



REVIEW FORM MEDICAL CHECK UP

FILLED BY THE REQUESTOR

MCU Date **15/1/2021**

Pre employment Visitor Periodik Annual Others Post absence
 Project Jakarta Office Tangguh Operation
 BP Non BP /Contractor

Summary Examination

IDENTITY OF EMPLOYEE			
Name	RUDY ANAS	Gender	MALE
Nationality	INDONESIA	Date Of Birth	15.09.1982
Name of Company	ISP	Vantage Number	
Job Title	TEKNISI	Departemen	
Email address or Medical Certificate sent to : Monickmarions@cnp.com.cn / monickmarions@bpg.co.id			

THE LIST BELOW FILLED BY THE REVIEWER (BP DOCTOR)

HISTORY :

Smoker/non-smoker **6 stick/day**

PHYSICAL EXAMINATION

BMI : **22.14** UN /OV/OB BP: **139/89** Gr.I/Gr.II

PEMERIKSAAN SPESIFIK:

Spirometri	Audiometri	Treadmill
NA	NORMAL	NA

LABORATORIUM RESULT

HB : **15.2 gr/dl** SGOT/SGPT : **13/20 u/L** GDP : **96 mg/dl** **ND**

Chol : **152 mg/dl** HDL : **37 mg/dl** LDL : **60 mg/dl** TG : **273 mg/dl** LP **ND** M/Mod/S

Rontgen Thorax **NORMAL** ECG **NORMAL RESTING ECG**

OTHER EXAMINATIONS **SUSPECT RIGHT INGUINAL HERNIA R 40 g,**

SUMMARY : - ROMBERG TEST : ABNORMAL

RECOMMENDATION FROM SURGEON & NEUROLOGIST ARE ATTACHED.

STATUS FITNESS

Fit Fit With Restriction Temporary Unfit Unfit

Secara medis dinyatakan dapat bekerja untuk pekerjaan:

Medically suitable for task :

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

Attending Physician	KLINIK	
Signature	MEDILAB	
Review Date (dd/mm/yyyy)	Komplek Taman Niaga Suka Jadi Blok J No. JA-6 Batam Tel : 0778 - 7372022, 7372023 Fax : 0778 - 7372024 15/1/2021	

Guided by OHN, Nurse or Paramedic

dr. Rezga Agnela
Examining Physician



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
RUSDY ANAS	15 / 9 / 1982	TEKNIŠI

This Health Certificate is valid until: 14 / 1 / 2022

- Fit
- Fit with prescriptions and/or restrictions
- Unfit
- offshore
- onshore
- permanent
- temporary for months
- permanent
- temporary for months

Specify prescriptions and/or restrictions

FIT WITH NOTE

Rusdy Anas
Applicant's signature in the Doctor's presence

Batam 15 / 1 / 2021
Place 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. Rezga Agnela
Examining Physician

Employer must provide the personal protective equipment specific to the activity

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

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
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			
a) Measurements (to be taken in indoor clothing)			Height: 170 cm Weight: 64 Kg
b) Please describe general appearance and build:			BMI: 22.14 Kg/m ² Waist Circumference: 89 cm
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle			
<input type="checkbox"/>		<input checked="" type="checkbox"/>	
d) Is there any enlargement of lymph nodes or thyroid gland?			
<input type="checkbox"/>		<input checked="" type="checkbox"/>	
e) Are there any scars of material significance?			
<input type="checkbox"/>		<input checked="" type="checkbox"/>	
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: 139 / 87 Pulse Rate: 81x/mnt
<input type="checkbox"/>		<input checked="" type="checkbox"/>	
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			Suspect Right Inguinal Hernia K40.9
<input checked="" type="checkbox"/>		<input 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			E.N.T: Left Ear Cerumen H61.22, Left Pterygium Grade 1
<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Vision			
Far Vision			
Uncorrected	OD 6/7.5	OS 6/7.5	Color Vision
Corrected	OD -	OS -	Adequate <input checked="" type="checkbox"/>
			Defective
Near Vision			
OD J1	OS J1		
OD -	OS -		

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	15.2 gr/dl	10) MCV (*)	19) HDL Cholesterol	37 mg/dl
2) RBC	4.63 x 10 ⁶ /mm ³	11) MCM (*)	20) LDL Cholesterol	60 mg/dl
3) ESR	1 mm/hr	12) MCHC (*)	21) Triglycerides	273 mg/dl
4) WBC	7.1 x 10 ³ /mm ³	13) Platelet	22) Total Bilirubine	0.7 mg/dl
5) Neutrophils		14) Reticulocyte (*)	23) Direct Bilirubin	0.3 mg/dl
6) Lymphocytes	21.2 %	15) Hematocrit	24) AlkalinePhosphatase	129 u/L
7) Monocytes	7.2 %	16) Glycemia	25) AST (SGOT)	13 u/L
8) Eosinophils		17) Blood Urea	26) ALT (SGPT)	20 u/L
9) Basophils		18) Total Cholesterol	27) Gamma GT	20 u/L
				152 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: 5, 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:14-Jan-2022

I have examined Mr./Mrs. RUSDY ANASand found him/her (tick the box)

FIT for (offshore/onshore) duty UNFIT for duty Pending
 With Restriction Recommendation From Surgeon & Neurologist Are Attached

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

Date: 15-Jan-2021

dr. Rezga Agnela
 Examining Physician

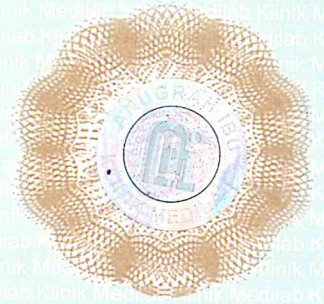


Management System
ISO 9001:2015
www.tuv.com
ID 9105042627

KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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



HEALTH SCREENING REPORT

Preemployment Physical Examination

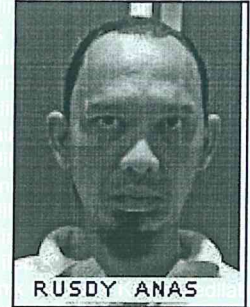
153

CONFIDENTIAL

No. Medical Record : 
00009/009/I/ISP/21

PERSONAL DATA

Name : RUSDY ANAS
 Birthday/Gender/Emp. ID : 15 September 1982 / Male /
 Father's Name : ALI NASRUL
 Address : PERUM TRB 3 BLOK G NO 43 SEKUPANG, BATAM
 Occupation : TEKNISI
 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 : 64 Kg	Height : 170 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 22.14		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 139 / 87 mm Hg		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(Should be at least 6/12 in both eyes with or without glasses)				
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(Should be at least J2 in both eyes with or without glasses)				
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(Unable to hear ordinary conversation at 2 m)				
		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. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<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: Myopia H52.1 R:6/7.5, L:6/7.5 MIM, E.N.T: Left Ear Cerumen H61.22, Visual Field Test: Normal, Romberg Test: Abnormal, Waist Circumference: 89 cm, Suspect Right Inguinal Hernia K40.9, Left Pterygium Grade 1 H11.002, Lab: Alkaline Phosphatase R74.9 129 U/L MIE, HDL E78.4 37 mg/dl BHR, Triglyceride E78.1 273 mg/dl HR, Cholesterol Ratio E78 4.1 AR, Urea R79.89 14 mg/dl, Blood Count: Lymphocytopenia D72.810 21.2%

CERTIFICATION

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

ADVICE :

Ear Hygiene, Avoid Sun Light & Wear Protection Glasses, Low Fat Diet, Avoid Lifting Heavy Object & Work at Height

*NOTE: RECOMMENDATION FROM SURGEON & NEUROLOGIST ARE ATTACHED

Authentic Signature


KLINIK MEDILAB
BATAM

Date of Exam : 15 January 2021



DR. REZGA AGNELA VALBETRI



Attachment Surgeon-1

CONSULT LETTER

(Surat Konsul)

CL#7

Rev: 00

Dear dr....., thank you for referring me your patient:
(Kepada teman sejawat dr....., terima kasih sudah merujuk pasien sejawat)

Name (Nama)	RUSDY ANAS	Occupation (Pekerjaan)	TEKNISI
Age (Usia)	38 YO	For (Selama)	----- years (tahun)
Gender (Jenis kelamin)	MALE	Reason for Referral (Alasan Merujuk)	Suspect Right Inguinal Hernia K40.9

On General Examination today (Pemeriksaan Umum):

1/2 inguinal et strukt A: Massa kempal inguinal de Valsava test (+)

Laboratory Test (Pemeriksaan Laboratorium):

Laboratory or Other Test (If needed) (Pemeriksaan Lainnya):

Diagnose (Diagnosa):

Hernia inguinalis beltva (Struktars Repomible)

(Is there any risk of strangulation?) (Apakah ada resiko strangulasi?)

Treatment/Procedure (Kegobatan/Tindakan):

terapi: Herniorafi

Suggestion (Saran):

Saat ini tidak ada tanda strangulasi
(Are there any effects on the patient's ability to carry out their normal assigned tasks?)
(Apakah ada efek terhadap kemampuan pasien untuk melakukan tugas sesuai pekerjaannya?)

The patient with hernia of low risk should be given a time restricted certificate while awaiting surgical assessment and repair if appropriate.
(Pasien dengan hernia resiko rendah harus diberikan sertifikat dengan jangka waktu yang dibatasi sambil menunggu penilaian bedah dan perbaikan jika sesuai)

Batam,

Yours Sincerely,

(Salam Sejawat)

Dr. dr. Samuel Anas Gregor Sp.B



Attachment Neurologist -

CONSULT LETTER

(Surat Konsul)

CL#9

Rev: 00

Dear dr....., thank you for referring me your patient:
(Kepada teman sejawat dr....., terima kasih sudah merujuk pasien sejawat)

Name (Nama)	RUSDY ANAS	Occupation (Pekerjaan)	TEKNISI
Age (Usia)	38 YO	For (Selama)	----- years(tahun)
Gender (Jenis Kelamin)	MALE	Reason for Referral (Alasan Merujuk)	Romberg Test: Abnormal

On General Examination Today (Pemeriksaan Umum)

KG 11. N. Cranial N. normal. N. - normal. N. - N. 550. N.
Test Gordon - Romberg abnormal. Gait Normal

Laboratory Test (Pemeriksaan Laboratorium)

Laboratory other test (if needed) (Pemeriksaan lainnya)

Diagnose (Diagnosa)

Demam Gigitan

Treatment/Procedure (Pemeriksaan/ tindakan)

Bedah. 3x

(If there is a medicine given, is there any side effect of medication?)(Jika ada pengobatan yang diberikan, apakah ada efek samping dari pengobatan tersebut?)

SUGGESTION (Saran)

(Are there any effects on the patient's ability to carry out their normal assigned tasks?)(Apakah ada efek terhadap kemampuan pasien untuk melakukan tugas sesuai pekerjaannya?)

Batam, 29/1/2021

Yours Sincerely,
(Salut Sejawat)

Dr.....

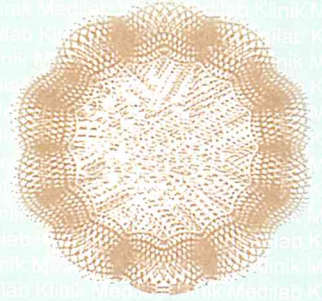


Management System
ISO 9001:2015
www.tuv.com
ID 9105042627



PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

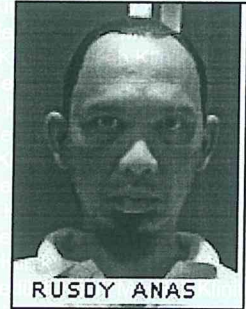
Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : RUSDY ANAS
DOB/Gender/Emp. ID: 15 September 1982 / Male /
Address : PERUM TRB 3 BLOK G NO 43 SEKUPANG, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



RUSDY ANAS

Distant Vision Acuity (Snellen Chart)	Near Vision Acuity
Right Eye: 6/7.5 Without Glasses Left Eye : 6/7.5 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, 15 January 21

Place, Date of eye examination



Official Stamp of Medical Practitioner



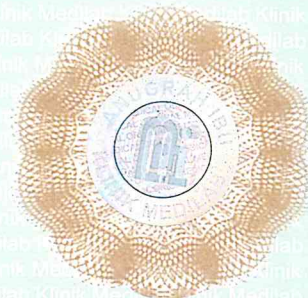
Management System
ISO 9001:2015

www.tuv.com
ID 9105042627

KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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



HEALTH SCREENING REPORT

Preemployment Physical Examination

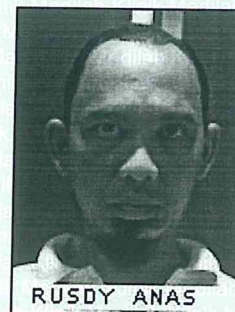
CONFIDENTIAL

No. Medical Record : 
00009/009/I/ISP/21

153

PERSONAL DATA

Name : RUSDY ANAS
Birthday/Gender/Emp. ID : 15 September 1982 / Male /
Father's Name : ALI NASRUL
Address : PERUM TRB 3 BLOK G NO 43 SEKUPANG, BATAM
Occupation : TEKNISI
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



RUSDY ANAS

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 : 64 Kg	Height : 170 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 22.14		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 139 / 87 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 81 / 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. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input checked="" 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: Myopia H52.1 R:6/7.5, L:6/7.5 MIM, E.N.T: Left Ear Cerumen H61.22, Visual Field Test: Normal, Romberg Test: Abnormal, Waist Circumference: 89 cm, Suspect Right Inguinal Hernia K40.9, Left Pterygium Grade 1 H11.002, Lab: Alkaline Phosphatase R74.9 129 U/L MIE, HDL E78.4 37 mg/dl BHR, Triglyceride E78.1 273 mg/dl HR, Cholesterol Ratio E78 4.1 AR, Urea R79.89 14 mg/dl, Blood Count: Lymphocytopenia D72.810 21.2%

CERTIFICATION

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

ADVICE :

Ear Hygiene, Consultation to Surgeon & Neurologist, Avoid Sun Light & Wear Protection Glasses,
Low Fat Diet

Authentic Signature



Date of Exam : 15 January 2021



DR. DEZCA AGNELA MAURETA

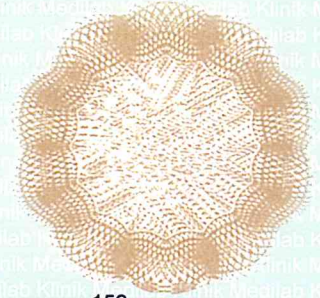


Management System
ISO 9001:2015
www.tuv.com
ID 9105042627

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

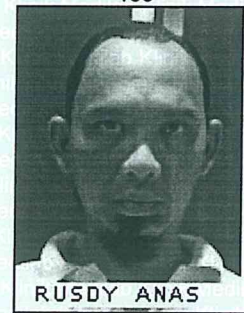
Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00009/009/I/ISP/21

PERSONAL DATA

Name : RUSDY ANAS
Birthday/Gender/Emp. ID : 15 September 1982 / Male /
Father's Name : ALI NASRUL
Address : PERUM TRB 3 BLOK G NO 43 SEKUPANG, BATAM
Occupation : TEKNISI
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



153

RUSDY ANAS

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	15.2	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	7.1	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	4.63	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	1	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	43.1	%	M: 40 - 52	F: 35 - 47	
PLT	225	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	*	21.2 %	25 - 40		
- MON		7.2 %	2 - 8		
- GRA		71.6 %	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	*	3.37 %	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)		1505 %	< 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
- 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 : 15 January 2021



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

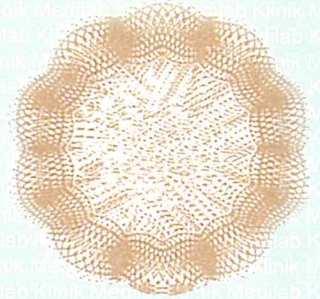


Management System
ISO 9001:2015
www.tuv.com
ID 9105042627



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

Preemployment Physical Examination

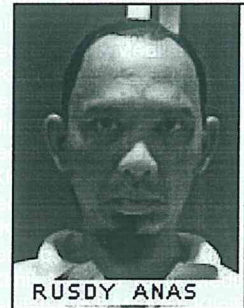
CONFIDENTIAL

No. Medical Record : 
00009/009/1/ISP/21

153

PERSONAL DATA

Name : RUSDY ANAS
 Birthday/Gender/Emp. ID : 15 September 1982 / Male /
 Father's Name : ALI NASRUL
 Address : PERUM TRB 3 BLOK G NO 43 SEKUPANG, BATAM
 Occupation : TEKNISI
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



RUSDY ANAS

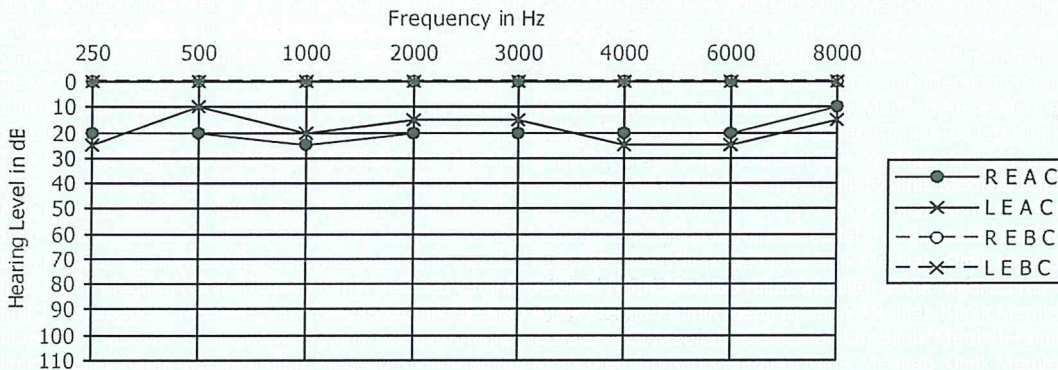
AUDIOMETRY REPORT

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	0.0 years	

Medical History/Examination

	Yes	No	If Yes, which ear	Left	Right
- Ear Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Head/Ear Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ears Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ear Drum Perforation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ear Cerumen	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>



Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -5.63 %
L : -11.25 %
Hearing Handicap : -10.313 %
- Not a Noise Induced Hearing Loss

Date of Exam : 15 January 2021



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

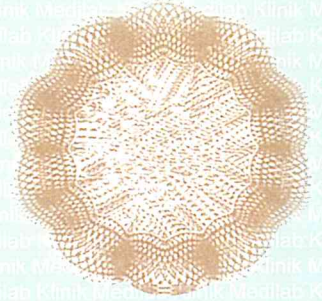


Management System
ISO 9001:2015
www.tuv.com
ID 9105042627

M^oKLINIK 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



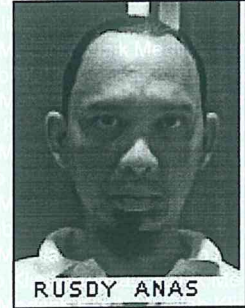
HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00009/009/I/ISP/21

153



PERSONAL DATA

Name : RUSDY ANAS
Birthday/Gender/Emp. ID : 15 September 1982 / Male /
Father's Name : ALI NASRUL
Address : PERUM TRB 3 BLOK G NO 43 SEKUPANG, BATAM
Occupation : TEKNISI
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
LIVER FUNCTION TEST			
Total Bilirubin	:	0.7 mg/dl	0.3 - 1.1
Direct Bilirubin	:	0.3 mg/dl	0.1 - 0.4
Indirect Bilirubin	:	0.4 mg/dl	0.2 - 0.7
Alkaline Phosphatase	:*	129 U/L	30 - 120
SGOT	:	13 U/L	M: <= 35 F: <= 31
SGPT	:	20 U/L	M: <= 45 F: <= 34
Gamma GT	:	20 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST			
Total Cholesterol	:	152 mg/dl	<= 200
HDL - Cholesterol	:	37 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:	60 mg/dl	50 - 140
Triglycerida	:*	273 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	:*	4.1	M: < 3.4 F: < 3.3
FOOD SUGAR TEST			
Glucose (Fasting)	:	96 mg/dl	< 100
RENAL FUNCTION TEST			
Ureum	:*	14 mg/dl	17 - 43
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

Date of Exam : 15 January 2021



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



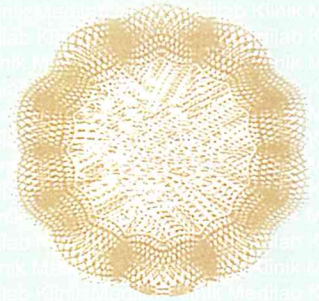
Management System
ISO 9001:2015

www.tuv.com
ID 9105042627



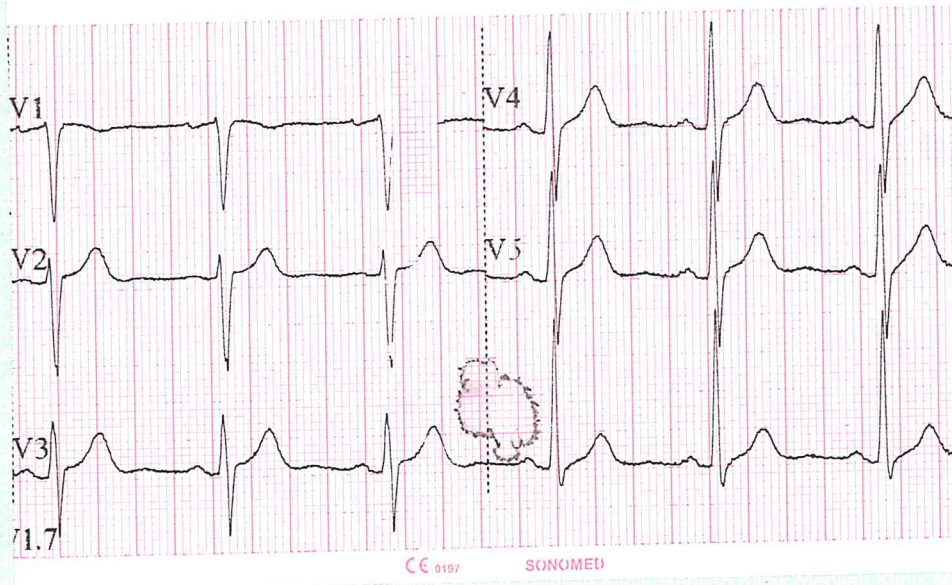
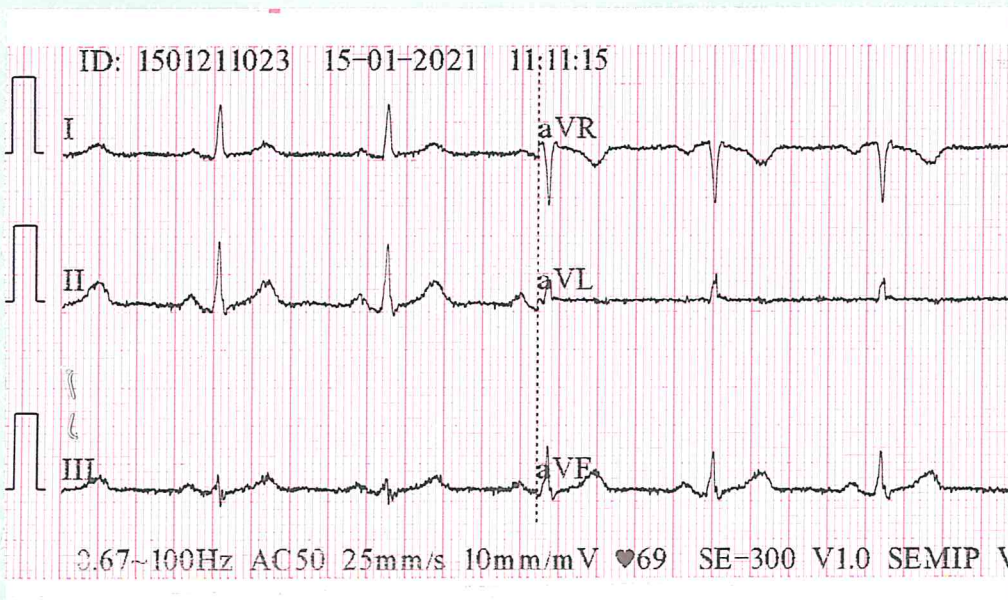
PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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



ELECTROCARDIOGRAM INTERPRETATION (REŞTING)

Name : RUSDY ANAS
Age : 38 Years
Gender : Male
Place/Date : BATAM/15 January 2021
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG
ADVICE :
EXAMINER :



dr. REZGA AGNELA VALBETRI
Examining Physician