



# REVIEW FORM MEDICAL CHECK UP

## FILLED BY THE REQUESTOR

MCU Date

2/7/2021

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

## Summary Examination

| IDENTITY OF EMPLOYEE |                      |                |            |
|----------------------|----------------------|----------------|------------|
| Name                 | PETRUS HARRY NATALDO | Gender         | MALE       |
| Nationality          | INDONESIA            | Date Of Birth  | 25/12/1990 |
| Name of Company      |                      | Vantage Number |            |
| Job Title            | NDT TECHNICIAN       | Departemen     |            |

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

## THE LIST BELOW FILLED BY THE REVIEWER (BP DOCTOR)

### HISTORY :

Smoker/non smoker

### PHYSICAL EXAMINATION

BMI : 26.81 UN/N(OV)OB    BP : 149/102 N/Gr.I(Gr.II)

### PEMERIKSAAN SPESIFIK:

| Spirometri | Audiometri | Treadmill |
|------------|------------|-----------|
| N/A        | NORMAL     | N/A       |

### LABORATORIUM RESULT

 HB : 16.1 gr/dl    SGOT/SGPT : 47/107 U/L    GDP : 86 mg/dl    N/D  
 Chol : 223 mg/dl    HDL : 42 mg/dl    LDL : 140 mg/dl    TG : 203 mg/dl    LP: N/M/Mod/S

Rontgen Thorax    POST FRACTURE IN THE RIGHT CLAVICULA    ECG    NORMAL RESTING ECG

### OTHER EXAMINATIONS

 SUMMARY : HYPERTENSION 140/102 mmHg Stage II  
 (RECOMMENDATION FROM INTERNIST IS ATTACHED)

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

|                             |  |  |
|-----------------------------|--|--|
| Attending Physician         | <br>dr. Rezga Agnela<br>Examining Physician<br>ON-LINIK  |  |
| Signature                   | <br><b>MEDILAB</b>   |  |
| Review Date<br>(dd/mm/yyyy) | 02/07/2021<br>Komplek Taman Negeri Suka Jati Blok J No. 3A-6 Batam<br>Tel. 07728 - 677287, 677288, 677289, 677290, 677291, 677292, 677293, 677294, 677295, 677296, 677297, 677298, 677299, 677300, 677301, 677302, 677303, 677304, 677305, 677306, 677307, 677308, 677309, 677310, 677311, 677312, 677313, 677314, 677315, 677316, 677317, 677318, 677319, 677320, 677321, 677322, 677323, 677324, 677325, 677326, 677327, 677328, 677329, 677330, 677331, 677332, 677333, 677334, 677335, 677336, 677337, 677338, 677339, 677340, 677341, 677342, 677343, 677344, 677345, 677346, 677347, 677348, 677349, 677350, 677351, 677352, 677353, 677354, 677355, 677356, 677357, 677358, 677359, 677360, 677361, 677362, 677363, 677364, 677365, 677366, 677367, 677368, 677369, 677370, 677371, 677372, 677373, 677374, 677375, 677376, 677377, 677378, 677379, 677380, 677381, 677382, 677383, 677384, 677385, 677386, 677387, 677388, 677389, 677390, 677391, 677392, 677393, 677394, 677395, 677396, 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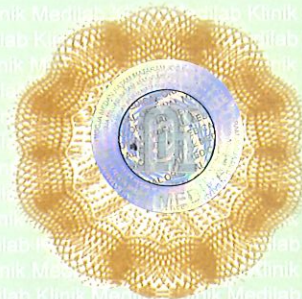
Management System  
ISO 9001:2015

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ID 9105042627



## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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



### HEALTH SCREENING REPORT

Periodic Health Examination

197

#### CONFIDENTIAL

No. Medical Record :   
00053/001/VII/ISP/21

#### PERSONAL DATA

Name : PETRUS HARRY NATALDO  
Birthday/Gender/Emp. ID : 25 December 1990 / Male /  
Father's Name : JUNJUNGAN NAINGGOLAN  
Address : BENGKONG PALAPA, BATAM  
Occupation : NDT TECHNICIAN  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



PETRUS HARRY

#### 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 : 73 Kg   | Height : 165 Cm          | 3. Cardiovascular System               | Yes/Abnormal                        | No/Normal                           |
| BMI : 26.81  |                          | a. Blood Pressure                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|  |                          | Systolic / Diastolic : 149 / 102 mm Hg |                                     |                                     |
|  |                          | Pulse : 70 / min                       |                                     |                                     |
| 1. Vision  | Yes/Abnormal             | No/Normal                              |                                     |                                     |
| a. Distant Vision  | <input type="checkbox"/> | <input type="checkbox"/>               | b. Heart Disease                    | <input type="checkbox"/>            |
| ( Should be at least 6/12 in both eyes with or without glasses ) |                          |  | c. Varicose Veins                   | <input checked="" type="checkbox"/> |
| b. Near Vision   | <input type="checkbox"/> | <input type="checkbox"/>               | 4. Respiratory System               | <input type="checkbox"/>            |
| ( Should be at least J2 in both eyes with or without glasses )   |                          |  | 5. Skin-Chronic Disease             | <input type="checkbox"/>            |
| c. Colour Vision   | <input type="checkbox"/> | <input checked="" type="checkbox"/>    | 6. Abdomen                          | <input type="checkbox"/>            |
| d. Any Organic Eye Disease                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/>    | 7. Locomotor/Neurological           | <input type="checkbox"/>            |
| 2. Hearing   | <input type="checkbox"/> | <input checked="" type="checkbox"/>    | 8. Endocrine disorders              | <input type="checkbox"/>            |
| ( Unable to hear ordinary conversation at 2 m )                  |                          |  | 9. Mental State                     | <input type="checkbox"/>            |

#### LABORATORY TEST

( Report Enclosed )

|                          | Yes/Abnormal                        | No/Normal                           |
|--------------------------|-------------------------------------|-------------------------------------|
| 1. Blood Count           | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |

**Remarks:** Overweight E66, Hypertension I10 149/102 mmHg Stage II, Chest X-Ray: Post Fracture in the Right Clavicula S42.001, Hernia Screening Test: No Abnormality, Lab: SGOT R74.9 47 U/L MIE, SGPT R74.9 107 U/L MIE, Total Cholesterol E78.0 223 mg/dl BHR, HDL E78.4 42 mg/dl BHR, Cholesterol Ratio E78 5.3 AR

#### 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, Control Routine to Internist, Consume Medicine Regularly,

Low Salt & Fat Diet, Take Enough Rest & Consume Curcuma

\*NOTE: RECOMMENDATION FROM INTERNIST IS ATTACHED

Authentic Signature



Date of Exam : 2 July 2021



DR. REZGA AGNELA VALBETRI



Attachment Internist -1

|   |                               |
|---|-------------------------------|
| <h2 style="margin: 0;">CONSULT LETTER</h2> <p style="margin: 0;">(Surat Konsul)</p> | <b>CL#9</b><br><b>Rev: 00</b> |
|---|-------------------------------|

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

|                           |                      |   |   |
|---------------------------|----------------------|---|---|
| Name<br>(Nama)            | PETRUS HARRY NATALDO | Occupation<br>(Pekerjaan)               | NDT TECHNICIAN  |
| Age<br>(Usia)             | 30 YO                | For<br>(Selama)                         | ----- years(tahun)  |
| Gender<br>(Jenis kelamin) | Male                 | Reason for Referral<br>(Alasan Merujuk) | Hypertension I10 149/102 mmHg Stage II, Lab: SGOT R74.9 47 U/L MIE, SGPT R74.9 107 U/L MIE, Total Cholesterol E78.0 223 mg/dl BHR, HDL E78.4 42 mg/dl BHR, Cholesterol Ratio E78 5.3 AR |

**On General Examination Today (Pemeriksaan Umum):**

Rw alkohol (+) , Rw hepatitis / penyakit (-)  
 Rwc ~~hepatitis~~ (-)

**Laboratory Test (Pemeriksaan Laboratorium):**

TD 149/102      OT47 PT 107

**Laboratory or Other Test (if needed) / (Pemeriksaan Lainnya):**

chol 223      LNL 140      TG 203

**Diagnose (Diagnosa):**

Cholesterol yg a-a-1      omega-3      lowask

**Treatment/Procedure (Pengobatan/Tindakan):**

Hipolipidemia      Fry fatty liver : H7

*(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):**


Her rendah lemak (padi) , minum obat rutin

*(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, .....  
 Yours Sincerely,  
 (Salam Sejawat)

fit to work.

  
**Dr. Merlin Devyanti, Sp,PD**  
 Spesialis Penyakit Dalam

|   |   |
|---|---|
|  | <p align="center"><b>MEDICAL FITNESS CERTIFICATE MEDICAL REPORT</b></p> <p align="center">(This document was adopted from Saipem company and used only for Saipem client/subcontractor)</p> |
|---|---|

## 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

|  |   |  |
|--|---|--|
| <b>Full name</b> (in block letters)<br><b>PETRUS HARRY NATALDO</b> | <b>Date of Birth</b><br><b>25/12/1990</b> | <b>Occupation</b><br><b>NOT TECHNICIAN</b> |
|--|---|--|

**This Health Certificate is valid until:** 7/1/2022

Fit
  Fit with prescriptions and/or restrictions
  Unfit

offshore
  permanent
  temporary for months .....

onshore
  permanent
  temporary for months .....

Specify prescriptions and/or restrictions .....

FIT TO WORK

Applicant's signature in the Doctor's presence

**BATAM**

Place

**8/1/2021**

Day, Month, Year



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

**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 PETRUS HARRY NATALDO Date of Birth 25/12/1990 Sex  M  F

Occupation NDT TECHNICIAN Badge No. 19161 Blood Group  Rh

| Please tick box <input type="checkbox"/>  | Yes                      | No                                  | Details if "yes"<br>(including dates and duration and any other relevant information)   |
|---|--------------------------|-------------------------------------|---|
|   | <input type="checkbox"/> | <input type="checkbox"/>            |   |
| 1. a) Are you at present under medical care or receiving treatment?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| b) Are you currently taking medication, prescribed or not, having injection, using an inhaler or have you recently done so, or are you on a special diet?                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| <b>2. Have you ever suffered from:</b>  |                          |                                     |   |
| a) Fits, fainting, giddiness or any mental or nervous disorder?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| b) Asthma, bronchitis, pneumonia or any other lung disorder?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| f) Kidney, bladder or other genito-urinary disorders?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| g) Any injury, operation, physical defect or deformity?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| h) Any other illness not mentioned above?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 3. a) Have you ever been a patient at a hospital, nursing home or special clinic?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| b) Have you ever had any medical investigation carried out?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 4. Have you ever had any form of sexually transmitted disease or is there anything about your lifestyle which could expose you to the risk of AIDS or AIDS related condition? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 5. Female only: Have you ever had any gynaecological or obstetric problems?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 6. Have you ever taken drugs other than prescribed by any doctor?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 7. a) Non-smoker: Have you smoked in the past?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| b) Smokers: How much do you smoke per day?  | <input type="checkbox"/> | <input type="checkbox"/>            |   |
| c) What is the average daily consumption of alcohol?  | <input type="checkbox"/> | <input type="checkbox"/>            |   |
|   |                          |                                     | Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/> |

#### 2. FAMILY MEDICAL ANAMNESIS

|                  | If living, age | State of health | If dead, age at death | Cause of death |
|------------------|----------------|-----------------|-----------------------|----------------|
| Father           | 51 th          | Health          |                       |                |
| Mother           | 42 th          | Health          |                       |                |
| Brother / Sister | 26 th          | Health          |                       |                |
| Brother / Sister |                |                 |                       |                |
| Brother / Sister |                |                 |                       |                |

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 8/1/2024

**3. SUMMARY OF MEDICAL HISTORY MR. /MRS. PETRUS HARRY NATALDO**

Has the applicant ever had or has now any of the following? If yes, give details in the summary description.

| Please, tick box, whether normal or not | <input type="checkbox"/> | Yes                      | No                                  |  | Yes                      | No                                  |
|---|--------------------------|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 1. Ear infection / Sinusitis / Vertigo  | <input type="checkbox"/> | <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 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 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Skin disease                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Hypertension                         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Cancer or tumor                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Diabetes mellitus                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. Allergy to foods / drugs             | <input type="checkbox"/> | <input 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"  |
|--|--------------------------|-------------------------------------|---|
| <b>8. Measurement &amp; Physical Description</b>   |                          |                                     |   |
| a) Measurements (to be taken in indoor clothing)   |                          |                                     | Height: 166 cm      Weight: 76 Kg                       |
| b) Please describe general appearance and build:   |                          |                                     | BMI: 27.58 Kg/m <sup>2</sup> Waist Circumference: 90 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 thyrojd gland?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| e) Are there any scars of material significance?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| <b>9. Cardio-vascular System &amp; Blood pressure</b>  |                          |                                     |   |
| a) Does the heart appear to be enlarged?<br>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: 135 / 75      Pulse Rate: 79x/mnt |
| <b>10. Respiratory System</b>  |                          |                                     |   |
| a) Is there any abnormality in the shape and development of the chest?                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| b) Are there any abnormal physical signs in the lungs?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| <b>11. Genito / Urinary &amp; Digestive System</b>   |                          |                                     |   |
| a) Is the urine test abnormal?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| c) Is a hernia present   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| <b>12. Nervous System</b>  |                          |                                     |   |
| a) Is there any sign of disease in the central nervous system?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| b) Is there anything to suggest a tendency to psychiatric disorder?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| <b>13. Sense Organs</b>  |                          |                                     |   |
| a) Is there any affection of the eyes, ears, nose or tongue  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| <b>Vision</b>  | <b>Far Vision</b>        | <b>Near Vision</b>                  | <b>Color Vision</b>                                     |
| Uncorrected  | OD 6/6      OS 6/6       | OD J1      OS J1                    | Adequate      ✓   |
| Corrected  | OD -      OS -           | OD -      OS -                      | Defective   |

Remarks:



**5. EXAMINATION RESULTS AND REPORT**

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

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

|                              |   |
|------------------------------|---|
| 1. Chest X-Ray Report (****) | Chest X-Ray: Post Fracture in the Right Clavicula S42.001 |
| 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  | 16.3 gr/dl                              | 10) MCV (*)           | 19) HDL Cholesterol     | 47 mg/dl  |
| 2) RBC         | 5.15 x 10 <sup>6</sup> /mm <sup>3</sup> | 11) MCM (*)           | 20) LDL Cholesterol     | 95 mg/dl  |
| 3) ESR         | 5 mm/hr                                 | 12) MCHC (*)          | 21) Triglycerides       | 230 mg/dl |
| 4) WBC         | 7.4 x 10 <sup>3</sup> /mm <sup>3</sup>  | 13) Platelet          | 22) Total Bilirubine    | 0.7 mg/dl |
| 5) Neutrophils |   | 14) Reticulocyte (*)  | 23) Direct Bilirubin    | 0.3 mg/dl |
| 6) Lymphocytes | 26.5 %                                  | 15) Hematocrit        | 24) AlkalinePhosphatase | 69 u/L    |
| 7) Monocytes   | 6.0 %                                   | 16) Glycemia          | 25) AST (SGOT)          | 20 u/L    |
| 8) Eosinophils |   | 17) Blood Urea        | 26) ALT (SGPT)          | 58 u/L    |
| 9) Basophils   |   | 18) Total Cholesterol | 27) Gamma GT            | 101 u/L   |

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:07-Jan-2022

I have examined Mr./Mrs. PETRUS HARRY NATALDOand found him/her (tick the box)

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



DR. REZGA AGNEIA YAL BEERI  
 Komplek Taman Nisga Suka Jadi Blok J No. 3A-5 Bahan  
 Examining Doctor's Signature

Date: 08-Jan-2021

(Stamp, Signature, Name and address of the Physician)

**dr. Rezga Agneia**  
 Examining Physician

# REVIEW FORM MEDICAL CHECK UP



## FILLED BY THE REQUESTOR

MCU Date

8/11/2024

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

## Summary Examination

### IDENTITY OF EMPLOYEE

|   |                                 |                |            |
|---|---------------------------------|----------------|------------|
| Name  | PETRUS HARRY NATALDO            | Gender         | MALE       |
| Nationality   | INDONESIA                       | Date Of Birth  | 25-12-1990 |
| Name of Company   | PT. INSPEKTINDO SINERGI PERSADA | Vantage Number |            |
| Job Title   | MDI TECHNICIAN                  | Departemen     | INSPECTION |
| 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

NO

#### PHYSICAL EXAMINATION

BMI : 27.58      UN/N(OV)/OB      BP: 135/75 (N)Gr.I/Gr.II

#### PEMERIKSAAN SPESIFIK:

| Spirometri | Audiometri | Treadmill |
|------------|------------|-----------|
| NA         | NORMAL     | NA        |

#### LABORATORIUM RESULT

HB : 16.3 gr/dl      SGOT/SGPT : 20 / 58 u/L      GDP : 88 mg/dl      (ND)  
 Chol : 188 mg/dl      HDL : 47 mg/dl      LDL : 95 mg/dl      TG : 280 mg/dl      LP: (N)M/Mod/S

Rontgen Thorax POST FRACTURE IN THE RIGHT ECG NORMAL RESTING ECG

OTHER EXAMINATIONS CLAVICULA S 42.001

#### SUMMARY :

**FIT TO WORK**

#### STATUS FITNESS

- Fit       Fit With Restriction       Temporary Unfit       Unfit

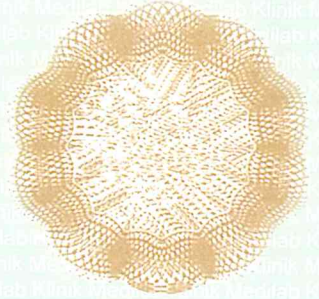
Secara medis dinyatakan dapat bekerja untuk pekerjaan:

#### Medically suitable for task :

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

|                             |   |  |
|-----------------------------|---|--|
| Attending Physician         | <b>MEDILAB</b>  |  |
| Signature                   | Komplek Taman Angsa Suka Jati Blok J No. 3A-6 Batam<br>Tel: 0778 - 7372022 / 7372023 Fax: 0778 - 7372024<br>dr. <i>[Signature]</i> Agneta<br>Spesialis Penyakit<br>Klinik |  |
| Review Date<br>(dd/mm/yyyy) | 8/11/2024   |  |

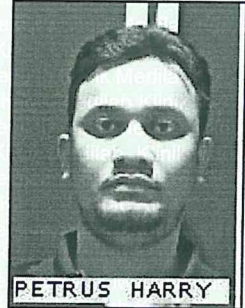




**EYE EXAMINATION REPORT**

**IDENTIFICATION OF APPLICANT**

Applicant's Name : PETRUS HARRY NATALDO  
DOB/Gender/Emp. ID: 25 December 1990 / Male / 19161  
Address : BENGKONG PALAPA, BATAM  
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



| Distant Vision Acuity ( <i>Snellen Chart</i> ) |
|--|
| Right Eye: 6/6 Without Glasses                 |
| Left Eye : 6/6 Without Glasses                 |

| Near Vision Acuity             |
|--------------------------------|
| Right Eye : J1 Without Glasses |
| Left Eye : J1 Without Glasses  |

|  |        |
|--|--------|
| Colour Vision ( <i>Ishihara's Test</i> ) | Normal |
|--|--------|

|   |        |
|---|--------|
| Visual Field Test ( <i>Confrontation Test</i> ) | Normal |
|---|--------|

|           |   |
|-----------|---|
| Grey Test | - |
|-----------|---|

|            |   |
|------------|---|
| Depth Test | - |
|------------|---|

DR. REZGA AGNELA VALBETRI  
Examiner's Name

Examiner's Signature

BATAM, 08 January 21  
Place, Date of eye examination



Official Stamp of Medical Practitioner





Management System  
ISO 9001:2015

www.tuv.com  
ID 9105042627



### HEALTH SCREENING REPORT

Preemployment Physical Examination

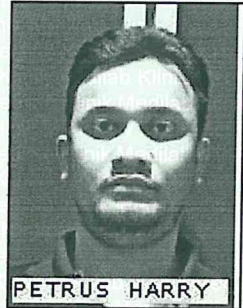
#### CONFIDENTIAL

No. Medical Record :   
00001/001/I/ISP/21

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#### PERSONAL DATA

Name : PETRUS HARRY NATALDO  
 Birthday/Gender/Emp. ID : 25 December 1990 / Male / 19161  
 Father's Name : JUNJUNGAN NAINGGOLAN  
 Address : BENGKONG PALAPA, BATAM  
 Occupation : NDT TECHNICIAN  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAWLING.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 : 76 Kg   | Height : 166 Cm          | 3. Cardiovascular System              | Yes/Abnormal              | No/Normal                           |
| BMI : 27.58  |                          | a. Blood Pressure                     | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
|  |                          | Systolic / Diastolic : 135 / 75 mm Hg |                           |                                     |
|  |                          | Pulse : 79 / min                      |                           |                                     |
| 1. Vision  | Yes/Abnormal             | No/Normal                             |                           |                                     |
| a. Distant Vision  | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | b. Heart Disease          | <input type="checkbox"/>            |
| ( Should be at least 6/12 in both eyes with or without glasses ) |                          |                                       | c. Varicose Veins         | <input checked="" type="checkbox"/> |
| b. Near Vision   | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | 4. Respiratory System     | <input type="checkbox"/>            |
| ( Should be at least J2 in both eyes with or without glasses )   |                          |                                       | 5. Skin-Chronic Disease   | <input checked="" type="checkbox"/> |
| c. Colour Vision   | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | 6. Abdomen                | <input checked="" type="checkbox"/> |
| d. Any Organic Eye Disease                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | 7. Locomotor/Neurological | <input checked="" type="checkbox"/> |
| 2. Hearing   | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | 8. Endocrine disorders    | <input checked="" type="checkbox"/> |
| ( Unable to hear ordinary conversation at 2 m )                  |                          |                                       | 9. Mental State           | <input checked="" type="checkbox"/> |

#### LABORATORY TEST

( Report Enclosed )

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

#### OTHER TEST

( Report Enclosed )

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

**Remarks:** Overweight E66, Chest X-Ray: Post Fracture in the Right Clavicula S42.001, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 90 cm, Lab: SGPT R74.9 58 U/L MIE, GGT R74.9 101 U/L MIE, HDL E78.4 47 mg/dl BHR, Triglyceride E78.1 230 mg/dl HR, Cholesterol Ratio E78 4.0 AR, Urea R79.89 15 mg/dl, Creatinine R79.89 0.7 mg/dl, BUN 7.0 mg/dl

#### 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 Diet

Authentic Signature

Date of Exam : 8 January 2021



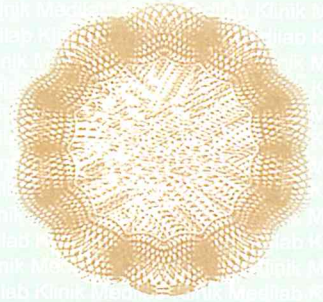
DR. REZGA AGNELA VALBETRI





## 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

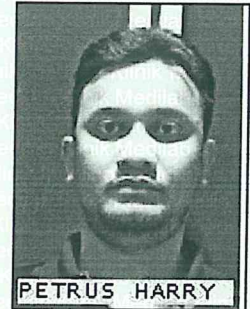
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#### CONFIDENTIAL

No. Medical Record :   
00001/001/I/ISP/21

#### PERSONAL DATA

Name : PETRUS HARRY NATALDO  
 Birthday/Gender/Emp. ID : 25 December 1990 / Male / 19161  
 Father's Name : JUNJUNGAN NAINGGOLAN  
 Address : BENGKONG PALAPA, BATAM  
 Occupation : NDT TECHNICIAN  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



PETRUS HARRY

### LABORATORY REPORT

#### BLOOD COUNT

| Test Name                          | Result | Unit                             | Reference Range |                   |                |
|------------------------------------|--------|----------------------------------|-----------------|-------------------|----------------|
| HGB                                | 16.3   | gr/dl                            | M: 13.2 - 17.3  | F: 11.7 - 15.5    |                |
| WBC                                | 7.4    | 10 <sup>3</sup> /mm <sup>3</sup> | M: 3.8 - 10.6   | F: 3.6 - 11.0     |                |
| RBC                                | 5.15   | 10 <sup>6</sup> /mm <sup>3</sup> | M: 4.4 - 5.9    | F: 3.8 - 5.2      |                |
| ESR                                | 5      | mm/hr                            | M: 0 - 10       | F: 0 - 20         |                |
| HCT                                | 46.4   | %                                | M: 40 - 52      | F: 35 - 47        |                |
| PLT                                | 243    | 10 <sup>3</sup> /mm <sup>3</sup> | 150 - 440       |                   |                |
| Differential Count                 |        |                                  |                 |                   |                |
| - LYM                              | 26.5   | %                                | 25 - 40         |                   |                |
| - MON                              | 6.0    | %                                | 2 - 8           |                   |                |
| - GRA                              | 67.5   | %                                | 43 - 76         |                   |                |
| Indicator of Infection             |        |                                  |                 |                   |                |
| - Neutrofil Lymphocyte Ratio (NLR) | 2.54   | %                                | > 3.13 Cautious | 6 - 9 Suspicious  | > 9 Perilous   |
| - Absolute Lymphocyte Count (ALC)  | 1961   | %                                | < 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

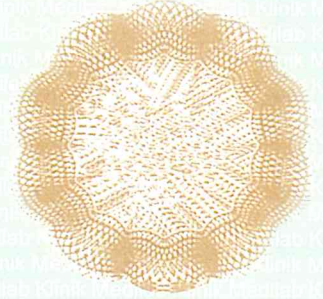
Chest PA:  
Chest X-Ray: Post Fracture in the Right Clavícula S42.001

Date of Exam : 8 January 2021



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### HEALTH SCREENING REPORT

Preemployment Physical Examination

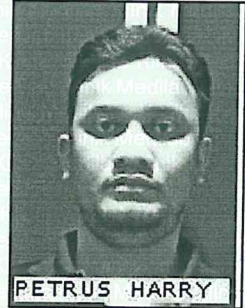
145

#### CONFIDENTIAL

No. Medical Record :   
00001/001/I/ISP/21

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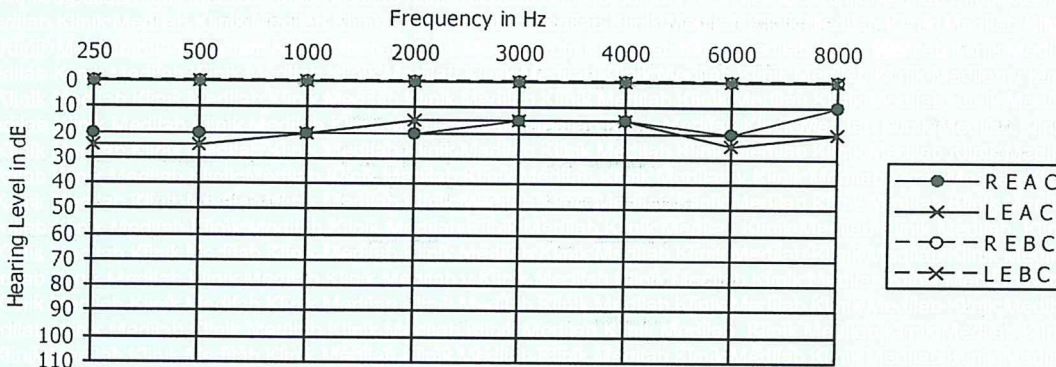
### AUDIOMETRY REPORT

#### 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                | 0.6 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 : -9.38 %  
L : -9.38 %  
Hearing Handicap : -9.375 %
- Not a Noise Induced Hearing Loss

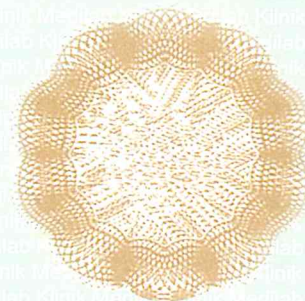
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### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

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### LABORATORY REPORT

| Test Name                              | Result       | Unit  | Reference Range           |
|--|--------------|-------|---------------------------|
| <b>LIVER FUNCTION TEST</b>             |              |       |                           |
| 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                   | 69           | U/L   | 30 - 120                  |
| SGOT                                   | 20           | U/L   | M: <= 35 F: <= 31         |
| SGPT                                   | 58           | U/L   | M: <= 45 F: <= 34         |
| Gamma GT                               | 101          | U/L   | M: <= 49 F: <= 32         |
| <b>LIPID PROFILE TEST</b>              |              |       |                           |
| Total Cholesterol                      | 188          | mg/dl | <= 200                    |
| HDL - Cholesterol                      | 47           | mg/dl | M: > 35 F: > 45           |
| LDL - Cholesterol                      | 95           | mg/dl | 50 - 140                  |
| Triglycerida                           | 230          | mg/dl | <= 204                    |
| Ratio Cholesterol ( Total Chol : HDL ) | 4.0          |       | M: < 3.4 F: < 3.3         |
| <b>FOOD SUGAR TEST</b>                 |              |       |                           |
| Nuchter                                | 88           | mg/dl | < 100                     |
| 2 hours PP                             | 115          | mg/dl | < 140                     |
| <b>RENAL FUNCTION TEST</b>             |              |       |                           |
| Ureum                                  | 15           | mg/dl | 17 - 43                   |
| Creatinine                             | 0.7          | mg/dl | M: 0.8 - 1.3 F: 0.5 - 0.9 |
| Uric Acid                              | 7.7          | mg/dl | M: 3.6 - 8.2 F: 2.3 - 6.1 |
| <b>SEROLOGI</b>                        |              |       |                           |
| TPHA                                   | Non Reactive |       | Non Reactive              |
| HBsAg                                  | Negative     |       | Negative                  |
| Anti HBs                               | Negative     |       |                           |
| <b>URINE</b>                           |              |       |                           |
| Cannabinoid                            | Negative     |       | Negative                  |
| Methamphetamine                        | Negative     |       | Negative                  |
| Opiates                                | Negative     |       | Negative                  |
| Cocain                                 | Negative     |       | Negative                  |
| Amphetamine                            | Negative     |       | Negative                  |
| Benzodiazepine                         | Negative     |       | Negative                  |

Date of Exam : 8 January 2021



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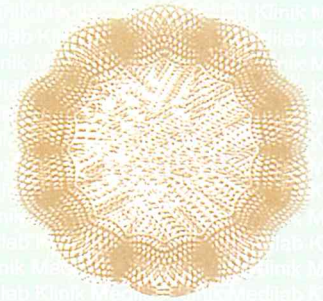


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**PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA**

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



**HEALTH SCREENING REPORT**

Preemployment Physical Examination

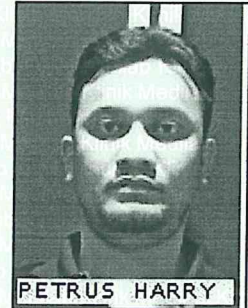
**CONFIDENTIAL**

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PETRUS HARRY

**LABORATORY REPORT**

| Test Name     | Result Unit | Reference Range |
|---------------|-------------|-----------------|
| <b>OTHERS</b> |             |                 |
| BUN           | :*          | 7.0 mg/dl       |
|               |             | 8 - 22          |

Date of Exam : 8 January 2021



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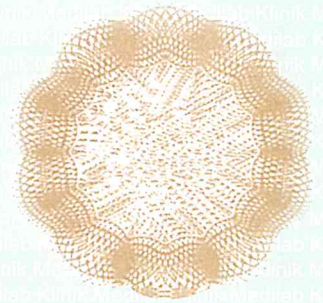
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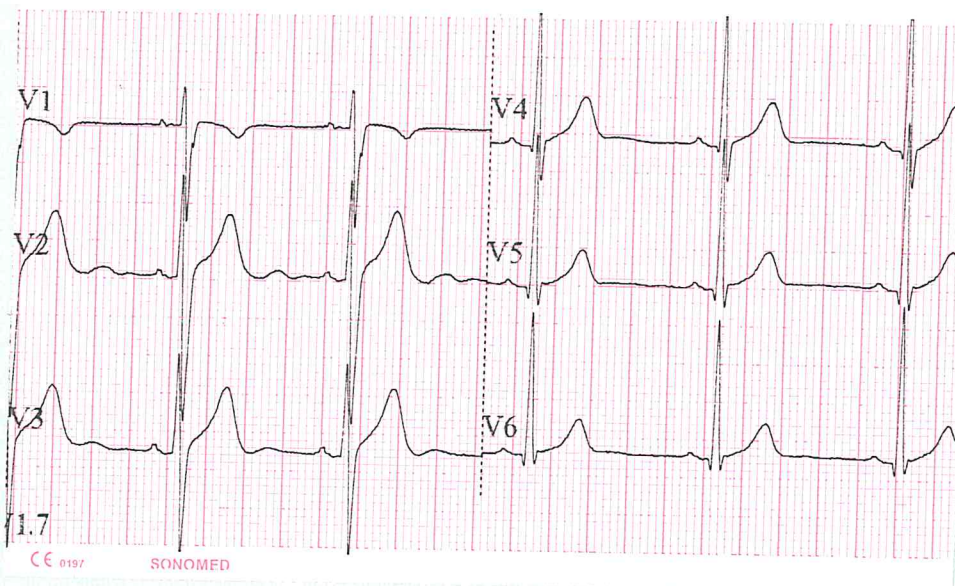
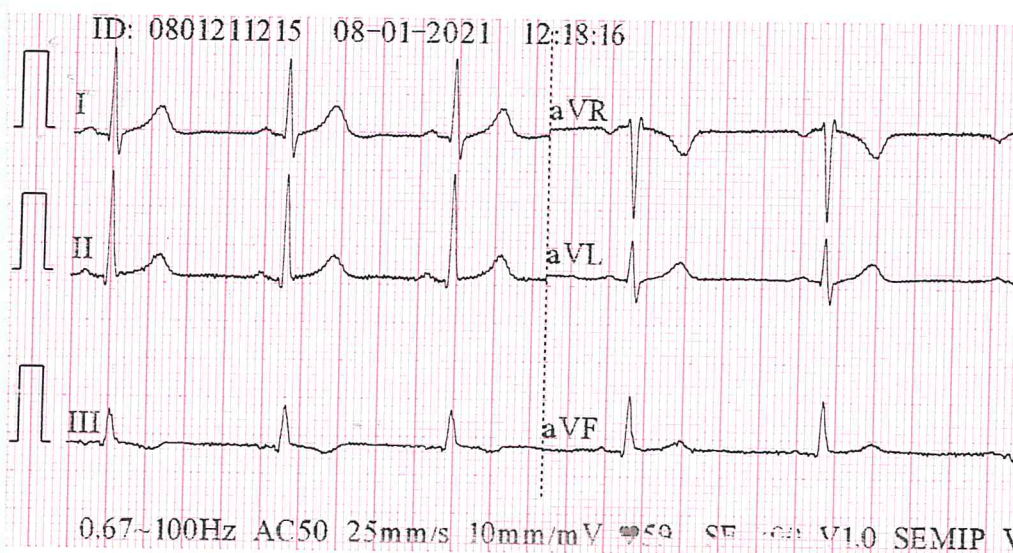
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## ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : PETRUS HARRY NATALDO  
Age : 30 Years  
Gender : Male  
Place/Date : BATAM/08 January 2021  
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG  
ADVICE :  
EXAMINER :

  
**dr. REZGA AGNELA VALBETRI**  
Examining Physician