

RAHASIA



## PT. Inspektindo Sinergi Persada

### HEALTH AND MEDICAL CHECK UP

No. 0015/MCU-SHBP/IX/2017

Nama : Leo Rante, Tn  
Tanggal Lahir : 15 Februari 1983  
Jenis Kelamin : Male  
S/N :  
Jabatan / Posisi : Lifting Inspector Specialist

Tanggal MCU : 07 September 2018

Dilakukan oleh : dr. Linda Uli Natalisa  
dr. Santoso Suhendro, SP. Rad  
dr. M. Iqbal, Sp. JP  
dr. Rizqa Kharisma, Sp. P  
dr. Maranatha L. B, Sp. THT – KL  
dr. Christiana Sp. M

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RAHASIA

## HEALTH AND MEDICAL CHECK UP

No. 0015/MCU-SHBP/IX/2018

Kepada : Leo Rante, Tn Umur/ Tanggal 36 tahun 15 Feb 1983 Male  
Dept : PT. Inspektindo Sinergi Persada

Berikut adalah hasil pemeriksaan Medical Check Up yang telah dilaksanakan pada tanggal **07 September 2018**

- TEMUAN**
1. BMI : 26,03 kg/m ( Overweight ).
  2. Laboratorium DL : Kolesterol, LDL tinggi, HDL rendah.
  3. Laboratorium UL : BJ rendah.
  4. EKG : Sinus Bradicardia.

CATEGORY	NOTE
1A	Fit, tidak dijumpai problem kesehatan
1B	Fit, dijumpai problem kesehatan yang tidak serius
2	Fit, dengan problem kesehatan yang dapat menjadi serius - Kelompok resiko rendah
3A	Dengan problem kesehatan yang dapat menjadi serius - Kelompok resiko sedang
3B	Dengan problem kesehatan yang dapat menjadi serius - Kelompok resiko tinggi
4	Unfit, dengan keterbatasan fisik untuk melakukan pekerjaan secara normal, hanya cocok untuk pekerjaan ringan
5	Unfit, sedang sakit, perawatan rumah sakit atau dalam kondisi yang tidak memungkinkan untuk melakukan pekerjaan (status ijin sakit)

### KESIMPULAN

**FIT** sebagai Lifting Insp. Specialist di Lokasi Kerja PT. Inspektindo Sinergi Persada

- SARAN**
1. Turunkan berat badan dengan cara rutin berolahraga.
  2. Hindari makanan tinggi karbohidrat, dan tinggi kolesterol.
  3. Konsultasi ke Dokter Spesialis Penyakit Dalam untuk evaluasi hasil laboratorium adanya dislipidemia

Berlaku : **07 September 2019**

Bila masih ada hal yang perlu diperjelas, mohon segera menghubungi Dokter Pemeriksa. Terimakasih atas kerjasamanya

Dokter Pemeriksa,

  
dr. Linda Uli Natalisa

Medical Department

**HEALTH AND MEDICAL CHECK UP**

**PHYSICAL EXAMINATION**

<b>Name</b>	Leo Rante, Tn	<b>S/N</b>		<b>DEPT</b>	Inspektindo Sinergi Persa
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**I. GENERAL CONDITION**

<b>Blood Pressure (mmHg)</b>	100/70	<b>Pulse (x/mnt)</b>	60	<b>Respiration (x/mnt)</b>	20	<b>Temp (°C)</b>	37
<b>Weight (kg)</b>	70	<b>Height (cm)</b>	164	<b>BMI (kg/m<sup>2</sup>)</b>	26.03	<b>Waist (cm)</b>	0

\* BMI = W / H<sup>2</sup> (Underweight = < 18-25, Overweight 25-30, Obese >30)

**II. PHYSICAL**

No	PHYSICAL	A = ABNORMAL N = NORMAL	A	N	Describe abnormalities in detail
					(circle words of importance and explain)
1	GENERAL APPEARANCE	Appearance age/nutritional/development/mental & emotional status/Posture/Gait/Speech		N	-
2	HEAD/SCALP	Size/Shape/Tender over sinuses/Hair/Eruption		N	-
3	EYES	Conjunctiva/Sclera/Cornea/Pupils/Ptosis/Tension/Eyelid/Bruit/Reflex/Range of Movement		N	-
4	EARS	Ext. canal/Membran perforation/Discharge/tophi/Hearing problem/Mastoids		N	-
5	NOSE/SINUSES	Septum/obstruction/turbinates/discharges		N	-
6	MOUTH/THROAT	Odor/Lips/Tongue/Tonsils/Gums/Pharynx		N	-
7	TEETH	Caries ☉, filling (F), Missing (M), Radix ☉		N	-
8	NECK	Adenopathi/Thyroid/Carotids/Trachea/Veins/Mass/Spine/Motion/Bruit		N	-
9	BACK/SPINE	Kyphosis/Scoliosis/Lordosis/mobility/CVA/Bone/Tenderness/other deformities		N	-
10	THORAX	Symmetry/movement/countour/tender		N	-
11	BREAST	Size/cosistency/Nipples/areolar/discharge/palpable mass/tenderness/nodes/scars		N	-
12	HEART	Rate/rhythm/apical/impulse/Trills/quality of sound/intensity/splitting/extra sound/murmurs		N	-
13	CHEST / LUNG	Excursion/dullness or hyper - resonance of percussion/Quality of breath sound/rales/wheezing/ronchi/bruit		N	-
14	ABDOMEN	Bowel sounds/appearance/liver/spleen/masses/Hemias,murmur/countour/tenderness/bruit/nodes		N	-
15	GROIN	Hernia/inguinal nodes/femoral pulses		N	-
16	MALE GENITAL	Penis/testis/scrotum epididymis/varicocele/scars/Discharge/circumcised/piercing		N	-
17	FEMALE GENITAL	Vulva/vagina/Cervix/Uterus/adnexae/rectocele/Bartholini gland/urethra/discharge			-
18	EXTREMITIES	Deformity/clubbing/cyanosis/edema/nail/periperal pulses/calf tenderness/joints for swelling/ROM		N	-
19	JOINTS	ROMS/swelling/inflammation/Deformity		N	-
20	SKIN	Color/birthmark/scars/tatoos/texture/rash/eczeme/ulcers/piercing		N	-
21	NEUROLOGICAL	Reflexes/cranial nerve/tremor/paralysis/motoric/sensoric(touch,prick,vibrate)/coordination/romberg		N	-
22	MUSCULAR SYSTEM	Strength/wasting/development		N	-
23	RECTAL EXAM	Sphincter tone/hemorrhoids/fissure/masses/prostate		N	-

**SUPPORTIVE INVESTIGATIONS**

Name

Leo Rante, Tn

**I. VISION**

Vision	Unaided		With spectacles		Night	Colour Blindness	
	Left	Right	Left	Right		<input type="checkbox"/> Normal	
Distant	6/6	6/6	6/6	6/6		<input type="checkbox"/> Red - Green Absent	
Near	20/20	20/20	20/20	20/20		<input type="checkbox"/> Colour Blind	
Visual fields (normal > 70°)			Left	-		Right	-
COMMENT :							

**II. LABORATORIUM SUMMARY**

<input type="checkbox"/> Normal	COMMENT :	Laboratorium DL : Kolesterol, LDL Tinggi, HDL Rendah. → Laboratorium UL : BJ rendah.
<input checked="" type="checkbox"/> Abnormal		

**III. CHEST X-RAY**

Pneumoconiosis	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes - ILO Classification	-	
Evidence of TB	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other Abnormalities	-	
COMMENT :		

**IV. ECG (Optional for over 35 years of age)**

See attached result

<input type="checkbox"/> Normal	COMMENT :	Sinus Bradicardia
<input checked="" type="checkbox"/> Abnormal		

**V. TREADMILL (Optional for over 40 years of age)**

See attached result

<input checked="" type="checkbox"/> Normal	COMMENT :	Response ischemic negative
<input type="checkbox"/> Abnormal		

**VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease,...)**

Test	Predicted	Observed	Percentage	
VC	4,37	3,96	91	%
FVC	4,20	4,11	98	%
FEV <sub>1</sub>	3,55	3,37	95	%
FEV <sub>1</sub> /FVC	80,8	81,9	101	%
COMMENT : Dalam batas normal				

**VII. AUDIOMETRY (Optional for noise exposure, previous hearing problem)**

See attached result

CONCLUSION	Change since last audiometric examination	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Normal	If Yes, what change :	-	
<input type="checkbox"/> Abnormal	Recommended action :	-	
Refer to safety department :		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**VIII. USG**

COMMENT :	Dalam batas normal
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# MCU

Medical Check Up

No. Rekam Medis : \_\_\_\_\_  
Nama : LEO RANTE  
Perusahaan : PT. INSPEKTINDO SINERGI PERSADA  
Jabatan / Posisi : LIFTING INSPECTOR SPECIALIST  
Tanggal MCU : SEPTEMBER 07, 2018

Medical Check Up Department

**HEALTH SURVEILLANCE**

Isilah formulir ini dengan sebenarnya dan selengkap-lengkapny. Apabila ada hal-hal yang kurang dipahami segera hubungi dokter atau perawat

**IDENTITAS PEGAWAI**

- 1. Posisi : **LIFTING INSPECTOR SPECIALIST**
- 2. Status : (1) Belum Kawin (2) Kawin (3) Janda (4) Duda (5) Cerai
- 3. Jumlah anak : Anak laki-laki : **2** Orang, Anak Perempuan : **1** Orang
- 4. Alamat sekarang : **PERUMAHAN BATAKOH MAS Blok G No.55 RT65  
KEL. MANGGAR - KEC BPP. TIMUR**  
Telpon : **081256519653**
- 5. No. Extension Telpon. : Kantor : **0778326103** Kamar (untuk lapangan) :

**HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN**

No	Posisi	Lama kerja	Perusahaan	Lama paparan dalam jam/hari					
				Bising	Kimia	Debu	Radiasi	Ergonomi	Lain-lain
1	LIFT INSPECTOR	5 TAHUN	PT. FRANKLIN	-	-	-	-		
2	LIFTING SPECIALIST	5 TAHUN	PT. INSPECTOR	-	-	-	-		

**HANYA UNTUK KARYAWAN : RIWAYAT PEKERJAAN**

Tuliskan lama kerja pada masing-masing tempat kerja yang sesuai dengan posisi anda. Jumlah jam harus sesuai dengan lama kerja anda dalam sehari.

- 1. Office : **4** jam/hari
- 2. Warehouse : **-** jam/hari
- 3. Workshop : **4** jam/hari
- 4. Process area : **-** jam/hari
- 5. Well/Offshore : **-** jam/hari

**PETUNJUK PENGISIAN : ISILAH NOMOR YANG SESUAI DENGAN JAWABAN ANDA PADA KOTAK JAWABAN YANG TELAH TERSEDIA DISAMPING KANAN. JANGAN MELINGKARI ATAU MENCORET PILIHAN JAWABAN**

**RIWAYAT KESEHATAN**

1. Selama 1 tahun terakhir ini, apakah anda pernah sakit :

- a. Tekanan darah tinggi 1. Ya 2. Tidak  2
- b. Tekanan darah rendah 1. Ya 2. Tidak  2
- c. Jantung 1. Ya 2. Tidak  2
- d. Stroke 1. Ya 2. Tidak  2
- e. Kencing Manis 1. Ya 2. Tidak  2

## KEBIASAAN MEROKOK

01. Apakah Anda pernah merokok ? 1. Ya 2. Tidak  2  
*bila tidak langsung ke alkohol*
02. Sejak umur berapa Anda mulai merokok untuk pertama kalinya ?
03. Apakah saat ini anda merokok ? 1. Ya, setiap hari   
2. Ya, tidak setiap hari   
3. Tidak - *bila tidak tangsung ke no. 12*
04. Berapa banyak rokok yang Anda isap setiap harinya ?
05. Jenis rokok apa yang Anda isap ? (DITULIS MEREK) 1. Kadar nikotin rendah   
2. Kadar nikotin sedang   
3. Kadar nikotin tinggi
06. Seberapa sering anda menghisap dalam-dalam asap rokok ? 1. Tidak pernah   
2. Kadang-kadang   
3. Selalu
07. Berapa menit sehabis bangun tidur Anda mulai merokok ?
08. Apakah anda lebih banyak merokok dalam 2 jam pertama di pagi hari ? 1. Ya 2. Tidak
09. Apakah sulit untuk tidak merokok di tempat yang di larang merokok ? 1. Ya 2. Tidak
10. Apakah anda tetap merokok di saat anda sedang sakit ? 1. Ya 2. Tidak
11. Dalam satu hari rokok manakah yang sulit di lewatkan ? *Dari no. 11 langsung ke pertanyaan alkohol* 1. Rokok pertama di pagi   
2. Rokok lainnya
12. Sudah berapa lama Anda berhenti merokok ? (tahun)

## KONSUMSI ALKOHOL

01. Apakah Anda pernah minum minuman beralkohol ? 1. Ya 2. Tidak  2  
*bila tidak langsung ke olahraga*
02. Apakah Anda minum minuman beralkohol dalam 12 bulan terakhir ? 1. Ya 2. Tidak   
*bila tidak langsung ke olahraga*
03. Apakah Anda minum minuman beralkohol dalam 4 minggu terakhir ? 1. Ya 2. Tidak   
*bila tidak langsung ke olahraga*
04. Berapa kali anda minum minuman beralkohol dalam sebulan ?
05. Berapa banyak minuman beralkohol yang Anda habiskan tiap kalinya ? (diperkirakan dlm satuan cc)

03. Berapa jumlah kehamilan yang pernah dialami (termasuk kehamilan saat ini) ?

04. Berapa jumlah keguguran yang pernah dialami ?

05. Kapan hari pertama haid terakhir Anda ?   /   /

06. Berapa umur Anda pada saat haid pertama ?

07. Berapa banyak darah pada saat Anda haid ? 1. Banyak 2. Sedikit

08. Apakah dalam satu tahun terakhir pola haid Anda teratur ? 1. Ya 2. Tidak

09. Apakah ada rasa sakit yang berhubungan dengan haid ? 1. Ya 2. Tidak

10. Apakah Anda sering menderita keputihan ? 1. Ya 2. Tidak

### KELUARGA BERENCANA

01. Apakah keluarga Anda mengikuti Keluarga Berencana ? 1. Ya 2. Tidak   
*bila tidak langsung ke vaksinasi*

02. Bila YA, metode KB apa Anda gunakan ? 1. Kondom 2. Pil 3. Suntik 4. Susuk 5. IUD 6. Vaksetomi 7. Tubektomi 8. Lainnya

### RIWAYAT VAKSINASI

01. Apakah Anda pernah mendapatkan vaksinasi Tetanus ? 1. Ya 2. Tidak 3. Tidak tahu

02. Apakah Anda pernah mendapatkan vaksinasi Hepatitis ? 1. Ya 2. Tidak 3. Tidak tahu

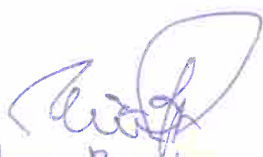
### DONOR DARAH

01. Bersediakah Anda mendonorkan darah bila diperlukan ? 1. Ya 2. Tidak

02. Kapan Anda melakukan donor darah terakhir ?   /   /

Formulir tersebut diatas telah saya isi dengan benar dan sesungguhnya

Balikpapan, 07/09 2018  
Nama dan tanda tangan karyawan

  
( Leo Raute )



NAME \_\_\_\_\_  
 30/JUL/2018 AM 10:32  
 R 15 mmHg 14 15 AVG 15  
 L 14 14 14 14  
 CT-8D TOPCON

# Siloam Hospitals

SH <span style="border: 1px solid black; padding: 2px;">Berkas pasien</span>  <b>FORMULIR PEMERIKSAAN MATA</b> <b>EYE EXAMINATION FORM</b>	<b>IDENTITAS PASIEN</b> Tu. leo Rante
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Mata Kanan (Right Eye)	Parameter	Mata Kiri (Left Eye)
6/6	Visus (Visual acuity)	6/6
-	Koreksi (Correction)	-
20/20	Adisi (Addition)	20/20
	Gerakan Bola Mata (Eye movement)	
	Kesegarisan (Alignment)	
	Kelopak Mata (Eyelid)	
	Konjungtiva (Conjunctiva)	
	Kornea (Cornea)	
Normal	Bilik Mata Depan (COA)	Normal
	Pupil	
	Iris	
	Lensa (Lens)	
	Vitreous	
	Fundus	
15	TIO	19
	Lapang Pandang (Visual field)	
	Persepsi Warna (Color perception)	

Kesimpulan: ops. presbiopia <sup>CR</sup> Emmetropia

DPN 7/19/20 CR  
 \_\_\_\_\_  
 Nama dokter & tanda tangan  
 Doctor's name & signature

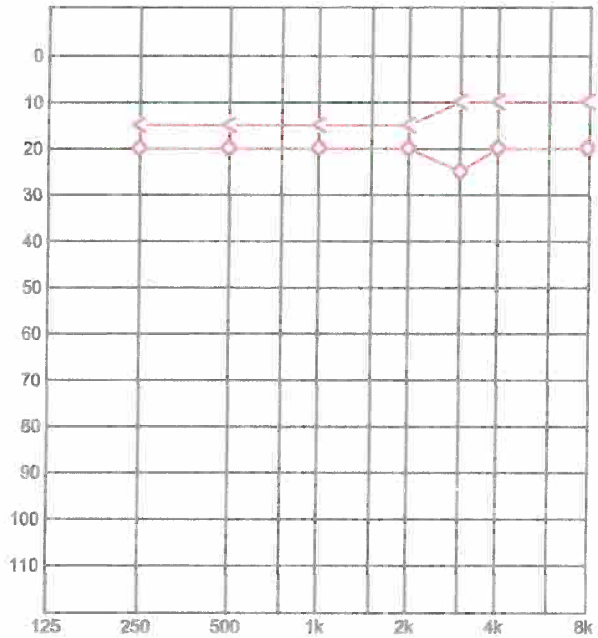
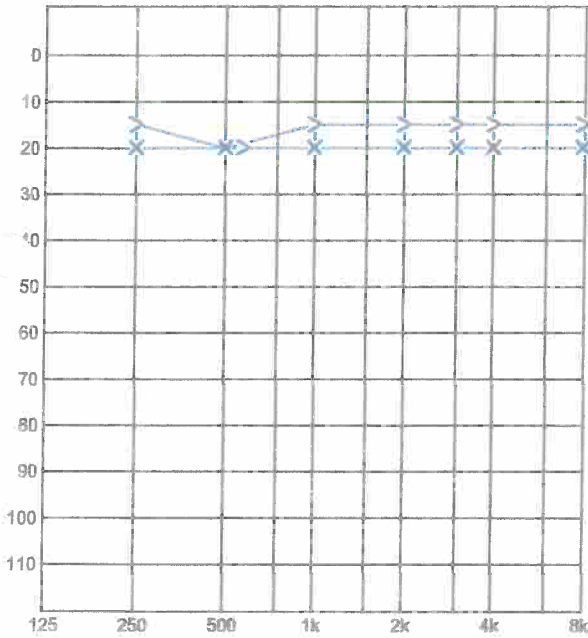
SH

Tn. Leo.

**HASIL PEMERIKSAAN AUDIOMETRI  
AUDIOMETRY REPORT**

No. Rekam Medik (Medical Record)  
Left Ear PTA 20 dBHL

Right Ear PTA 20 dBHL



**Telinga Kanan**

Frekuensi	250	500	1000	2000	3000	4000	6000	8000	Rata-rata
AC (dB)									
BC (dB)									

**Telinga Kiri**

Frekuensi	250	500	1000	2000	3000	4000	6000	8000	Rata-rata
AC (dB)									
BC (dB)									

**Kesimpulan (Conclusion)**

*dalam batas normal.*

**Rekomendasi (Recommendation)**

*7/9/1* .....20 *P*

Nama dokter & tanda tangan  
Doctor's name & signature

SH

**HASIL PEMERIKSAAN SPIROMETRI**  
**SPIROMETRY REPORT**

No. Rekam Medik (*Medical Record*)

Nama (Name)

M Leo Rante

Jenis Kelamin (Sex)

Laki-laki

Usia (Age)

35 tahun

Tinggi Badan (*Height*)

164 cm

Berat Badan (*Weight*)

70 kg

Perusahaan (*Company*)

Inspektindo

**ANAMNESIS**

Keluhan (*Complaint*)

Kebiasaan Merokok (*Smoking*)

Riwayat Asthma (*Asthma*)

Parameter	Pengukuran ( <i>Measurement</i> )	Prediksi ( <i>Predicted</i> )	% Prediksi ( <i>% Predicted</i> )
VC	3960	4370	91%
FVC	4110	4200	98%
FEV <sub>1</sub>	3370	3550	95%
FEV <sub>1</sub> /FVC	8190	8090	101%

\* Nilai prediksi di hitung berdasarkan nilai prediksi orang Indonesia (PPI)

**Kesimpulan (*Conclusion*)**

- Restriksi Ringan / Sedang / Berat  
 Obstruksi Ringan / Sedang / Berat  
 Restriksi & Obstruksi Ringan / Sedang / Berat

*Kesimpulan.*

*- Normal Spirometri*

**Rekomendasi (*Recommendation*)**

..... 7/g ..... 2018

*[Signature]*  
*& Rizqa SPP*

Nama dokter & tanda tangan

*Doctor's name & signature*

Patient Name : LEO RANTE, TN  
 Address : JL.BATAKAN MAS BLOK G NO55 RT 25  
 Age : 35 Thn 6 Bln 23 Hr  
 DOB/Sex : 15-02-1983 / Male  
 Ward : CHECKUP /  
 Physician : dr. Linda Uli Natalisa  
 MR. No. : SHBP.00020976  
 Clinical Info :

Order Time : 07-09-18 08:06  
 Specimen Received : 07-09-18 09:15  
 Print Out : 07-09-18 10:14  
 Lab No. : 18026394 /  
 Patient Category :  
 Reg. No. : CPA1809070001  
 Page : 1 / 3

RUTIN

Test	Result	Unit	Reference Range	Method
<b>HAEMATOLOGY</b>				
<b>Hematologi Lengkap</b>				
Hemoglobin	15.3	g/dL	14.0 - 18.0	
Jumlah Lekosit	6.41	10 <sup>3</sup> /ul	4.50 - 11.50	
<b>itung Jenis</b>				
Eosinofil	3	%	1 - 3	
Basofil	1	%	0 - 2	
Neutrofil Segmen	50	%	50 - 70	
Limfosit	38	%	18 - 42	
Monosit	8	%	2 - 11	
Hematokrit	47.4	%	40.0 - 54.0	
Jumlah Trombosit	241	10 <sup>3</sup> /ul	150 - 450	
Jumlah Eritrosit	5.35	10 <sup>6</sup> /uL	4.60 - 6.00	
<b>MCV, MCH, MCHC</b>				
MCV	88.6	fL	80.0 - 94.0	
MCH	28.6	pg	26.0 - 32.0	
MCHC	32.3	g/L	32.0 - 36.0	
Laju Endap Darah 1 jam	6	mm	0 - 13	

**CLINICAL CHEMISTRY**

**SGOT - SGPT**

SGOT	27.0	U/L	<37
SGPT	30.5	U/L	<45
Gamma GT	26.0	U/L	8-61
Trigliserida	116	mg/dL	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very high: >= 500 mg/dL
Kolesterol Total	H 233	mg/dL	Desirable: <200 mg/dL P Borderline High: 200-239 mg/dL High: >= 240 mg/dL
HDL Kolesterol	L 36	mg/dL	Major risk: <40 mg/dL Negative risk: >= 60 mg/dL

Patient Name : LEO RANTE, TN  
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 Page : 2 / 3

RUTIN

Test	Result	Unit	Reference Range	Method
LDL Kolesterol	H 180	mg/dL	Optimal:<100 mg/dL Near optimal:100-129 mg/dL Borderline high:130-159 mg/dL High:160-189 mg/dL Very high:>190 mg/dL	
Glukosa Darah Puasa	98	mg/dL	76 - 100	
Ureum Darah	28.5	mg/dL	<50	
Kreatinin Darah	0.96	mg/dL	0.70 - 1.20	
Asam Urat	6.1	mg/dL	3.4 - 7.0	

**SEROLOGY**

HBsAg Rapid Non Reaktif Non Reaktif

**URINALISYS**

**Urin Lengkap**

**Makroskopis**

Warna	Kuning		Kuning	
Kejernihan	Jernih		Jernih	
Berat Jenis	L 1.015		1.016 -1.022	Dipsticks
pH	6.5		4.8 - 7.4	
Lekosit	Negatif	/uL	Negatif	
Nitrit	Negatif	mg/dL	Negatif	
Protein	Negatif	mg/dL	Negatif	
Glukosa	Normal	mg/dL	Normal	
Keton	Negatif	mg/dL	Negatif	
Urobilinogen	Normal	mg/dL	Normal	
Bilirubin	Negatif	mg/dL	Negatif	
Darah (Blood)	Negatif	/uL	Negatif	

**Sedimen**

Lekosit	0-1	/lpb	1 - 5
Eritrosit	0-1	/lpb	0 - 1
Silinder	Negatif		
Sel Epitel	0-1	/lpk	0 - 2

Patient Name : **LEO RANTE, TN**  
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 Page : 3 / 3

RUTIN

Test	Result	Unit	Reference Range	Method
Kristal	Negatif		Negatif	
Bakteri	Negatif		Negatif	
Jamur	Negatif		Negatif	

**STOOL**

**Faeces Rutin**

**Makroskopis**

Warna	Coklat	Coklat
Konsistensi	Lembek	Lembek
Lendir	Negatif	Negatif
Darah	Negatif	Negatif
Bau	Khas	Khas

**Mikroskopik**

Lekosit	1-2	/lpb	0 - 1
Eritrosit	0-1	/lpb	0 - 1
Parasit	Negatif		Negatif
Telur Cacing	Negatif		Negatif

Clinical Pathologist



dr.Rita Dewi K,Sp.PK

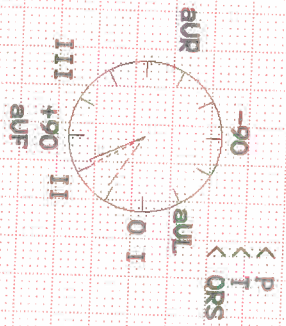
Authorized By Yani

Authorisation Date : 07-09-18 10:14

*Penilaian hasil laboratorium hanya dapat diberikan oleh Dokter yang memiliki data klinis pasien.*

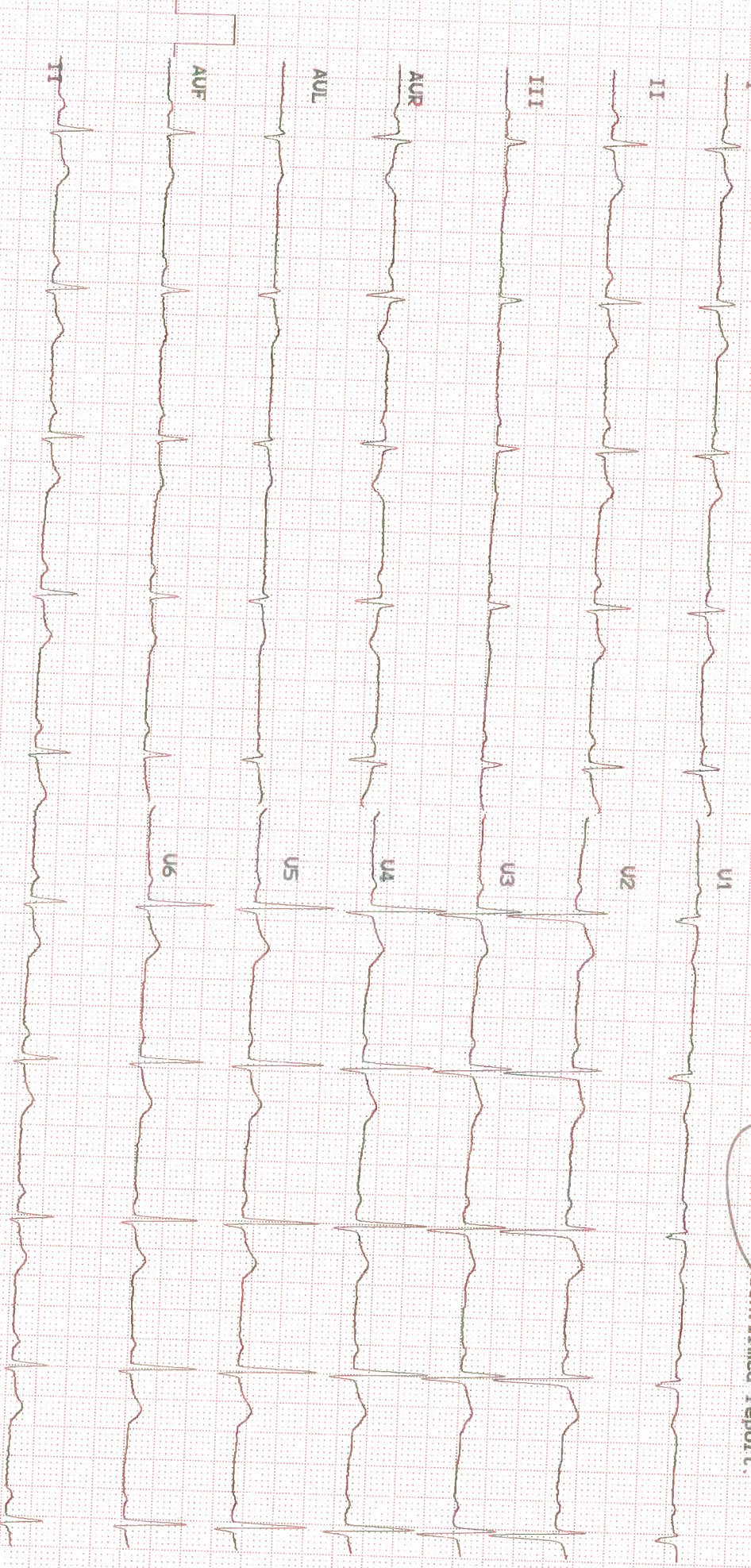
Measurement Results:

QRS : 94 ms  
 QT/QTcb : 438 / 431 ms  
 PR : 188 ms  
 P : 122 ms  
 RR/PP : 1034 / 1030 ms  
 P/QRS/T : 60 / 65 / 35 degrees  
 QTd/QTcbD : 38 / 37 ms  
 Sokolow NK : 1.6 mV 8



Interpretation:

Th. keel. R. 62.99 %  
 Unspecified 80



Unconfirmed report  
 Unconfirmed report

[Signature]  
 [Signature]

HR 57 bpm 75/18

LAPORAN TREADMILL EXERCISE TEST  
(PROTOKOL BRUCE)

Nama : Tu .Leo Rante Tanggal Treadmill : 07 September 2018  
Umur : 34 Thn Berat : 70 Kg  
Jenis Kelamin : Laki - Laki Tinggi : 164 Cm  
Perusahaan : Inspektindo Tekanan Darah Awal : 100/60 mmHg

❖ Lama test : 13 Menit 25 detik

❖ Denyut Jantung maksimal : 171 x / menit

❖ Tekanan darah maksimal : 122/98 mmHg

❖ Test dihentikan karena :

- Fatigue
- Dyspnoe
- Angina
- Pusing
- Terdapat perubahan segmen ST - T
- Target denyut jantung tercapai

❖ Perubahan segmen ST - T

- Upsloping
- ST depresi 0,5 - 1 mms
- Bermakna ( ST depresi > 1 mm )
- Tidak terdapat perubahan

Kapasitas Aerobik : 17.30 MET's  
Mets

❖ Tingkat kebugaran jasmani :

- Rendah
- Kurang
- Sedang
- Baik
- Sangat baik

❖ Response Tekanan darah :

- Normal
- Response hipertensif

KESIMPULAN:

- Response ischemic positive
- Response ischemic negative
- Borderline stress test
- Indeterminate ( Target denyut jantung tidak tercapai )
- FIT / UNFIT to work in remote area

Advice :

1 \_\_\_\_\_  
2 \_\_\_\_\_

Dokter Pemeriksa

dr. M. Iqbal, Sp. JP  
Siloam Hospitals Balikpapan

BPMCU 1105.08/0



Inspektindo, In Leo Rante

Patient ID: 020976  
 07/09/2018 Male 164 cm 70 kg  
 34yrs Asian  
 13.17.59

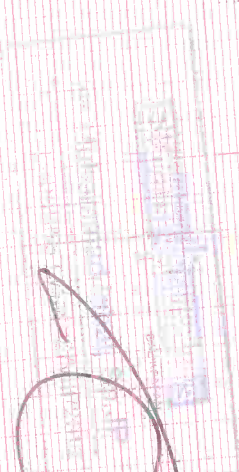
Test Reason:  
 Medical History:

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

BRIEF: Total Exercise Time 13:25  
 Max HR: 171 bpm 91% of max predicted 186 bpm HR at rest: 80  
 Max BP: 122/98 mmHg BP at rest: 103/56 Max RPP: 18300 mmHg\*bpm  
 Maximum workload: 17.30 METS  
 Max ST: -0.60 mm, 0.00 mV/s in III, EXERCISE STAGE 4 09:30  
 Arrhythmia: A:69, PVC:1, PSVC:1, ASSYSTO:2, PERR:1, PCAP:1  
 HR reserve used: 84%  
 HR recovery: 23 bpm  
 Freq. VF recovery: 1 VE/min  
 ST/HR hysteresis: -0.032 mV (III)  
 QRS duration: BASELINE: 94 ms, PEAK EX: 94 ms, REC: 94 ms  
 Location Number \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (III-mm)	Comment
PRETEST	SUPINE	00:02	0.00	0.00	1.0	79			0	0.45	
	STANDING	00:02	0.00	0.00	1.0	78	103/56	8137	0	0.25	
	HYPERV	01:03	1.60	0.00	1.7	79	112/52	9520	0	0.10	
	WARM-UP	03:00	2.70	10.00	4.6	85	105/52	10500	0	0.10	
	STAGE 1	03:00	4.00	12.00	7.0	100			0	-0.30	
EXERCISE	STAGE 2	03:00	5.40	14.00	10.0	121			0	-0.35	
	STAGE 3	03:00	6.70	16.00	13.3	157			0	0.00	
	STAGE 4	01:26	7.90	18.00	16.9	169			0	0.00	
	STAGE 5	04:12	0.00	0.00	1.0	116	119/84	13804	0	0.15	
RECOVERY											

*Negative*  
*Isokone*  
*Dejura*



*[Handwritten signature]*

**BASILINE EXERCISE**

0:01  
79 bpm

103/56 mmHg

**MAX. ST EXERCISE**

9:30  
136 bpm

**PEAK EXERCISE EXERCISE**

13:26  
169 bpm

**TEST END RECOVERY**

4:05  
117 bpm

**BASILINE EXERCISE**

0:01  
79 bpm

103/56 mmHg

**MAX. ST EXERCISE**

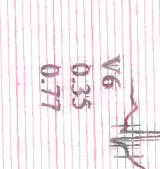
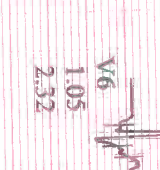
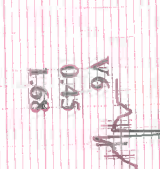
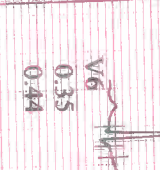
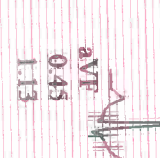
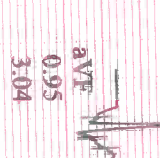
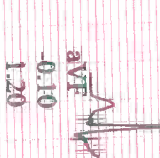
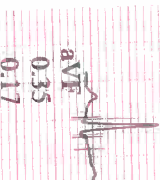
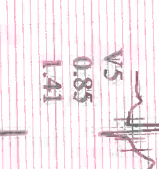
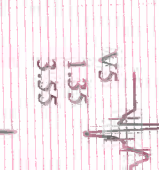
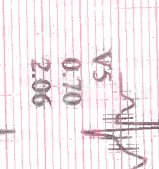
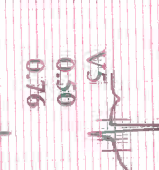
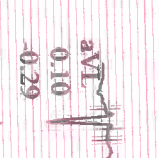
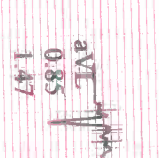
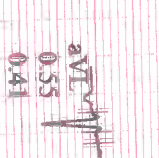
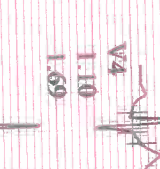
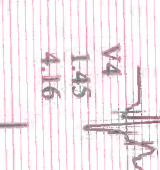
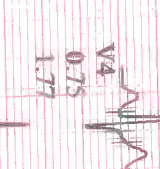
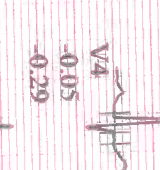
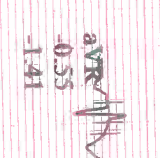
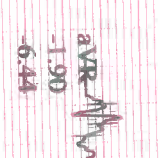
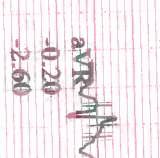
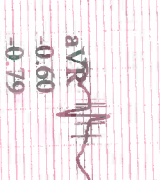
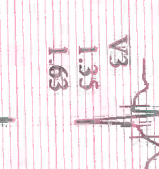
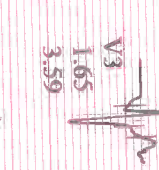
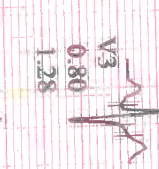
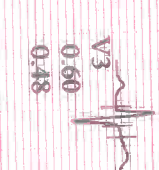
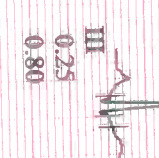
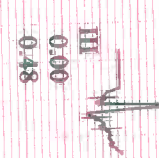
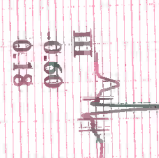
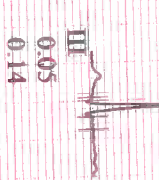
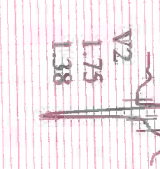
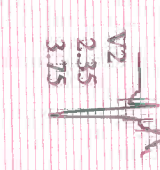
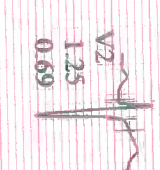
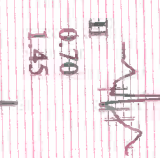
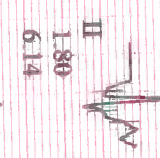
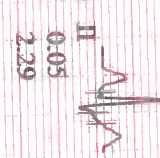
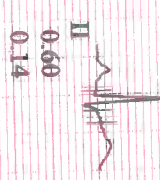
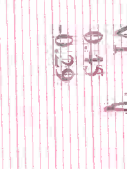
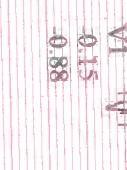
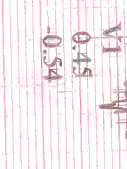
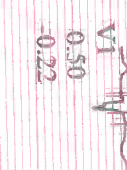
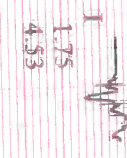
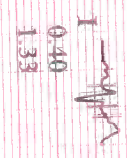
9:30  
136 bpm

**PEAK EXERCISE EXERCISE**

13:26  
169 bpm

**TEST END RECOVERY**

4:05  
117 bpm



GE CASE V6.73 (0)  
10mm/mV 50Hz 0.01Hz FRR+ HEART V5.4

Uncr Timed

Attending ML

MS PerkinElmer In Leo Kante  
Patient ID: 0209\_76  
07-09-2018  
13:18:56

80 bpm

PRETEST  
WARM-UP  
(00:57)

BRUCE  
1.6 km/h  
(00:09)

Shiloh Hospital Bulk patient  
Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.50	V1	0.45
II	0.55	V2	1.20
III	0.00	V3	0.65
aVR	-0.50	V4	-0.10
aVL	0.25	V5	-0.50
aVF	0.25	V6	0.35



GE  
CASE V6.73  
25 mm s, 10 mm/mV, 50Hz, 0.01Hz FRR+, HR(V2, V5)

Start of Test: 13:17:59

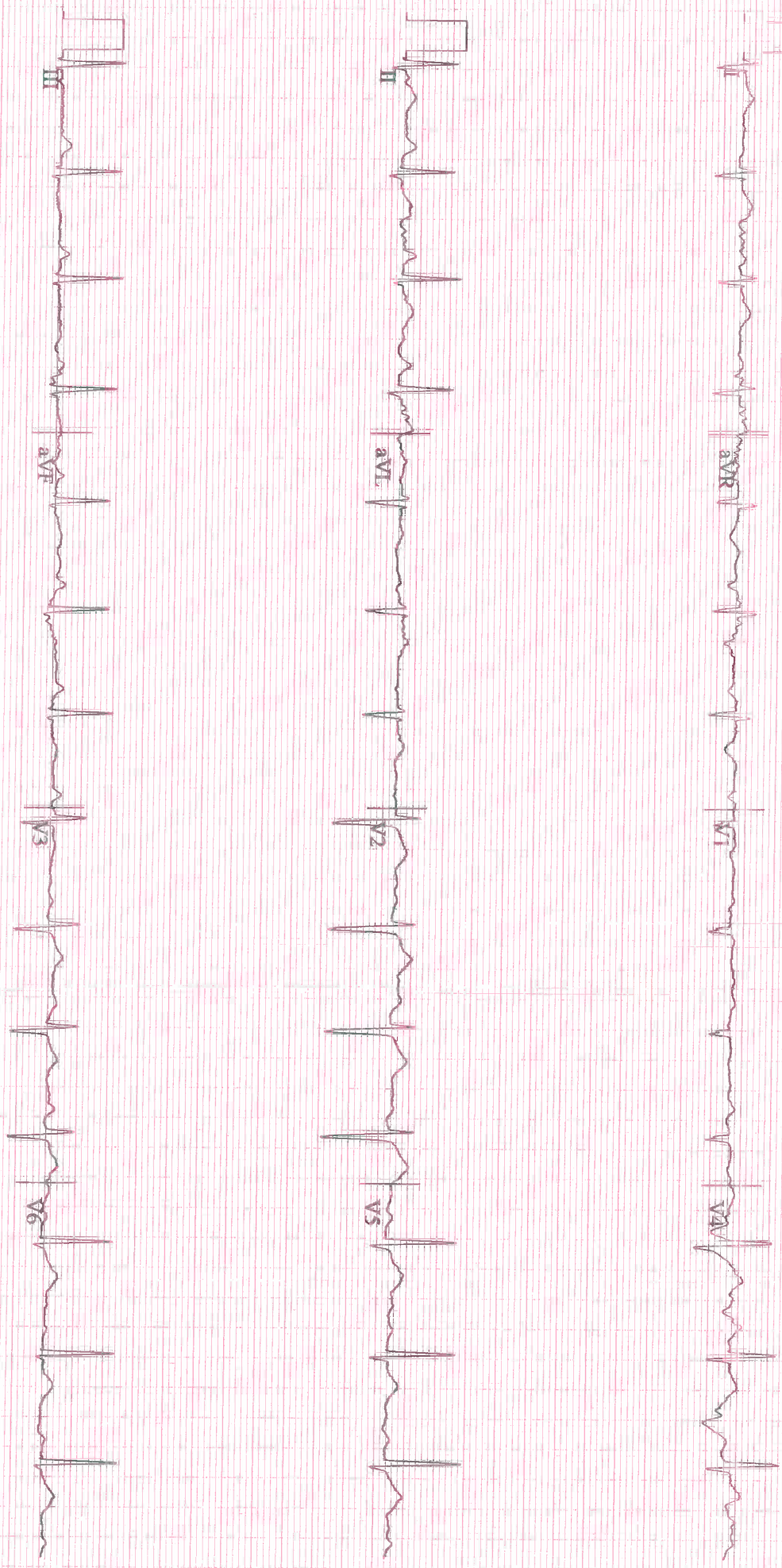
Unspektrindo In Leo Karle  
Patient ID: 0209176  
07-09-2018  
13:21:53

83 bpm  
112.50 mmHg

EXERCISE  
STAGE 1  
60-50  
BRUCE  
2.7 km/h  
10.0 %

Silvann Hospiatal Badikpapan  
Measured at 60ms Post J (40mm mV)  
Auto-Prints

Lead	ST(mV)	Lead	ST(mV)
I	0.45	V1	0.65
II	0.55	V2	1.25
III	0.10	V3	0.75
aVR	-0.50	V4	0.85
aVL	0.15	V5	0.55
aVF	0.35	V6	0.35



GE  
CASE V6.73  
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF HR(V2,V5)

Start of Test 13:17:59

Unspektingo In Leo Rante  
 Patient ID: 020976  
 07-09-2018  
 13:24:53

98 bpm  
 105.52 mmHg

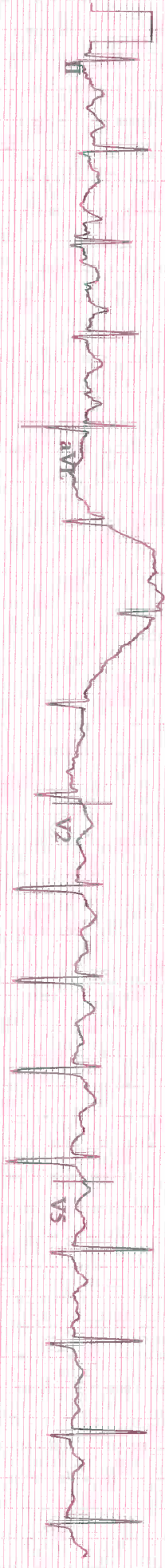
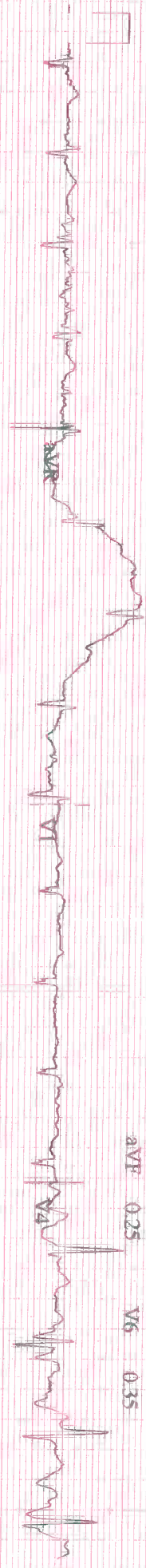
EXERCISE  
 STAGE 2  
 05:50

BRUCE  
 4.0 km/h  
 12.0%

Silviam Hospital Balikpapan

Measured at 60ms Post J (10mm mV)  
 Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.40
II	0.45	V2	1.20
III	0.10	V3	0.80
aVR	-0.30	V4	0.25
aVL	0.30	V5	0.50
aVF	0.25	V6	0.35



GE  
 CASE V6 73  
 25 mm/s 10 mm mV 50Hz 0.01Hz FREQ  
 HRCV2,VS

Start of Test: 13:17:59

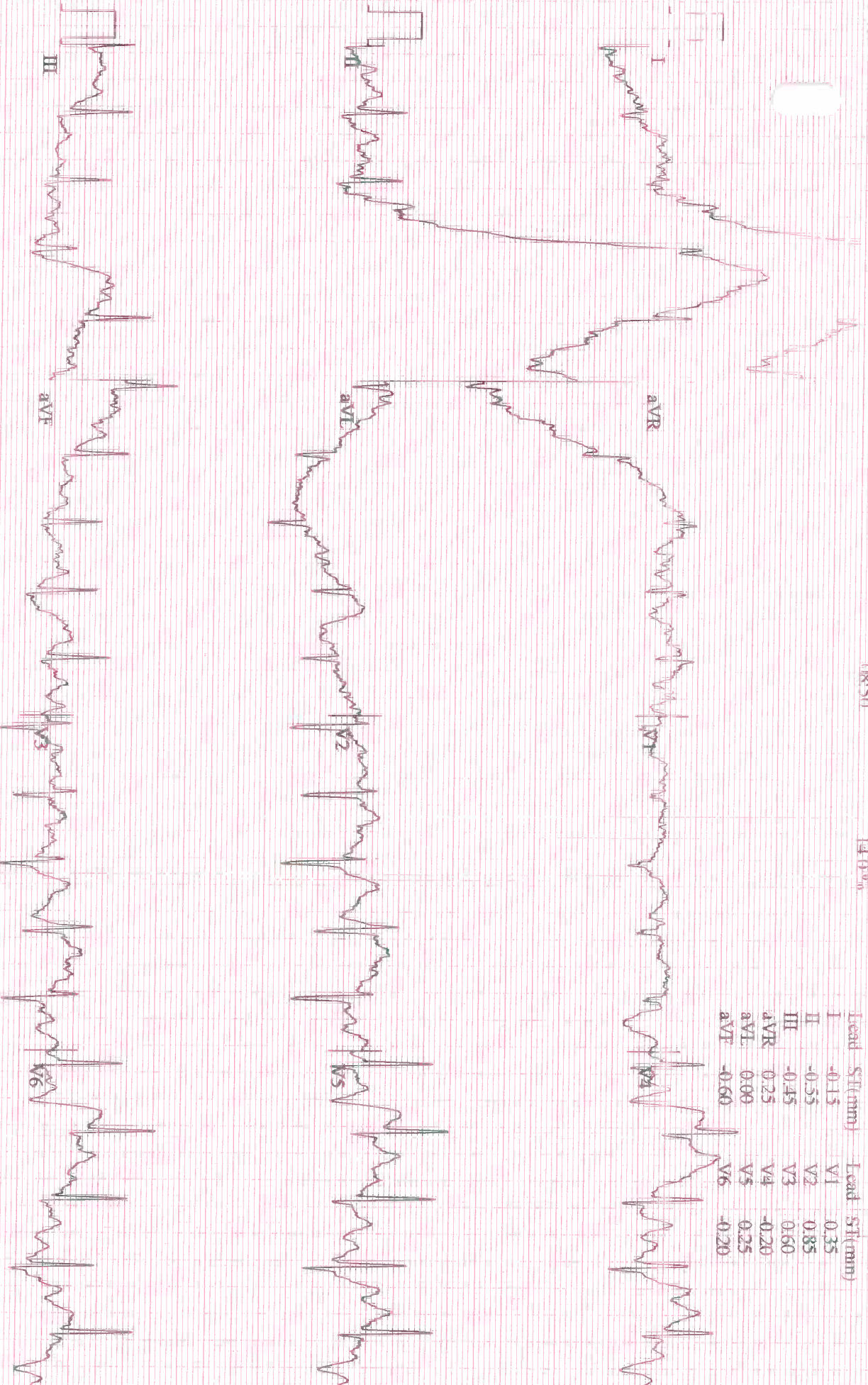
118 bpm

EXERCISE  
STAGE 3  
(8:50)

BRUCE  
5.4 km/h  
140%

Silviam Hospiptal Baitikpapan  
Measured at 60ms Post J (10mm, mV)  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.15	V1	0.35
II	-0.55	V2	0.85
III	-0.45	V3	0.60
aVR	0.25	V4	-0.20
aVL	0.00	V5	0.25
aVF	-0.60	V6	-0.20



GE  
CASE V6 73

25 mm/s 10 mm/mV 50Hz 0.01Hz PRF HR(V5,V6)

Start of Test: 13:17:59

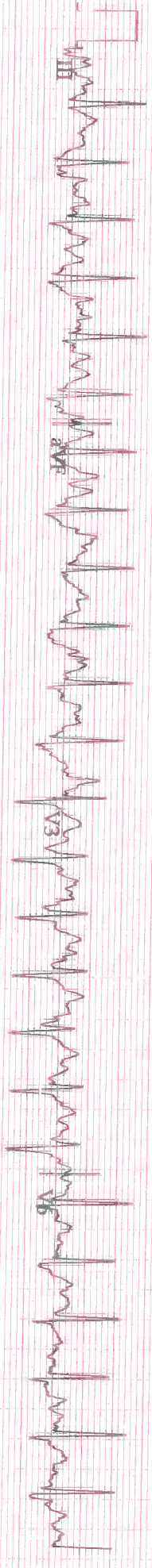
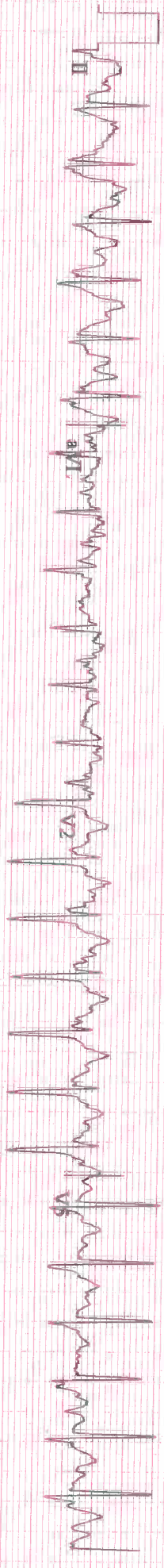
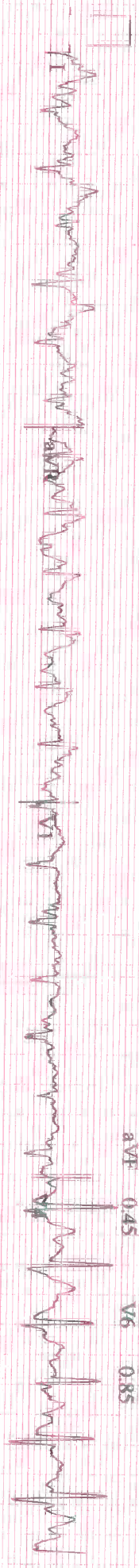
Unspektingo, In Leo Kamie  
Patient ID: 020976  
07.09.2018  
13.30.53

155 bpm

EXERCISE  
STAGE 4  
11:50  
BRUCE  
6.6 km/h  
16.0%

Siloam Hospital Baski an  
Measured at 60ms Post J-T (mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	1.00	V1	0.30
II	0.90	V2	1.95
III	-0.05	V3	1.50
aVR	-0.95	V4	1.40
aVL	0.55	V5	1.45
aVF	0.45	V6	0.85



GE  
CASE V6.73  
25 mm/s 10 mm mV 50Hz 0.01Hz FRR+ BR(V5, V6)

Start of Test 13:17:59

Inspektorat H.L. di Kantor  
 Patient ID: 0209.76  
 07.09.2018  
 13.32.29

169 bpm

EXERCISE  
 STAGE 5  
 7.9 km/h  
 13.36

Sitiawan Hospital Bahkrapapan

BASLINE

60 ms post J

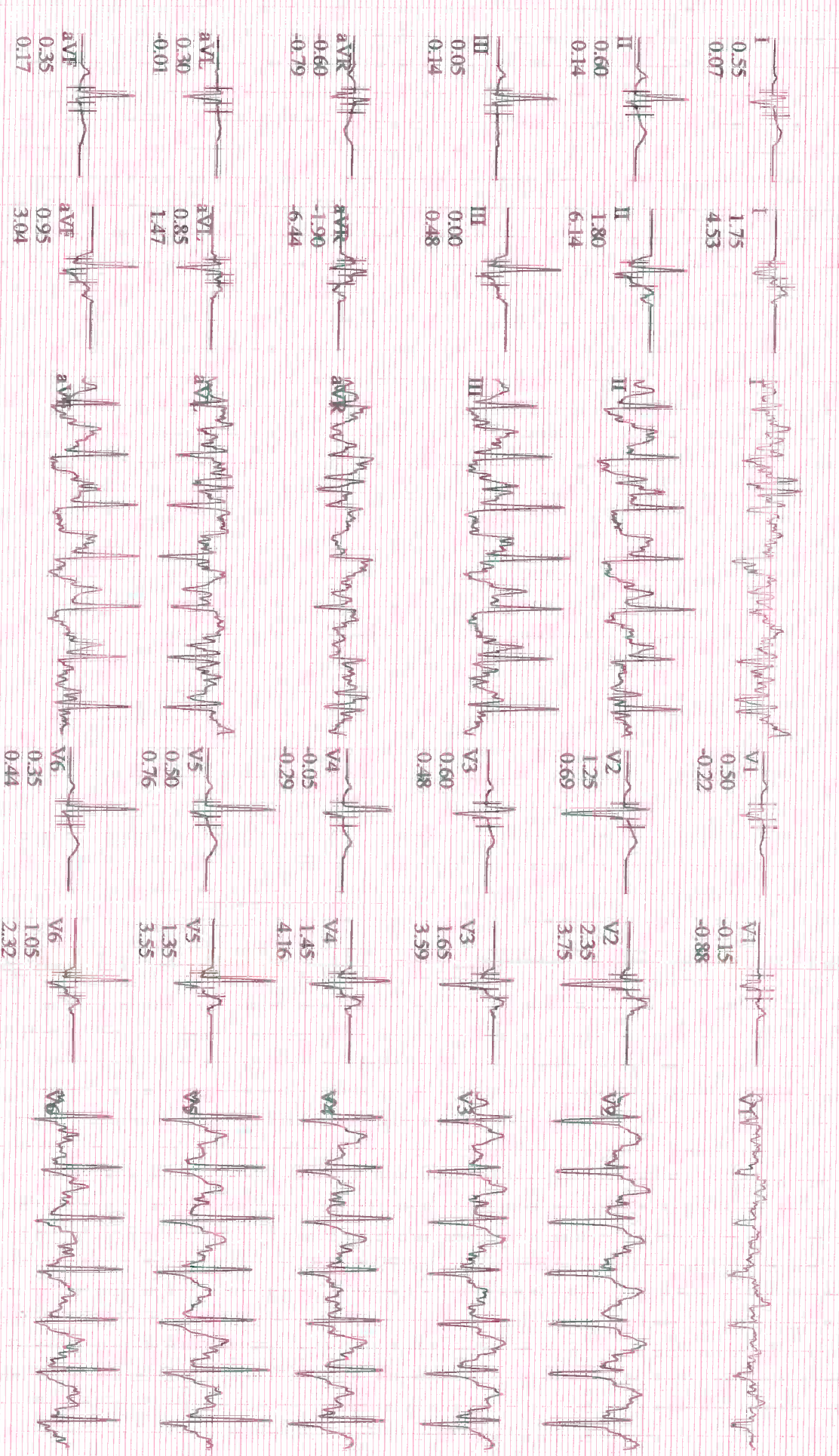
CURRENT

ST @ 10mm/mV  
 60 ms post J

BASLINE

CURRENT

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



GE  
 CASE V6.73

25 mm/s 10 mm/mV 50Hz 0.01Hz FRR - HR(V5, V6)

Start of Test: 13:17:59



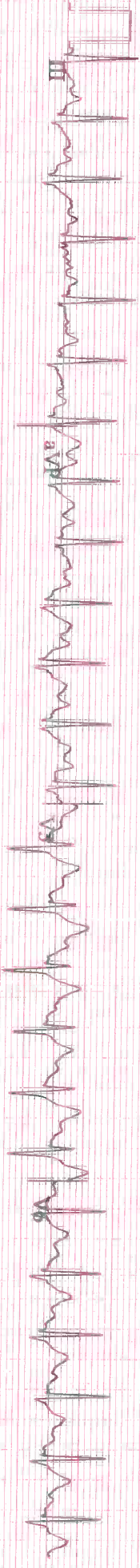
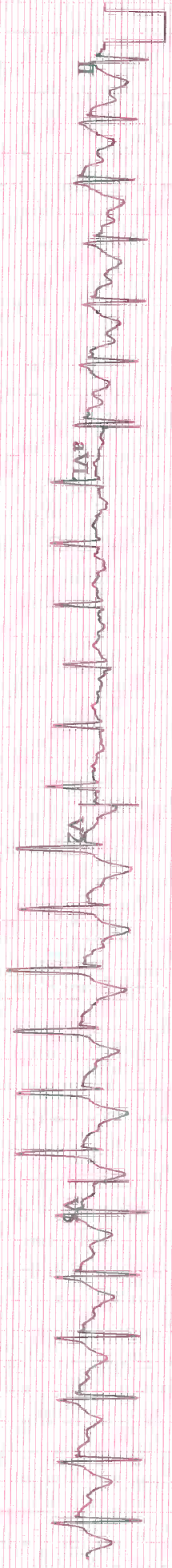
UJSPKUNINDO In Leo Kanite  
Patient ID: 0209.76  
07/09/2018  
13:33:18

151 bpm

RECOVERY  
I  
(0.50)  
BRUCE  
2.4 km/h  
(0.0%)

Siloam Hospital Balikpapan  
Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	SI (mm)	Lead	SI (mm)
I	1.80	V1	0.35
II	2.30	V2	4.00
III	0.50	V3	3.20
aVR	-2.05	V4	3.00
aVL	0.65	V5	2.80
aVF	1.40	V6	1.85



GE  
CASE V6.73

25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(V5,V6)

Start of Test: 13:17:59

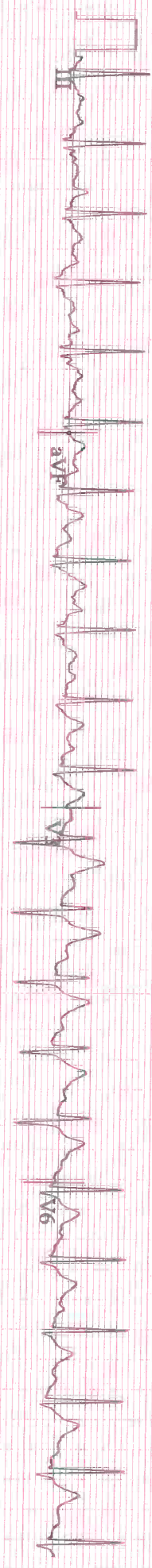
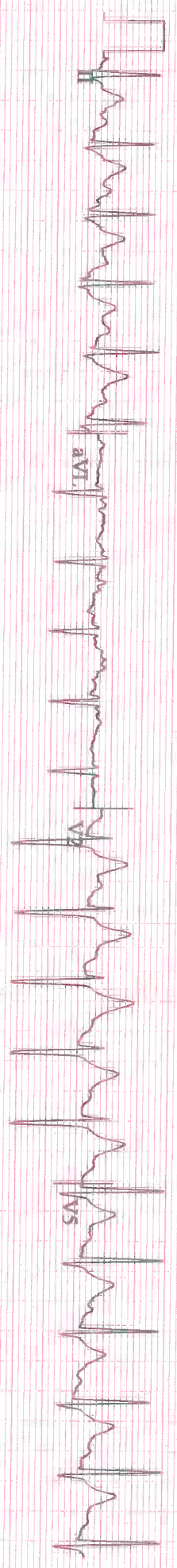
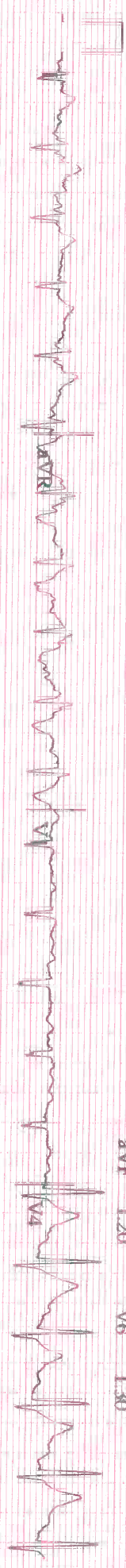
130 bpm  
122.98 mmHg

RECOVERY  
-1  
01:50

BRUCE  
2.4 km/h  
0.0%

Siloam Hospital Balikpapan  
Measured at 60ms Post J (10mm mV)  
Auto Points

Lead	SI (mm)	Lead	SI (mm)
I	1.25	V1	0.35
II	1.85	V2	3.35
III	0.55	V3	2.65
aVR	-1.55	V4	2.40
aVL	0.35	V5	2.20
aVF	1.20	V6	1.30



GE

CASE V6.73

25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(V5,V6)

Start of Test: 13:17:59

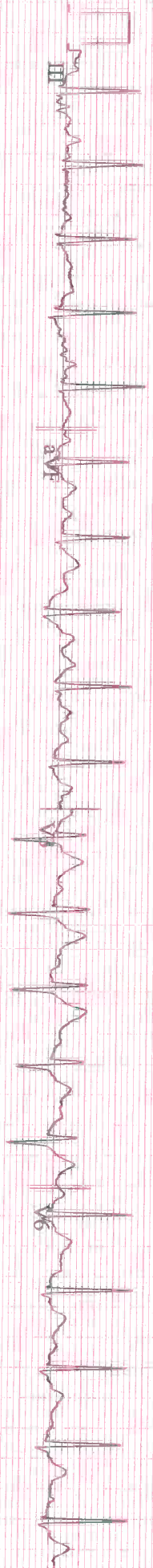
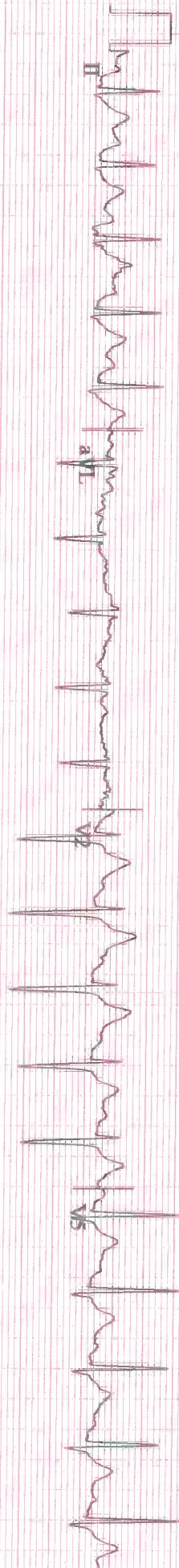
123 bpm  
119.84 mmHg

RECOVERY  
-1  
(2.50)

BRUCE  
2.4 km/h  
0.0%

Siloam Hospital Balikpapan  
Measured at 60ms Post J (10mm mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.85	V1	0.50
II	1.35	V2	2.50
III	0.55	V3	1.95
aVR	-1.10	V4	1.85
aVL	0.15	V5	1.55
aVF	0.95	V6	1.05



Inspekingdo In Leo Kanic  
Patient ID: 0209.76  
07.09.2018  
13:36:18

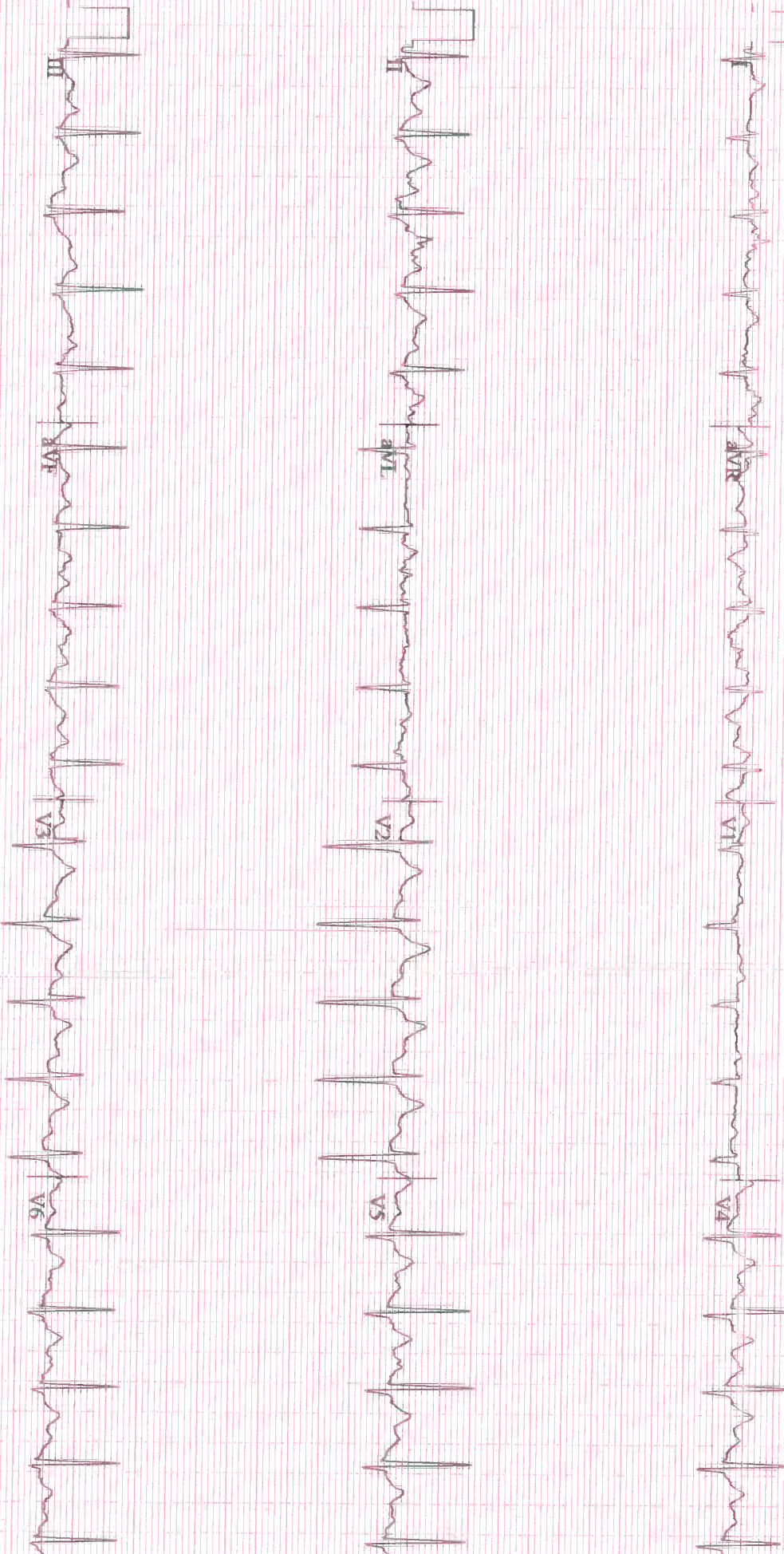
115 bpm

RECOVERY  
#1  
03:50

BRUCE  
2.4 km/h  
0.40<sup>0</sup> s

Silviam Hospital Bratislava  
Measured at 60ms Post J (10m) (m)

Lead	ST(mm)	Lead	ST(mm)
I	0.65	V1	0.60
II	0.95	V2	2.00
III	0.30	V3	1.60
aVR	-0.85	V4	1.35
aVL	0.20	V5	1.95
aVF	0.65	V6	0.60



GE  
CASE V6.73

25 mm/s 10 mm mV 50Hz 0.01Hz FRF+ HR(V5,V6)

Start of Test: 13:17:59

Patient Name	: LEO RANTE, TN	Patient ID	: SHBP.00020976
Sex / Age	: M / 035Yrs	Accession No.	: 10000006645554
Modality	: CR	Scan Date	: 07-09-2018
Procedure	: THORAX AP, PA	Report Date/Time	: 07-09-2018 09:21:06
Ref. Department	: MCU	Referring Physician	: dr. Linda Uli Natalisa

**XR- Thorax PA view**

**Technique:**

**Findings:**

PARU: Normal  
 MEDIASTINUM: Normal  
 TRAKEA DAN BRONKUS: Normal  
 HILUS: Normal  
 PLEURA: Normal  
 DIAFRAGMA: Normal  
 JANTUNG: Normal                      CTR: <50%  
 AORTA: Normal  
 VERTEBRA THORAKAL DAN TULANG-TULANG LAINNYA: Normal  
 JARINGAN LUNAK: Normal  
 ABDOMEN YANG TERVISUALISASI: Normal  
 LEHER YANG TERVISUALISASI: Normal

**Impression:**

Tidak tampak kelainan signifikan pada pemeriksaan ini.



**dr. Santoso Suhendro. Sp. Rad (K)**

This document is digitally signed and hence no manual signature is required.

Patient Name	: LEO RANTE, TN	Patient ID	: SHBP.00020976
Sex / Age	: M / 035Yrs	Accession No.	: 10000006645558
Modality	: US	Scan Date	: 07-09-2018
Procedure	: UPPER ABDOMEN USG	Report Date/Time	: 07-09-2018 10:36:35
Ref. Department	: MCU	Referring Physician	: dr. Linda Uli Natalisa

**US- Upper Abdomen, Male**

**Technique:**

**Findings:**

HEPAR: Normal  
 LIEN: Normal  
 SISTEM VENA PORTA: Normal  
 VENA CAVA INFERIOR, VENA HEPATIKA: Normal  
 SISTEM BILIER: Normal  
 KANTUNG EMPEDU: Normal  
 PANKREAS: Normal  
 GINJAL:  
 • KANAN: Normal  
 • KIRI: Normal  
 SISTEM PELVIOKALISES: Normal

**Impression:**

**Pria, 35 Thn pro MCU pd USG Upper Abdomen :  
 Tidak diketemukan adanya kelainan yg significans**

**dr. Santoso Suhendro. Sp. Rad (K)**

This document is digitally signed and hence no manual signature is required.