{L}$
8) Basophils		17) Total Cholesterol	223 mg/dl		
9) Hematocrit		18) Triglycerides	90 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: 6, SG: 1.010, Glucososa: (-), 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. MUHAMMAD FHADLY and found him/her (tick the box)

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



Komplek Taman Moga Suka Jadi Blok J No. 3A-6 Batam  
DR. RINDI NURSAADAH SAGALA

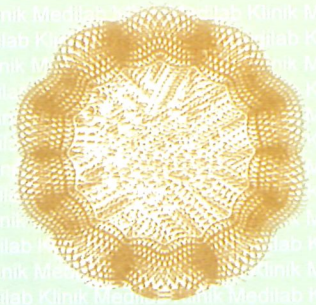
Examining Doctor's Signature  
(Stamp, Signature, Name and address of the Physician)

Date: 07-Mar-2022





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### EYE EXAMINATION REPORT

#### IDENTIFICATION OF APPLICANT

Applicant's Name : MUHAMMAD FHADLY  
 DOB/Gender/Emp. ID: 8 October 1994 / Male / 19120  
 Address : KAV SAGUBA BLOK A NO 104, BATAM  
 Company's Name : INSPEKTINDO SINERGI PERSADA, PT



<b>Distant Vision Acuity (Snellen Chart)</b>	<b>Near Vision Acuity</b>
Right Eye: 6/6 Without Glasses	Right Eye: J1 Without Glasses
Left Eye: 6/6 Without Glasses	Left Eye: J1 Without Glasses
<b>Colour Vision (Ishihara's Test)</b>	Normal
<b>Visual Field Test (Confrontation Test)</b>	-
<b>Grey Test</b>	-
<b>Depth Test</b>	-

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



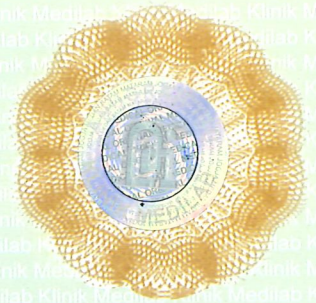


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ID 9105042627



## 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

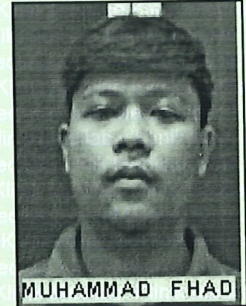
263

#### CONFIDENTIAL

No. Medical Record :   
00012/001/III/ISP/22

#### PERSONAL DATA

Name : MUHAMMAD FHADLY  
 Birthday/Gender/Emp. ID : 8 October 1994 / Male / 19120  
 Father's Name : YON ANISMI  
 Address : KAV SAGUBA BLOK A NO 104, BATAM  
 Occupation : INSPECTOR  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



MUHAMMAD FHADLY

#### 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			Yes/Abnormal	No/Normal
Weight	: 69 Kg			3. Cardiovascular System			
BMI	: 26.62			a. Blood Pressure			<input checked="" type="checkbox"/>
				Systolic / Diastolic	: 116 / 77 mm Hg		
				Pulse	: 79 / min		
1. Vision				b. Heart Disease			<input checked="" type="checkbox"/>
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c. Varicose Veins			<input checked="" type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)				4. Respiratory System			<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		5. Skin-Chronic Disease			<input checked="" type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)				6. Abdomen			<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7. Locomotor/Neurological			<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8. Endocrine disorders			<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9. Mental State			<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)							

#### 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:26.62 E66, E.N.T: Left Tonsil J03 T1, Right Tonsil J03 T1, Oxygen Saturation: 98 %, Waist Circumference: 88 cm, Lab: SGOT R74.9 43 U/L MIE, SGPT R74.9 61 U/L MIE, GGT R74.9 63 U/L MIE, Total Cholesterol E78.0 223 mg/dl BHR, LDL E78.4 145 mg/dl BHR, Cholesterol Ratio E78 3.7 AR, Nuchter: Pre-Diabetes R73.01 118 mg/dl, Anti HBs (-), Blood Count: Lymphocytosis D72.820 40.4%, 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, Avoid Cool & Spicy Food, Take Enough Rest  
& Consume Curcuma, Low Fat & Sugar Diet

Authentic Signature



Date of Exam : 7 March 2022



DR. RINDI NURSA'ADAH SAGALA





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### HEALTH SCREENING REPORT

Periodic Health Examination

263

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No. Medical Record :



00012/001/III/ISP/22

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MUHAMMAD FHAD

### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	15.1	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	5.6	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	4.75	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	5	mm/hr	M: 0 - 10 F: 0 - 20
HCT	43.5	%	M: 40 - 52 F: 35 - 47
PLT	267	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440
MCV	91.7	µm <sup>3</sup>	80 - 100
MCH	31.7	pg	26 - 34
MCHC	34.7	gr/dl	32 - 36
<b>Differential Count</b>			
- LYM	* 40.4	%	25 - 40
- MON	7.2	%	2 - 8
- GRA	52.4	%	43 - 76
<b>Indicator of Infection</b>			
- Neutrofil Lymphocyte Ratio (NLR)	1.29	%	> 3.13 Cautious 6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	2262	%	< 1500 Cautious < 1100 Suspicious < 500 Perilous

#### URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	6	- 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.

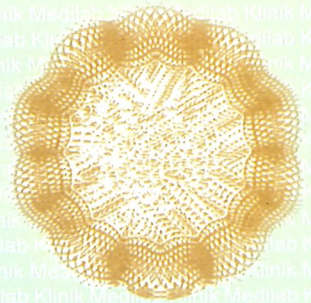
Bony structures of the thorax show no abnormalities.

Date of Exam : 7 March 2022



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### AUDIOMETRY REPORT

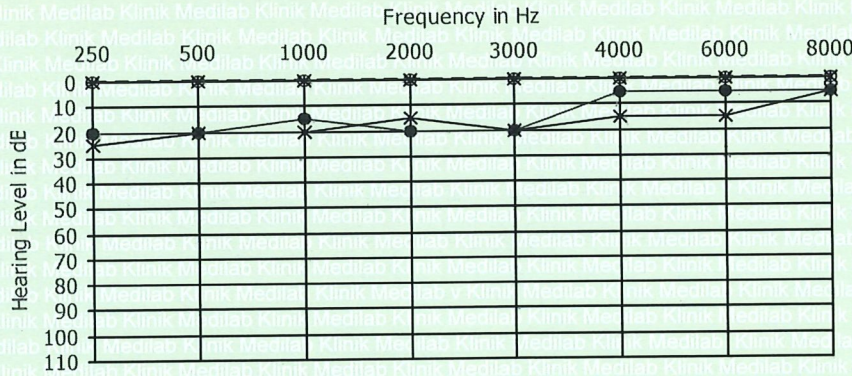
#### Occupational History

	Yes	No
- 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	3.0 years	

#### Medical History/Examination

- 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 : -9.38 %  
 L : -9.38 %  
 Hearing Handicap : -9.375 %
- Not a Noise Induced Hearing Loss

Date of Exam : 7 March 2022



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





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#### PERSONAL DATA

Name : MUHAMMAD FHADLY  
 Birthday/Gender/Emp. ID : 8 October 1994 / Male / 19120  
 Father's Name : YON ANISMI  
 Address : KAV SAGUBA BLOK A NO 104, BATAM  
 Occupation : INSPECTOR  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.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 checked="" type="checkbox"/>	<input type="checkbox"/>
- Period of Working	3.0 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"/>	

	Actual	Normal Value	%
FVC	4.23	3.68	87
FEV1	3.05	3.02	91
MMV10	3.04	3.02	100
PEF	8.32	8.52	108
MEF25	4.11	4.33	100

	Actual	Normal Value	%
FVC	4.23	3.68	113
FEV1	3.05	3.02	101
PEF	8.32	7.72	108

FVC Normal Value : 3.544  
 FEV1 Normal Value : 3.057  
 FEV1/FVC % Normal Value : 87 %  
 FVC % Predicted Value : 103 %  
 FEV1 % Predicted Value : 108 %  
 FEV1/FVC % Predicted Value : 103 %

**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



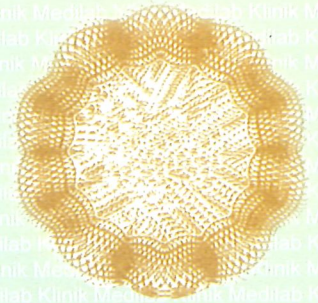


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# M • KLINIK MEDILAB

## 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

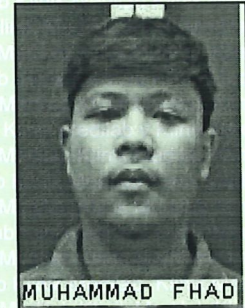
263

#### CONFIDENTIAL

No. Medical Record :   
00012/001/III/ISP/22

#### PERSONAL DATA

Name : MUHAMMAD FHADLY  
Birthday/Gender/Emp. ID : 8 October 1994 / Male / 19120  
Father's Name : YON ANISMI  
Address : KAV SAGUBA BLOK A NO 104, BATAM  
Occupation : INSPECTOR  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



MUHAMMAD FHADLY

### LABORATORY REPORT

Test Name	Result Unit	Reference Range
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#### LIVER FUNCTION TEST

Total Bilirubin	: 0.6 mg/dl	0.3 - 1.1
Direct Bilirubin	: 0.3 mg/dl	0.1 - 0.4
SGOT	: * 43 U/L	M: <= 35 F: <= 31
SGPT	: * 61 U/L	M: <= 45 F: <= 34
Gamma GT	: * 63 U/L	M: <= 49 F: <= 32

#### LIPID PROFILE TEST

Total Cholesterol	: * 223 mg/dl	<= 200
HDL - Cholesterol	: 60 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	: * 145 mg/dl	50 - 140
Triglycerida	: 90 mg/dl	<= 204
Ratio Cholesterol ( Total Chol : HDL )	: * 3.7	M: < 3.4 F: < 3.3

#### BLOOD SUGAR TEST

Nuchter	: * 118 mg/dl	< 100
---------	---------------	-------

#### RENAL FUNCTION TEST

Ureum	: 31 mg/dl	17 - 43
KUN	: 14.5 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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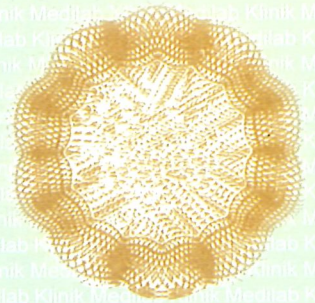


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**HEALTH SCREENING REPORT**

Periodic Health Examination

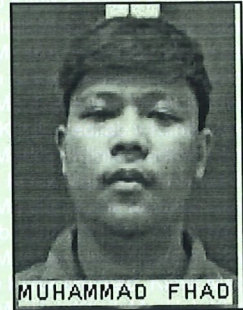
263

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MUHAMMAD FHADLY

**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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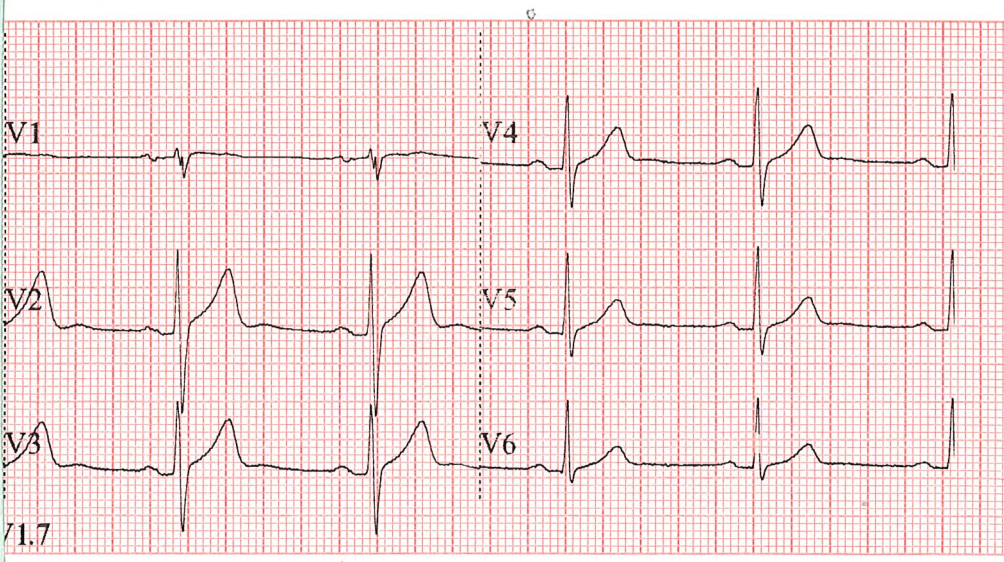
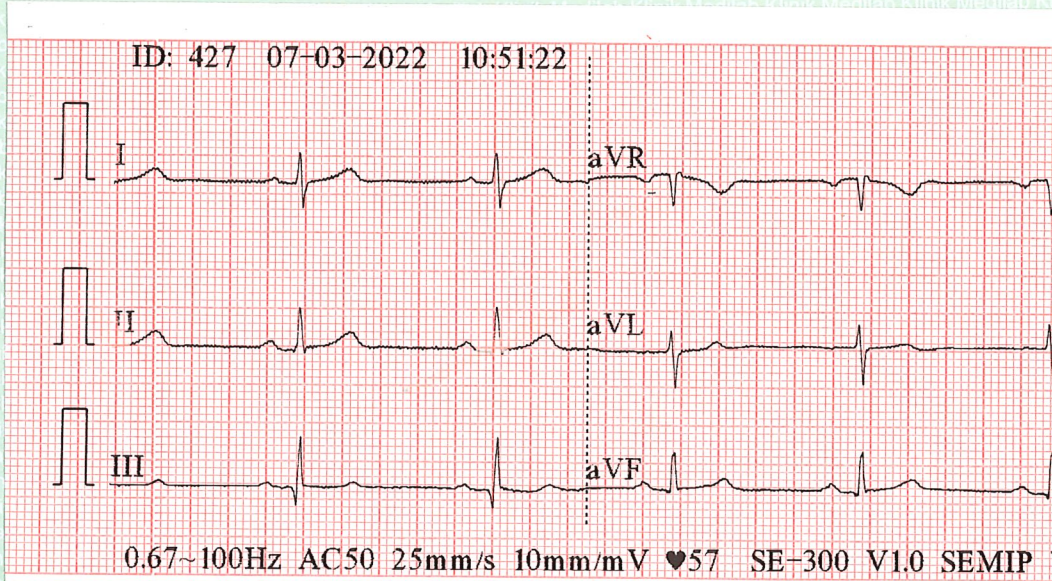
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E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



**ELECTROCARDIOGRAM INTERPRETATION (RESTING)**

Name : MUHAMMAD FHADLY  
Age : 27 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**  
007.1/007-363/SIP.TM/DPMP.TSP-BTM/V/III/2020



## OVERWEIGHT DAN OBESE

Kemenkes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

**Overweight** adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI)  $\geq 25$  Kg/m<sup>2</sup>



**Obese** adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI)  $\geq 30$  Kg/m<sup>2</sup>

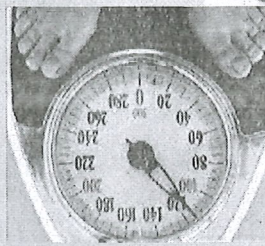
World Health Organization (WHO)

### Cara Mengatasi :

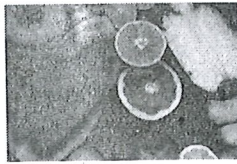
1. Mengurangi porsi makan dari biasanya, perbanyak makan buah dan sayur serta kacang-kacangan.
2. Mengurangi penggunaan minyak dan santan, dianjurkan masak dengan cara dikukus, direbus atau dipanggang.
3. Mengurangi makanan dan minuman yang manis.
4. Mengurangi penggunaan garam dan makanan yang diawetkan, 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

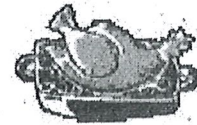






## **CHOLESTEROL DARAH**

Dr.Mariam 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 :

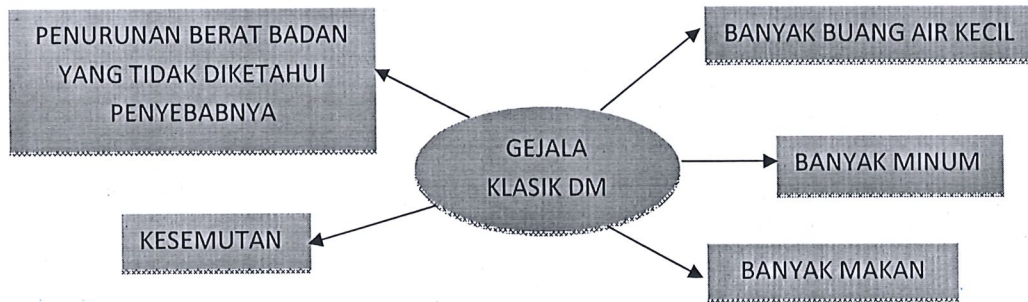
1. Menghindari makanan berlemak jenuh yang dijumpai pada hasil hewan dan minyak tumbuhan tropis, seperti : daging lembu, domba, babi, mentega, coklat, susu lembu, keju, minyak kelapa, minyak palem, minyak kacang tanah dan snack crackers.
2. Memakan makanan berlemak tidak jenuh, seperti : minyak zaitun, 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>

## DIABETES MELLITUS (DM)

**Diabetes Mellitus (Kencing Manis)** adalah suatu kumpulan gejala yang timbul pada seseorang yang disebabkan oleh karena adanya peningkatan kadar glukosa darah akibat penurunan sekresi insulin yang progresif. (PERKENI 2015)



GULA DARAH PUASA	GULA DARAH SEWAKTU	GULA DARAH 2 JAM SETELAH MAKAN	HbA1c
Normal : < 100 mg/dl	Normal : < 200 mg/dl	Normal : < 140 mg/dl	Normal : < 5.7%
Pre Diabetes : 100-125 mg/dl	Diabetes : ≥ 200 mg/dl	Pre Diabetes : 140-199 mg/dl	Pre Diabetes : 5.7 - 6.4%
Diabetes : ≥ 126 mg/dl		Diabetes : ≥ 200 mg/dl	Diabetes : ≥ 6.5%

### REKOMENDASI :

#### 1. PENGATURAN MAKANAN

**Dianjurkan** : ayam tanpa kulit, ikan, putih telur, daging tidak berlemak, tempe, tahu, kacang hijau, kacang merah, kacang kedelai, kacang tanah; sayur tinggi serat: kangkung, ketimun, tomat, sawi, terong dll; jeruk, apel, pepaya, belimbing (sesuai kebutuhan).

**Dibatasi** : semua sumber karbohidrat: nasi, bubur, roti, mie, kentang, singkong, ubi, jagung, sereal dll; lemak jenuh: kornet, sosis, sarden, otak, jeroan, kuning telur; bayam, buncis, daun melinjo, daun singkong, kacang panjang, pare, wortel; nanas, anggur, mangga, sirsak, pisang, alpukat, sawo, semangka, nangka; makanan yang digoreng dan menggunakan santan kental, kecap, saus tiram.

**Dihindari** : keju, abon, dendeng, susu full cream; buah-buahan yang manis dan diawetkan; minuman yang mengandung alkohol, susu kental manis, soft drink, es krim, yogurt, susu; gula pasir, gula merah, gula batu, madu, makanan dan minuman yang manis.

#### 2. LATIHAN JASMANI

3-4x seminggu selama 30 menit misalnya bersepeda, jogging, berenang, jalan kaki.

(KEMENKES 2011)