



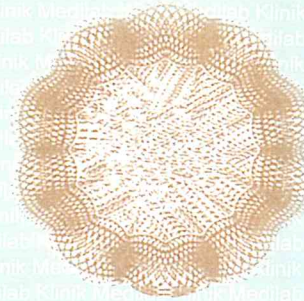
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

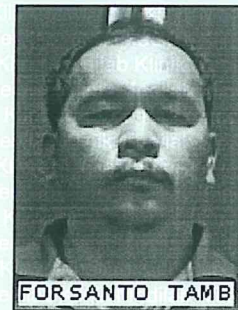
Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : FORSANTO TAMBUN
DOB/Gender/Emp. ID: 18 October 1980 / Male / SP 20206
Address : KAV MANGSANG INDAH BLOK E NO 38, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



FOR SANTO TAMB

Distant Vision Acuity (Snellen Chart)	Near Vision Acuity
Right Eye: 6/6 Without Glasses Left Eye : 6/6 Without Glasses	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. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature

BATAM, 12 January 21

Place, Date of eye examination



Official Stamp of Medical Practitioner



REVIEW FORM MEDICAL CHECK UP

FILLED BY THE REQUESTOR

MCU Date

12/1/2021

Pre employment

Visitor

Periodik Annual

Others

Post absence

Project

Jakarta Office

Tangguh Operation

BP

Non BP /Contractor

Summary Examination

IDENTITY OF EMPLOYEE

Name	FORSAPO TAMBUK	Gender	MALE
Nationality	INDONESIAN	Date Of Birth	10-10-1980
Name of Company	ISP	Vantage Number	
Job Title	TECH	Departemen	

Email address or Medical Certificate sent to : Monickmarions@cnp.com.cn / monickmarions@bgp.co.id

THE LIST BELOW FILLED BY THE REVIEWER (BP DOCTOR)

HISTORY :

Smoker/non smoker **NON SMOKER**

PHYSICAL EXAMINATION

BMI : 30.48 UN/N/OV/OB BP: 125/76 (N) Gr.I/Gr.II

PEMERIKSAAN SPESIFIK:

Spirometri	Audiometri	Treadmill
NA	NORMAL	Negative Ischemic Response

LABORATORIUM RESULT

HB : 15.6 gr/dl SGOT/SGPT : 16/48 1/2 GDP : 109 mg/dl (N/D)
 Chol : 241 mg/dl HDL : 38 mg/dl LDL : 174 mg/dl TG : 144 mg/dl LP: N/M/Mod(S)

Rontgen Thorax **NORMAL** ECG **NORMAL Resting ECG**

OTHER EXAMINATIONS

SUMMARY : -

FIT TO WORK
STATUS FITNESS

Fit Fit With Restriction Temporary Unfit Unfit

Secara medis dinyatakan dapat bekerja untuk pekerjaan:

Medically suitable for task :

- Remote Site Workers
- Fire/ Emergency Crew
- Respiratory/SCBA User/Confined Space
- Work in Extreme Temperature
- Professional Driver
- Heavy Equipment/ Crane Operator
- Medical Professional
- Work at Height
- Food Handler
- Shift worker
- Visitors
- Aircraft Refueller
- Other Professional (Pilots, Seafarer, Diver etc)
- Jakarta Office

Attending Physician	<p>Komplek Terminal Niaga Sudirman Blok J No. 3A-6 Batam Tel : 0778 - 7372024 Fax : 0778 - 7372024 dr. Rozeh Agnia Specialist</p>
Signature	
Review Date (dd/mm/yyyy)	

Given by OHN, Nurse or Paramedic



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
FORGANTO TAMBUN	18 / 10 / 1980	TECH

This Health Certificate is valid until: 11 / 1 / 2022

- | | | |
|---|------------------------------------|---|
| <input checked="" type="checkbox"/> Fit | <input type="checkbox"/> offshore | <input checked="" 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

12 / 11 / 2021
Day, Month, Year

Doctor's stamp and signature



dr. Rezga Agnela
Examining Physician

Employer must provide the personal protective equipment specific to the activity



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

1. PERSONAL ANAMNESIS

Name in full FORSAPTO TAMBUK Date of Birth 10.10.90 Sex M F
 Occupation TECH Badge No. Blood Group Rh

Please tick box <input 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 checked="" type="checkbox"/>	
6.	Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. a)	Non-smoker: Have you smoked in the past?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b)	Smokers: How much do you smoke per day?	<input type="checkbox"/>	<input type="checkbox"/>	Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/>
c)	What is the average daily consumption of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	66			
Mother				
Brother / Sister	68		66	
Brother / Sister	33			
Brother / Sister	20			

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 12/11/2021

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			<input type="checkbox"/> 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"			
8. Measurement & Physical Description				Height: 162 cm Weight: 80 Kg			
a) Measurements (to be taken in indoor clothing)				BMI: 30.48 Kg/m ² Waist Circumference: 97 cm			
b) Please describe general appearance and build:							
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any enlargement of lymph nodes or thyroid gland?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Are there any scars of material significance?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Cardio-vascular System & Blood pressure							
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any irregularity of rhythm?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is there any abnormality in the arterial pulse?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Are there any varicose veins?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Blood Pressure: (please record opposite)				Systolic / Diastolic: 125 / 76 Pulse Rate: 90x/mnt			
10. Respiratory System							
a) Is there any abnormality in the shape and development of the chest?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Are there any abnormal physical signs in the lungs?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Genito / Urinary & Digestive System							
a) Is the urine test abnormal?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is a hernia present				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Nervous System							
a) Is there any sign of disease in the central nervous system?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there anything to suggest a tendency to psychiatric disorder?				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13. Sense Organs							
a) Is there any affection of the eyes, ears, nose or tongue				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Vision		Far Vision		Near Vision		Color Vision	
Uncorrected	OD <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:

5. EXAMINATION RESULTS AND REPORT

X-Ray, ECG, Audiogram and Blood Urine Laboratory Examination Report

All examination results are to be attached. Please, indicate your remarks in case of abnormal results

1. Chest X-Ray Report (****)	Normal Limited
2. ECG Report	Normal Resting ECG
3. Audiogram Report	Normal
4. Spirometry Report	-

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

1) Hemoglobin	15.6 gr/dl	10) MCV (*)	19) HDL Cholesterol	38 mg/dl
2) RBC	5.06 x 10 ⁶ /mm ³	11) MCM (*)	20) LDL Cholesterol	174 mg/dl
3) ESR	20 mm/hr	12) MCHC (*)	21) Triglycerides	144 mg/dl
4) WBC	8.6 x 10 ³ /mm ³	13) Platelet	22) Total Bilirubine	0.6 mg/dl
5) Neutrophils		14) Reticulocyte (*)	23) Direct Bilirubin	0.3 mg/dl
6) Lymphocytes	21.9 %	15) Hematocrit	24) AlkalinePhosphatase	131 u/L
7) Monocytes	5.8 %	16) Glycemia	25) AST (SGOT)	16 u/L
8) Eosinophils		17) Blood Urea	26) ALT (SGPT)	48 u/L
9) Basophils		18) Total Cholesterol	27) Gamma GT	85 u/L
				241 mg/dl

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: 6, SG: 1.010, 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
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:11-Jan-2022

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

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

DR. REZGA AGNELA VALBETRI
Examining Doctor's Signature
(Stamp, Signature, Name and address of the Physician)

Date: 12-Jan-2021



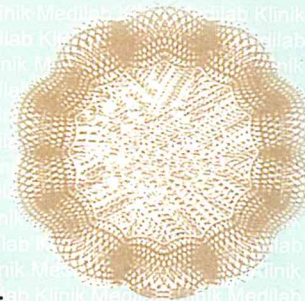
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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



TREADMILL (EXERCISE STRESS TEST REPORT)

CONFIDENTIAL

No. Medical Record :



00007/007/1/ISP/21

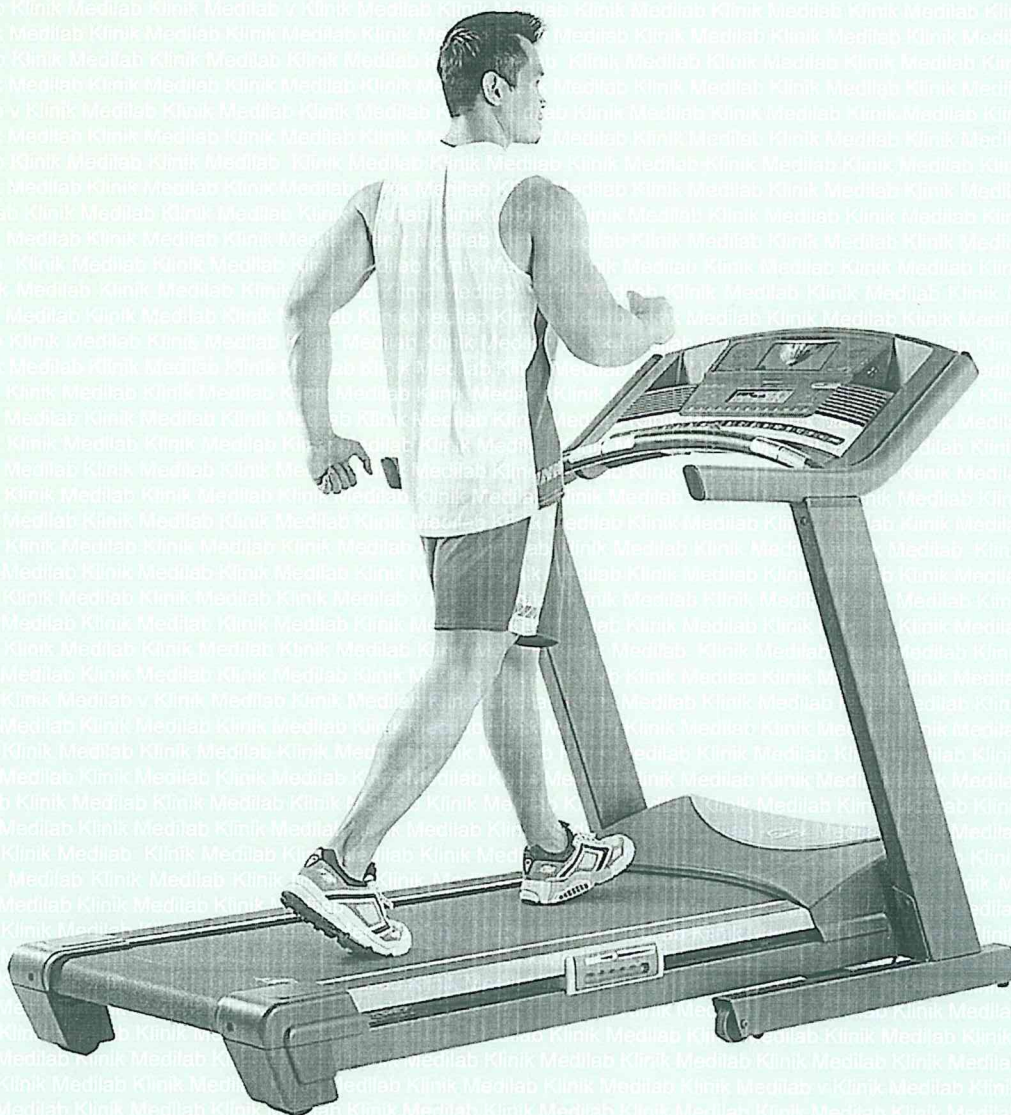
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PERSONAL DATA

Name : FORSANTO TAMBUN
Age/Sex/Employee ID : 40 years / Male / SP 20206
Father's Name : BERNAD TAMBUN
Address : KAV MANGSANG INDAH BLOK E NO 38, BATAM
Occupation : TECH
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



FOR SANTO TAMBUN



MEDILAB
 KOMPLEKS RUKO TAMAN NIAGA SUKA JADI
 BATAM

Station
 Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: FORSANTO TAMBUNAN, TN
 Patient ID: 1 ISP
 Height: 162 cm
 Weight: 80 kg

DOB: 18.10.1980
 Age: 40yrs
 Gender: Male
 Race: Asian

Study Date: 15.01.2021
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: --
 Technician: --

Medications:
 --

Medical History:
 --

Reason for Exercise Test:
 --

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:20	0.00	0.00	97	125/76	
	STANDING	01:23	0.00	0.00	110		
	HYPERV.	00:02	0.00	0.00	110		
	WARM-UP	00:31	1.60	0.00	110		
EXERCISE	STAGE 1	03:00	2.70	10.00	125	175/93	
	STAGE 2	03:00	4.00	12.00	142	177/92	
	STAGE 3	03:00	5.40	14.00	169	171/93	
	STAGE 4	00:24	6.80	16.00	169		
RECOVERY		01:22	2.40	0.00	153		

The patient exercised according to the BRUCE for 9:23 min:s, achieving a work level of Max. METS: 11.30. The resting heart rate of 98 bpm rose to a maximal heart rate of 169 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 125/76 mmHg, rose to a maximum blood pressure of 177/92 mmHg. The exercise test was stopped due to --.

Interpretation

Resting ECG : Normal Resting ECG

--

Conclusions

Treadmill Exercise Test :

NEGATIVE ISCHEMIC RESPONSE
 NORMAL RESPONSE HEMODYNAMIC
 NO ARRHYTHMIA

--

Physician

Dr. Afdhalun Hakim, SpJP
Sp. Jantung & Pembuluh Darah
 (Cardiologist)

Technician

FORSANIO TAMBUNAN, TN
 Patient ID 1 ISP

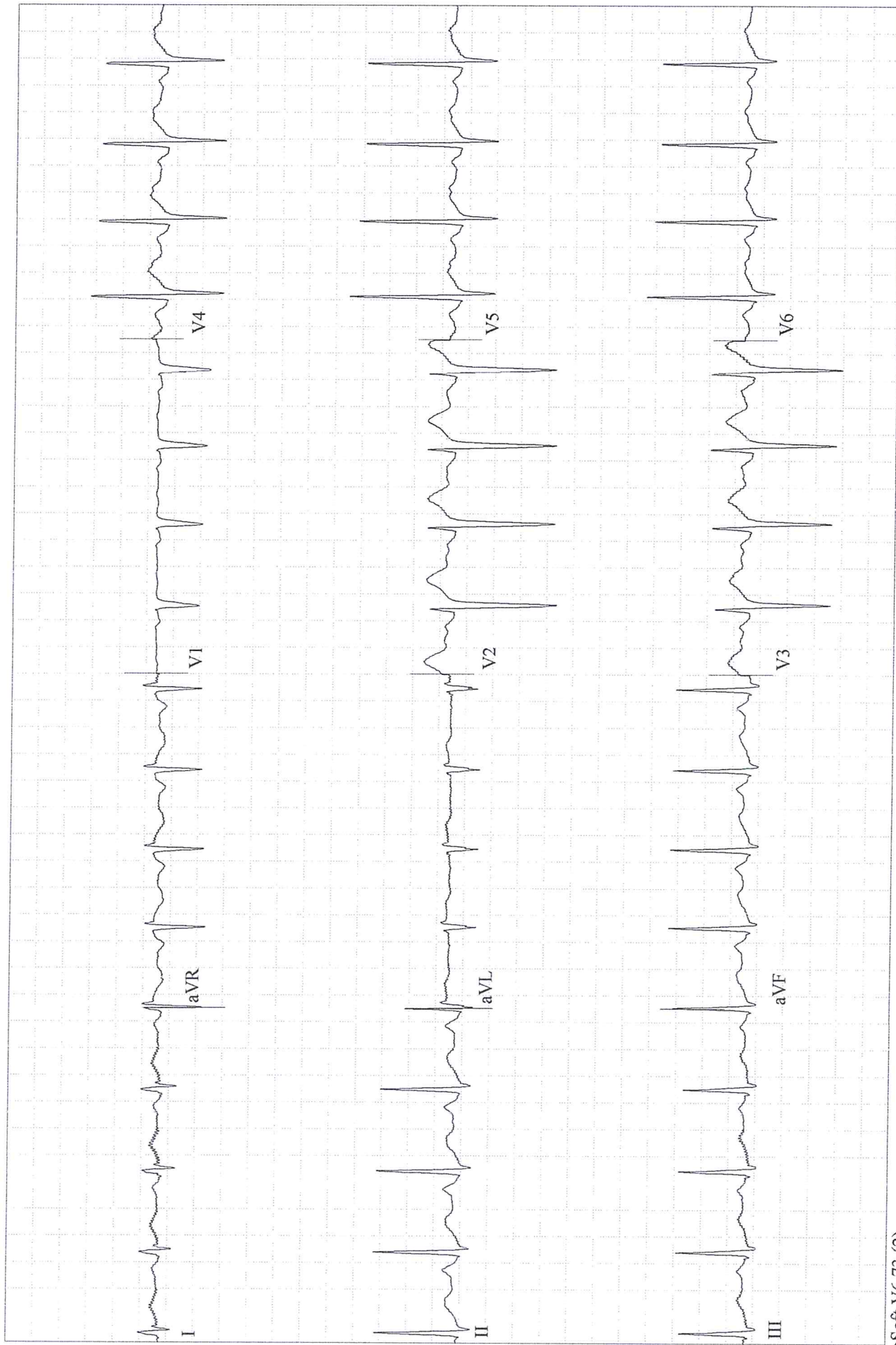
15.01.2021 Male 162 cm 80 kg
 9:00:00 40yrs Asian
 Meds:

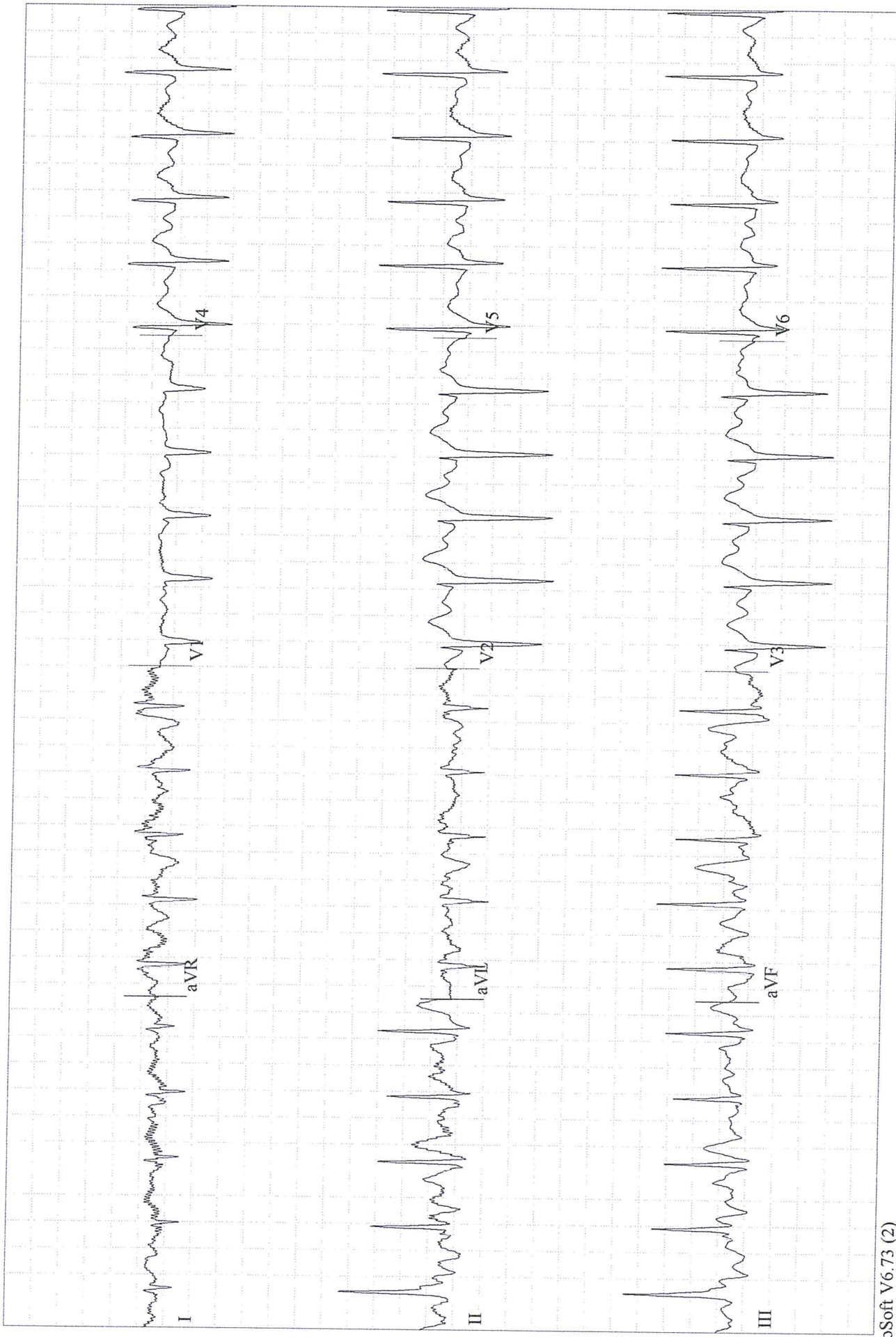
BRUCE: Total Exercise Time 09:23
 Max HR: 169 bpm 93% of max predicted 180 bpm HR at rest: 98
 Max BP: 177/92 mmHg BP at rest: 125/76 Max RPP: 28386 mmHg*bpm
 Maximum Workload: 11.30 METS
 Max. ST: -0.07 mV, 0.00 mV/s in III; EXERCISE STAGE 1 00:30

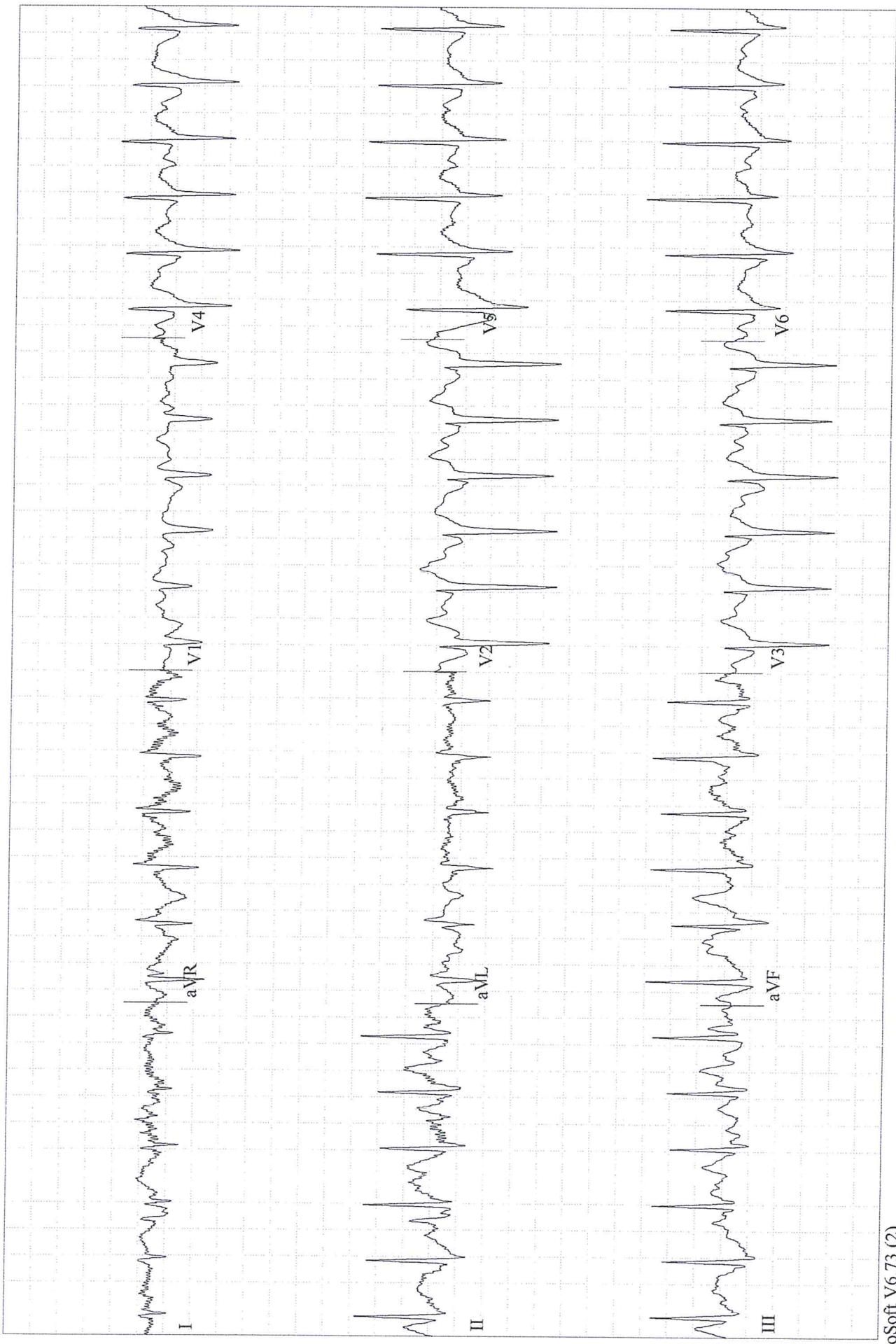
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 Medical History:

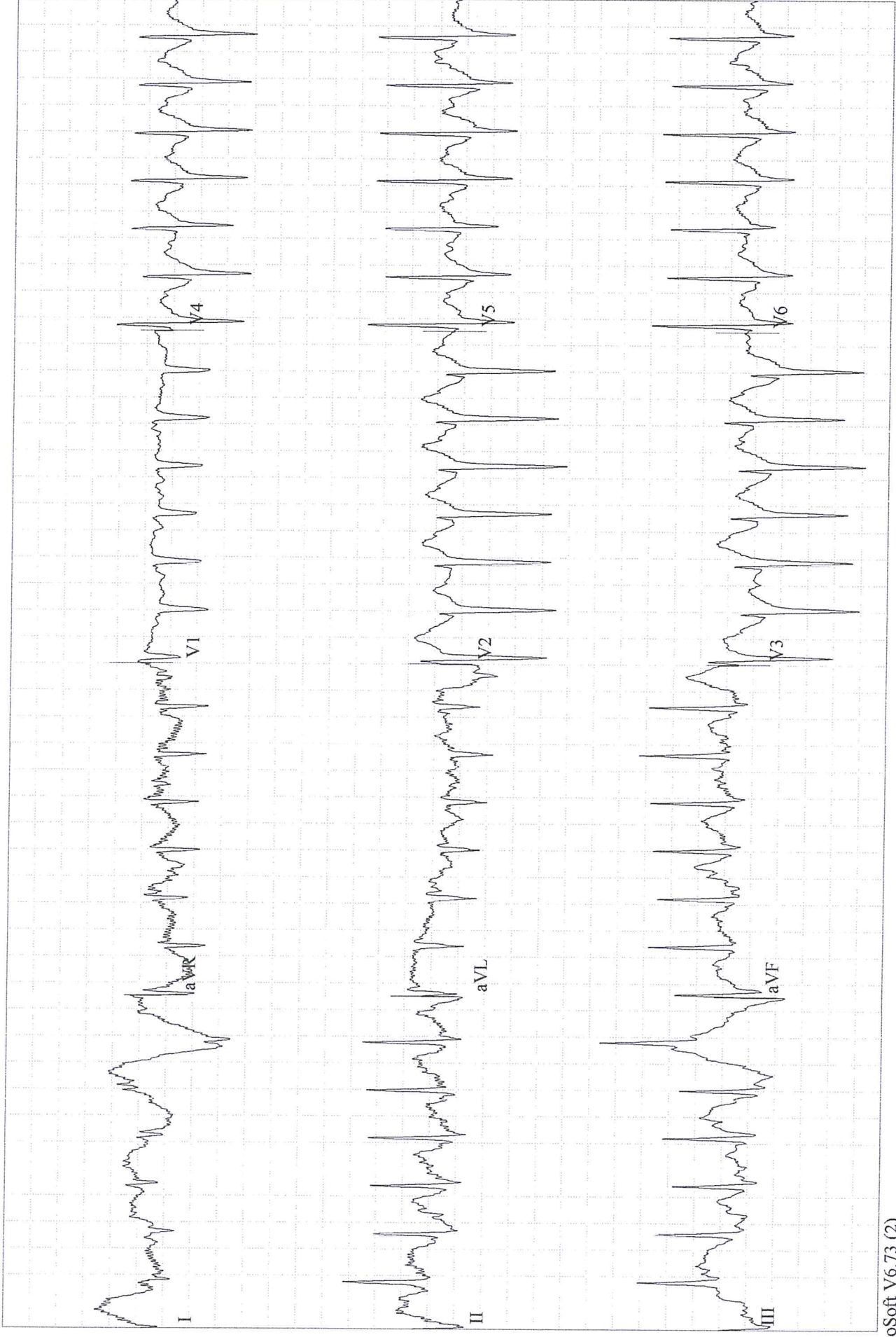
Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

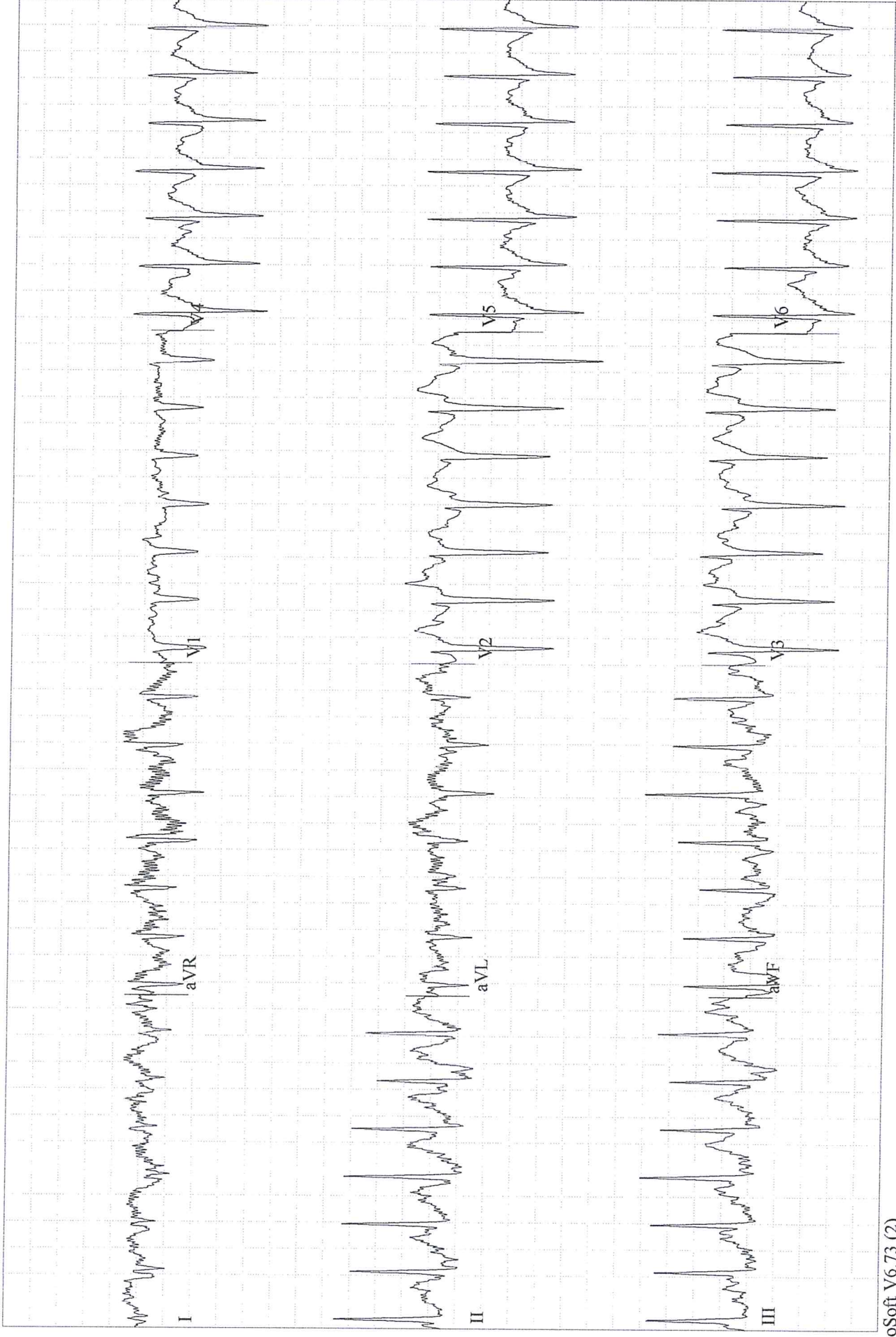
Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	01:20	0.00	0.00	1.0	97	125/76	12125	0	-0.02	
	STANDING	01:23	0.00	0.00	1.0	110			0	0.00	
	HYPERV.	00:02	0.00	0.00	1.0	110			0	0.00	
EXERCISE	WARM-UP	00:31	1.60	0.00	1.3	110			0	-0.01	
	STAGE 1	03:00	2.70	10.00	4.6	125	175/93	21875	0	-0.03	
	STAGE 2	03:00	4.00	12.00	7.0	142	177/92	25134	0	-0.01	
	STAGE 3	03:00	5.40	14.00	10.0	169	171/93	28899	0	-0.01	
	STAGE 4	00:24	6.80	16.00	11.3	169			0	-0.01	
RECOVERY		01:22	2.40	0.00	2.1	153			0	0.10	

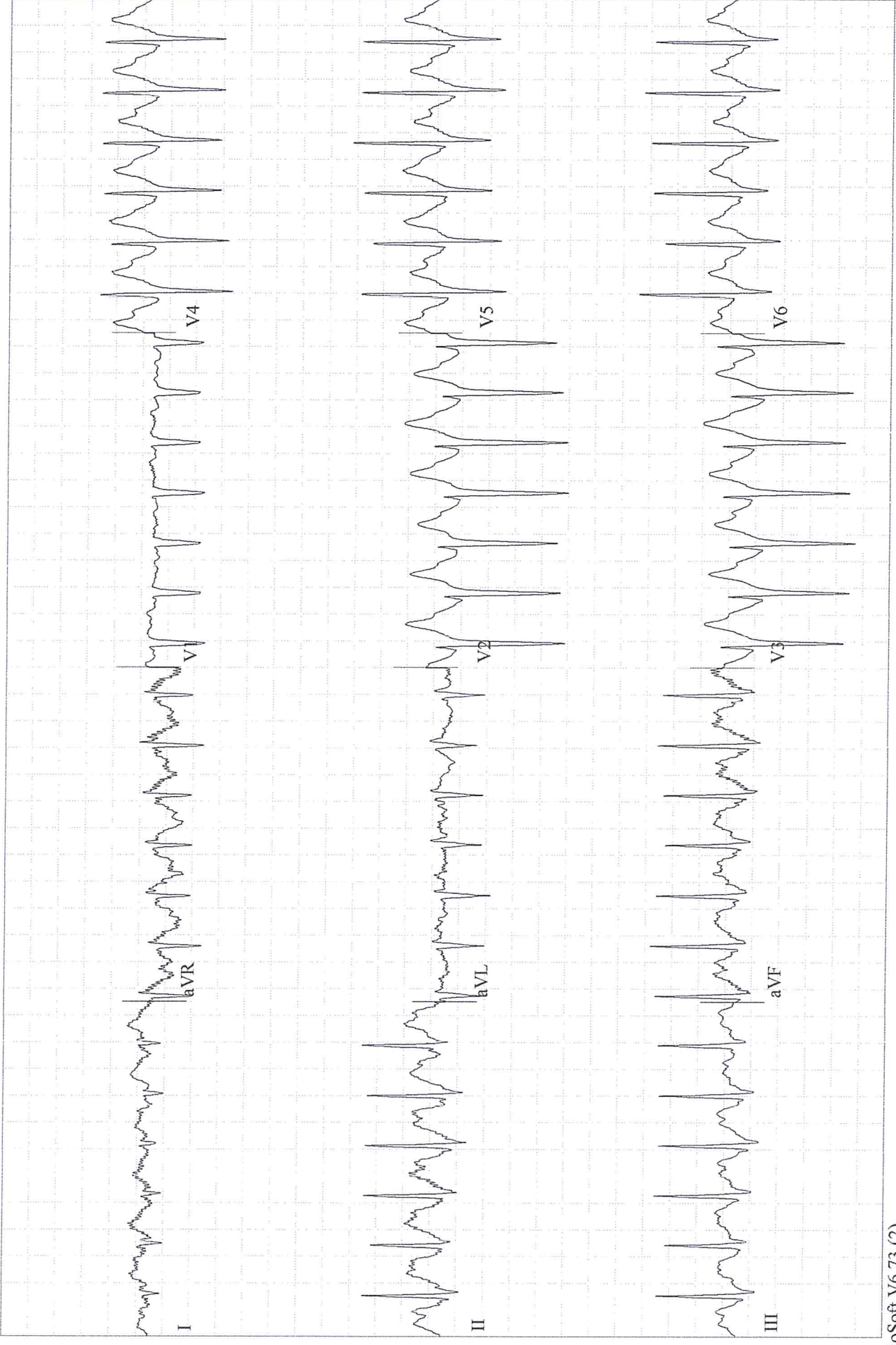






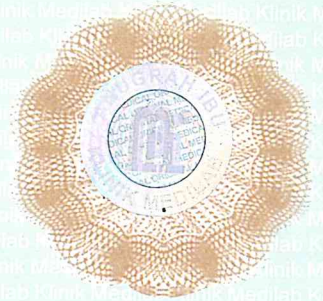








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HEALTH SCREENING REPORT

Preemployment Physical Examination

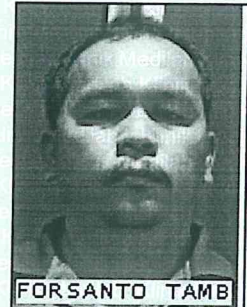
CONFIDENTIAL

No. Medical Record : 
00007/007/I/ISP/21

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PERSONAL DATA

Name : FORSANTO TAMBUN
 Birthday/Gender/Emp. ID : 18 October 1980 / Male / SP 20206
 Father's Name : BERNAD TAMBUN
 Address : KAV MANGSANG INDAH BLOK E NO 38, BATAM
 Occupation : TECH
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.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 : 80 Kg	Height : 162 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 30.48		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 125 / 76 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 90 / min		
(Should be at least 6/12 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LABORATORY TEST

(Report Enclosed)

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

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. ECG (if indicated)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Obese E66, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 97 cm, Lab: Alkaline Phosphatase R74.9 131 U/L MIE, SGPT R74.9 48 U/L MIE, GGT R74.9 85 U/L MIE, Total Cholesterol E78.0 241 mg/dl VHR, HDL E78.4 38 mg/dl BHR, LDL E78.4 174 mg/dl HR, Cholesterol Ratio E78 6.3 AR, Nuchter: Pre-Diabetes R73.01 109 mg/dl, Creatinine R79.89 0.7 mg/dl, Blood Count: ESR R70.0 20 mm/hr MIE, Lymphocytopenia D72.810 21.9%

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, Low Fat & Sugar Diet

Authentic Signature

Date of Exam : 12 January 2021




DR. REZGA AGNELA-VALBETRI



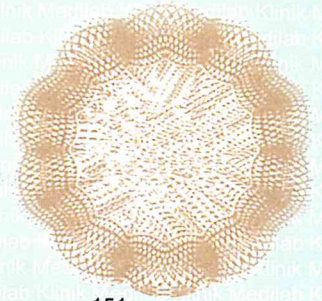
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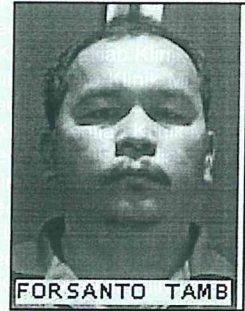
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HEALTH SCREENING REPORT


Preemployment Physical Examination

151



FORSANTO TAMBUN

CONFIDENTIAL

No. Medical Record : 
00007/007/I/ISP/21

PERSONAL DATA

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 Birthday/Gender/Emp. ID : 18 October 1980 / Male / SP 20206
 Father's Name : BERNAD TAMBUN
 Address : KAV MANGSANG INDAH BLOK E NO 38, BATAM
 Occupation : TECH
 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	15.6	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	8.6	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.06	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	*	20 mm/hr	M: 0 - 10	F: 0 - 20	
HCT	45.4	%	M: 40 - 52	F: 35 - 47	
PLT	260	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	*	21.9 %	25 - 40		
- MON		5.8 %	2 - 8		
- GRA		72.3 %	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	*	3.30 %	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)		1883 %	< 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
- Glucossa	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 : 12 January 2021



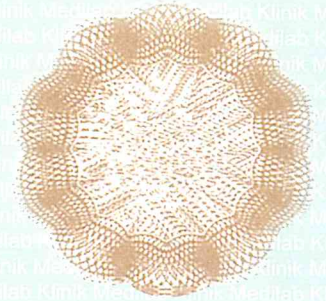
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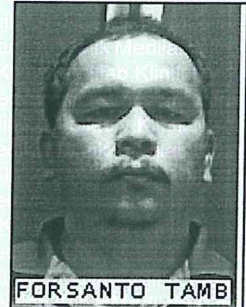
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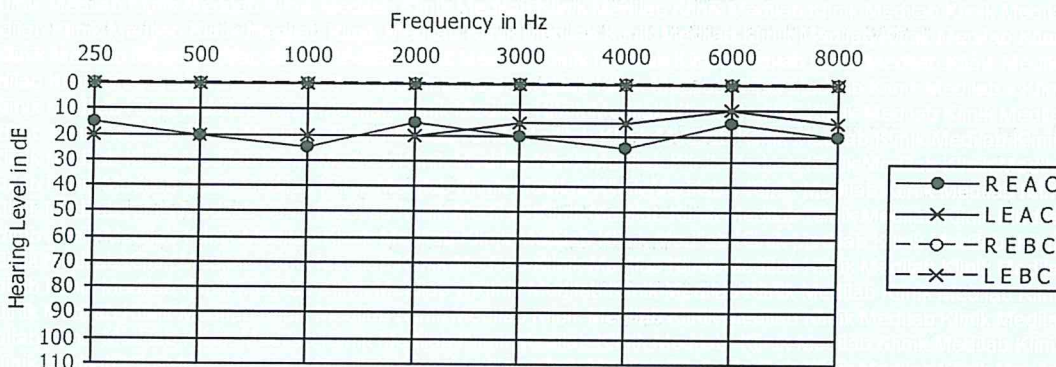
AUDIOMETRY REPORT

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

	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 : -5.63 %
L : -9.38 %
Hearing Handicap : -8.750 %
- Not a Noise Induced Hearing Loss

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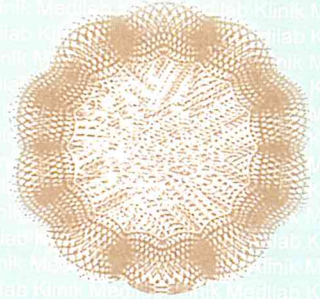
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HEALTH SCREENING REPORT

Preemployment Physical Examination

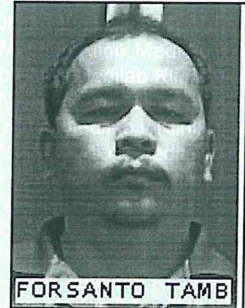
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LABORATORY REPORT

Test Name	Result	Unit	Reference Range
LIVER FUNCTION TEST			
Total Bilirubin	:	0.6 mg/dl	0.3 - 1.1
Direct Bilirubin	:	0.3 mg/dl	0.1 - 0.4
Indirect Bilirubin	:	0.3 mg/dl	0.2 - 0.7
Alkaline Phosphatase	:*	131 U/L	30 - 120
SGOT	:	16 U/L	M: <= 35 F: <= 31
SGPT	:*	48 U/L	M: <= 45 F: <= 34
Gamma GT	:*	85 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST			
Total Cholesterol	:*	241 mg/dl	<= 200
HDL - Cholesterol	:	38 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:*	174 mg/dl	50 - 140
Triglycerida	:	144 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	:*	6.3	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST			
Fasting	:*	109 mg/dl	< 100
2 hours PP	:	107 mg/dl	< 140
RENAL FUNCTION TEST			
Ureum	:	20 mg/dl	17 - 43
Creatinine	:*	0.7 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	:	6.8 mg/dl	M: 3.6 - 8.2 F: 2.3 - 6.1
SEROLOGI			
TPHA	:	Non Reactive	Non Reactive
HBsAg	:	Negative	Negative
Anti HBs	:	Negative	
URINE			
Cannabinoid	:	Negative	Negative
Methamphetamine	:	Negative	Negative
Opiates	:	Negative	Negative
Cocain	:	Negative	Negative
Amphetamine	:	Negative	Negative
Benzodiazepine	:	Negative	Negative

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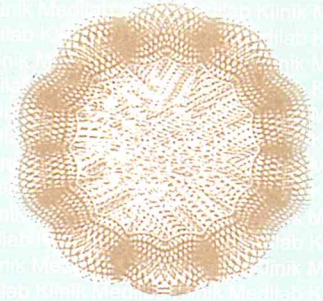
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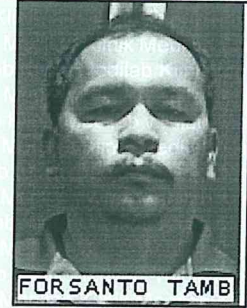
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FOR SANTO TAMB

LABORATORY REPORT

Test Name	Result Unit	Reference Range
OTHERS		
BUN	9.3 mg/dl	8 - 22

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