



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
DOHARMIN MAMURRI MANIK	02/04/1991	SUPERVISOR

This Health Certificate is valid until: 5/6/2023

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

Specify prescriptions and/or restrictions

FIT TO WORK

Applicant's signature in the Doctor's presence

BATAM
Place

6/6/2022
Day, Month, Year



Doctor's stamp and signature

dr. Rezga Agnela
Examining Physician

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full DELLA WIPU MANUTUHA MANIK Date of Birth 02/04/97 Sex M F
 Occupation SPV Badge No. Blood Group B Rh

Please tick box <input type="checkbox"/>	Yes	No	Details if "yes" (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"/>	
2. Have you ever suffered from:			
a) Fits, fainting, giddiness or any mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Asthma, bronchitis, pneumonia or any other lung disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f) Kidney, bladder or other genito-urinary disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g) Any injury, operation, physical defect or deformity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h) Any other illness not mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. a) Have you ever been a patient at a hospital, nursing home or special clinic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Have you ever had any medical investigation carried out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Have you ever had any form of sexually transmitted disease or is there anything about your lifestyle which could expose you to the risk of AIDS or AIDS related condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Female only: Have you ever had any gynaecological or obstetric problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. a) Non-smoker: Have you smoked in the past?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Smokers: How much do you smoke per day?	<input type="text"/>	<input type="text"/>	
c) What is the average daily consumption of alcohol?	<input type="text"/>	<input type="text"/>	
			16 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	69			
Mother	65			
Brother / Sister	40			
Brother / Sister	38			
Brother / Sister	38			

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 6/6/2022

3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS. DOHARMIN MANUTURI MANIK

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"	
8. Measurement & Physical Description				
a) Measurements (to be taken in indoor clothing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Height: 178 cm Weight: 91 Kg	
b) Please describe general appearance and build:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BMI: 28.72 Kg/m ² Waist Circumference: 99cm	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Bilateral Varicose Grade 1 I83.9	
e) Blood Pressure: (please record opposite)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic / Diastolic: 132 / 81 Pulse Rate: 69x / min	
10. Respiratory System				
a) Is there any abnormality in the shape and development of the chest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Are there any abnormal physical signs in the lungs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Genito / Urinary & Digestive System				
a) Is the urine test abnormal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is a hernia present	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Nervous System				
a) Is there any sign of disease in the central nervous system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there anything to suggest a tendency to psychiatric disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13. Sense Organs				
a) Is there any affection of the eyes, ears, nose or tongue	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Vision	Far Vision		Near Vision	Color Vision
Uncorrected	OD - OS -		OD J1 OS J1	Adequate ✓
Corrected	OD 6/9 OS 6/6		OD - OS -	Defective

Remarks:

5. EXAMINATION RESULTS AND REPORT

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

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

- | | |
|-----------------------------------|----------------------|
| 1. Chest X-Ray Report (****) | Normal Limited |
| 2. ECG Report | Normal Resting ECG |
| 3. Audiogram Report | Normal |
| 4. Spirometry Report | Normal Lung Function |
| 5. Digital Pulse Oximetry Report: | 98% |

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

1) Hemoglobin	14.8 gr/dl	10) MCV (*)	89.2 μm^3	19) HDL Cholesterol	64 mg/dl
2) RBC	$4.96 \times 10^6 / \text{mm}^3$	11) MCM (*)	29.9 pg	20) LDL Cholesterol	173 mg/dl
3) WBC	$8.6 \times 10^3 / \text{mm}^3$	12) MCHC (*)	33.6 gr/dl	21) Total Bilirubin	0.7 mg/dl
4) Neutrophils		13) Platelet	$260 \times 10^3 / \text{mm}^3$	22) Direct Bilirubin	0.4 mg/dl
5) Lymphocytes	29.3%	14) Reticulocyte (*)		23) AST (SGOT)	24 μL
6) Monocytes	7.8%	15) Glycemia	88 mg/dl	24) ALT (SGPT)	55 μL
7) Eosinophils		16) Blood Urea	10 mg/dl	25) Gamma GT	57 μL
8) Basophils		17) Total Cholesterol	261 mg/dl		
9) Hematocrit		18) Triglycerides	120 mg/dl		

7. Urine Examination Report (Physical, Chemical and Microscopy test results: Please attach the results of the following examinations and indicate here below the results). Please indicate abnormalities (if Any): pH: 6, SG: 1.010, Glucossa: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

8. Drugs (***), alcohol screening test Report (***). (Please attach the results of the following examinations and indicate here below the results):

1) Amphetamines	NEGATIVENEGATIVE	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7)
Alcohol						
2) Benzodiazepine	NEGATIVE	4) Marijuana	NEGATIVE	6) Opiates	NEGATIVE	

9. HIV Test (*)
10. Tine (Tuberculin test) (*)
11. HBsAg (**) HBsAb (**) HbCAb (**) HBeAg (**) HBeAb (**) HAVAb (**) HCVAb (**)
12. TPHA (*)
13. Stool examination (*)
14. Pharyngeal plug test (*)

(*) Only if specifically required (**) Only to the personnel who have never been vaccinated before or if specifically required

(***) Compulsory on pre-employment medical examinations and periodical examination for OFFSHORE and employees involve in Safety Sensitive Positions (SSP). For all other employees depend on circumstances, national and international legal requirements.

(****) Chest X-ray is required on the first examination. Afterwards, the examining physician has the discretion whether to perform it or not, based on physical examination, laboratory results, epidemiological situation and local laws and regulation in the country of origin or assignment.

6. OVERALL SUMMARY, ASSESSMENT AND RECOMMENDATIONS

The present Medical Certificate is valid until: 05-Jun-2023

I have examined Mr./Mrs. DOHARMIN MANUTURI MANIK and found him/her (tick the box)

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



DR. REZGA AGNELA VALBETRI
 Examining Doctor's Signature

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

dr. Rezga Agnela
 Examining Physician

Date: 06-Jun-2022

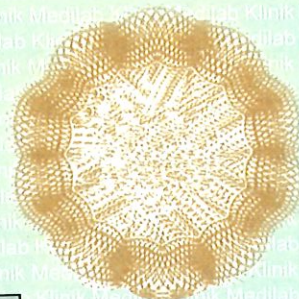


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Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : DOHARMIN MANUTURI MANIK
DOB/Gender/Emp. ID: 2 April 1991 / Male / 17079
Address : BATU AJI KAV LAMA BLOK GF NO 7, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



Distant Vision Acuity (<i>Snellen Chart</i>)
Right Eye: 6/9 With Glasses
Left Eye : 6/6 With 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>)	-
Grey Test	-
Depth Test	-

DR. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature

BATAM, 06 June 22

Place, Date of eye examination



Official Stamp of Medical Practitioner



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HEALTH SCREENING REPORT

Periodic Health Examination

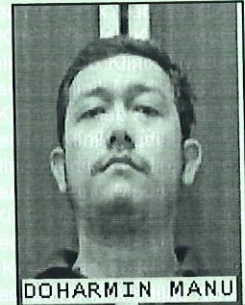
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No. Medical Record : 
00022/001/VI/ISP/22

PERSONAL DATA

Name : DOHARMIN MANUTURI MANIK
 Birthday/Gender/Emp. ID : 2 April 1991 / Male / 17079
 Father's Name : BALDWIN MANIK
 Address : BATU AJI KAV LAMA BLOK GF NO 7, BATAM
 Occupation : SUPERVISOR
 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 : 91 Kg Height : 178 Cm
 BMI : 28.72

	Yes/Abnormal	No/Normal		Yes/Abnormal	No/Normal
1. Vision			3. Cardiovascular System		
a. Distant Vision (Should be at least 6/12 in both eyes with or without glasses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision (Should be at least J2 in both eyes with or without glasses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic / Diastolic : 132 / 81 mm Hg		
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pulse : 69 / min		
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing (Unable to hear ordinary conversation at 2 m)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Overweight BMI:28.72 E66, Myopia H52.1 Aided R:6/9, L:6/6 MIM, Bilateral Varicose Grade 1 I83.9, Waist Circumference: 99 cm, Oxygen Saturation: 98 %, BUN R79.89 4.7 mg/dl, Lab: SGPT R74.9 55 U/L MIE, GGT R74.9 57 U/L MIE, Total Cholesterol E78.0 261 mg/dl VHR, LDL E78.4 173 mg/dl HR, Cholesterol Ratio E78 4.1 AR, Urea R79.89 10 mg/dl, Anti HBs (-), COVID-19 Antigen Rapid Test: Negative

CERTIFICATION

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

ADVICE :

Regular Exercise and Reduce Weight, Legs Exercise, Take Enough Rest & Consume Curcuma, Low Fat Diet, Protein Intake

Authentic Signature

Date of Exam : 6 June 2022



DR. REZGA AGNELA VALBETRI



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HEALTH SCREENING REPORT

Periodic Health Examination

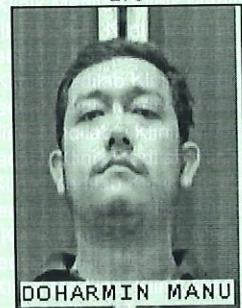
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Birthday/Gender/Emp. ID : 2 April 1991 / Male / 17079
Father's Name : BALDWIN MANIK
Address : BATU AJI KAV LAMA BLOK GF NO 7, BATAM
Occupation : SUPERVISOR
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	14.8	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	8.6	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.96	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	44.2	%	M: 40 - 52	F: 35 - 47
PLT	260	10 ³ /mm ³	150 - 440	
MCV	89.2	µm ³	80 - 100	
MCH	29.9	pg	26 - 34	
MCHC	33.6	gr/dl	32 - 36	
Differential Count				
- LYM	29.3	%	25 - 40	
- MON	7.8	%	2 - 8	
- GRA	62.7	%	43 - 76	

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	6	- WBC/HPF	Nil/HPF
- Specific Gravity	1.010	- RBC/HPF	Occ/HPF
- Glucosaa	Negative	- Epithel Cell	Nil
- Protein	Negative	- Crystals	Nil
- Ketones	Negative	- Cast	Nil/HPF
- Bilirubin	Negative		
- Urobilinogen	Normal		
- Nitrit	Negative		
- Blood	Negative		
- Leucocytes	Negative		

X-RAY REPORT

Chest PA:
Show no Abnormalitis.
There is no evidence of pulmonary tuberculosis or other pulmonary,pleural or mediastinal lesions.
The size,shape and position of the heart are within limits of normal variations.
Bony structures of the thorax show no abnormalities.

Date of Exam : 6 June 2022



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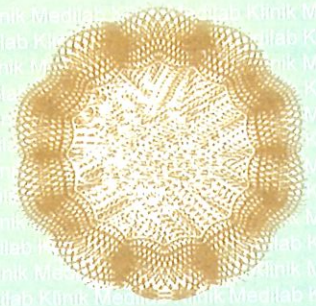


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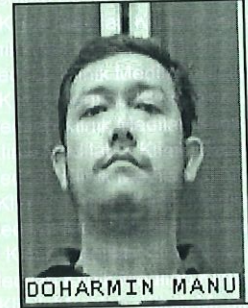
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AUDIOMETRY REPORT

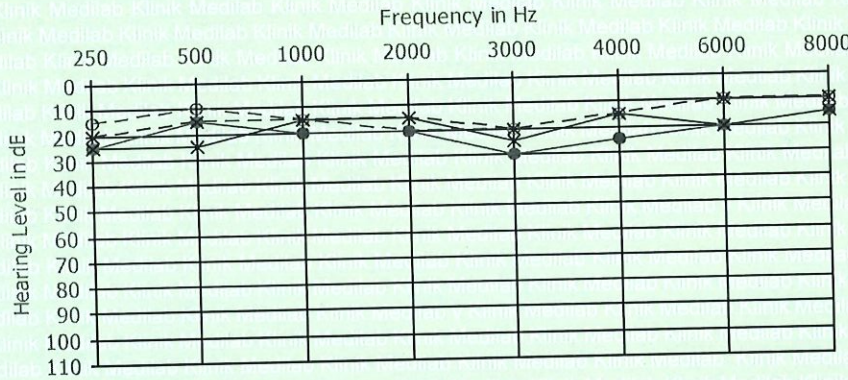
Occupational History

	Yes	No
- Noisy Working Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Present/use of Hearing Protector	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Period of Working		10.0 years

Medical History/Examination

	Yes	No
- Ear Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Head/Ear Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ears Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ear Drum Perforation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Ear Cerumen	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No	If Yes, which ear	Left	Right
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>



Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural

R :	-5.63 %
L :	-7.50 %
Hearing Handicap :	-7.188 %
- Not a Noise Induced Hearing Loss

Date of Exam : 6 June 2022



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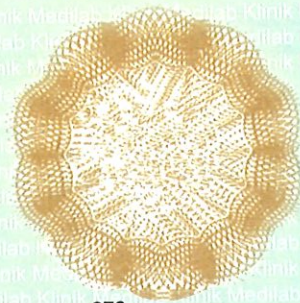


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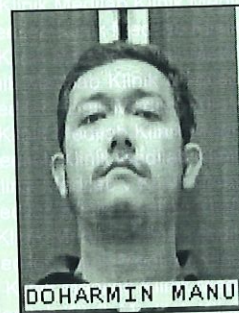
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 Address : BATU AJI KAV LAMA BLOK GF NO 7, BATAM
 Occupation : SUPERVISOR
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



DOHARMIN MANU

PULMONARY FUNCTION TEST

Occupation History

	Yes	No
- Dusty Working Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Present/use of Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Period of Working	0.0 years	

Medical History

	Yes	No	If Yes, when
- Lung Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- Breathlessness/Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- Coughed Up Blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

BEST VALUES

	Pred.	Measured	%Pred.
FVC	5.11	3.92	77
FEV1	4.27	3.40	80
FEV1/FVC	81.6	86.7	106
PEF	9.75	12.54	129
FEF25-75	4.82	4.69	97

PARAMETER		Pred.	PRE#1	%Pred.	PRE#2	PRE#3
*FVC	L	5.11	3.92	77	3.92	3.92
*FEV1	L	4.27	3.40	80	3.40	3.40
*PEF	L/s	9.75	12.54	129	12.54	12.54
FVC	L	5.11	3.89	76	3.92	3.70
FEV1	L	4.27	3.40	80	3.33	3.26
FEV1/FVC	%	81.6	87.4	107	84.9	88.1

FVC Normal Value : 4.302
 FEV1 Normal Value : 3.625
 FEV1/FVC % Normal Value : 85 %
 FVC % Predicted Value : 91 %
 FEV1 % Predicted Value : 93 %
 FEV1/FVC % Predicted Value : 101 %

Interpretation : Normal Spirometri

Date of Exam : 6 June 2022



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Predicted Value based on Indonesian Pneumobile Project, Reference spirometric values of healthy Indonesian schoolchildren and working adults using equipment and methods that meet American thoracic Society (ATS) 1987 recommendations, 1993



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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

273

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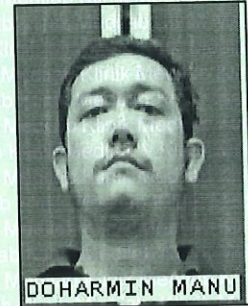
No. Medical Record :



00022/001/VI/ISP/22

PERSONAL DATA

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DOHARMIN MANU

LABORATORY REPORT

Test Name	Result Unit	Reference Range
LIVER FUNCTION TEST		
Total Bilirubin	0.7 mg/dl	0.3 - 1.1
Direct Bilirubin	0.4 mg/dl	0.1 - 0.4
SGOT	24 U/L	M: <= 35 F: <= 31
SGPT	55 U/L	M: <= 45 F: <= 34
Gamma GT	57 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST		
Total Cholesterol	261 mg/dl	<= 200
HDL - Cholesterol	64 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	173 mg/dl	50 - 140
Triglycerida	120 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	4.1	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST		
Nuchter	88 mg/dl	< 100
RENAL FUNCTION TEST		
Ureum	10 mg/dl	17 - 43
KUN	4.7 mg/dl	8 - 22
SEROLOGI		
TPHA	Non Reactive	Non Reactive
HBsAg	Negative	Negative
Anti HBs	Negative	
Urine		
Cannabinoid/THC	Negative	Negative
Methamphetamine	Negative	Negative
Opiates/Morphine	Negative	Negative
Cocain	Negative	Negative
Amphetamine	Negative	Negative
Benzodiazepine	Negative	Negative
COVID-19 IgG/ IgM Rapid Test		
SARS-CoV-2 Antigen	Negative	Negative
OTHERS		
Breath Alcohol Test	0.000 %BAC	< 0.02 %BAC is negative >= 0.02-0.039 %BAC: cannot

Date of Exam : 6 June 2022



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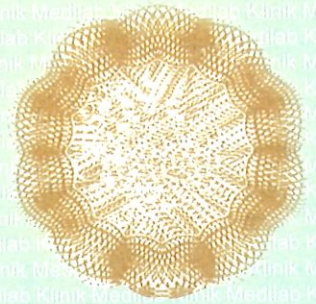


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HEALTH SCREENING REPORT

Periodic Health Examination

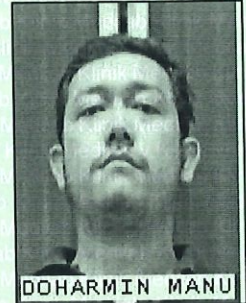
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No. Medical Record : 
00022/001/VI/ISP/22

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LABORATORY REPORT

Test Name	Result Unit	Reference Range
		perform safety sensitive function >= 0.04 %BAC is a violation of rule

Date of Exam : 6 June 2022



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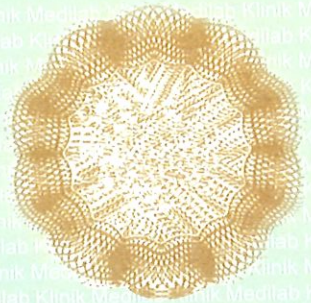


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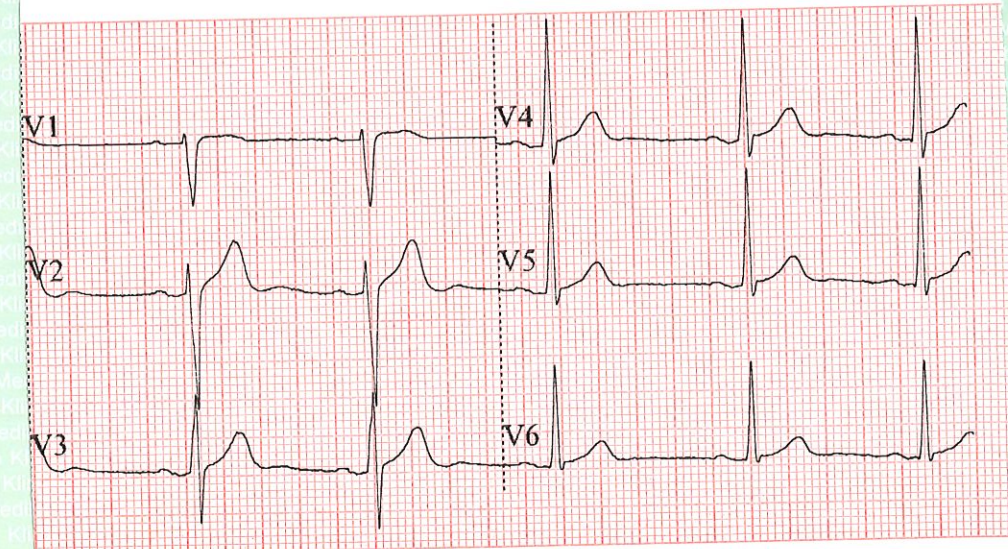
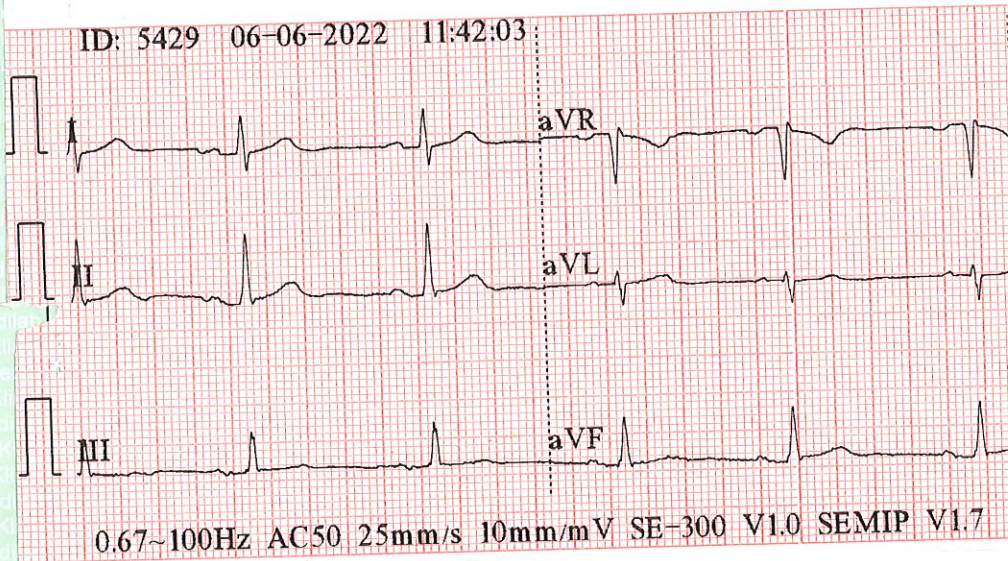
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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : DOHARMIN MANUTURI MANIK
Age : 31 Years
Gender : Male
Place/Date : BATAM/06 June 2022
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG
ADVICE :
EXAMINER :



dr. REZGA AGNELA VALBETRI
Examining Physician

OVERWEIGHT DAN OBESE

Kemendes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

Overweight adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI) ≥ 25 Kg/m²



Obese adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI) ≥ 30 Kg/m²

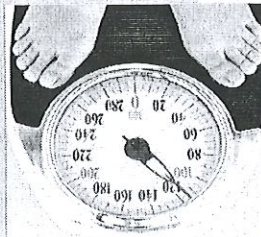
World Health Organization (WHO)

Cara Mengatasi :

1. Mengurangi porsi makan dari biasanya, perbanyak makan buah dan sayur serta kacang-kacangan.
2. Mengurangi penggunaan minyak dan santan, dianjurkan masak dengan cara dikukus, direbus atau dipanggang.
3. Mengurangi makanan dan minuman yang manis.
4. Mengurangi penggunaan garam dan makanan yang diawetkan, diasinkan dan dikemas dalam kaleng.
5. Hindari susu tinggi lemak, minumlah susu yang rendah lemak.
6. Meningkatkan konsumsi makan ikan segar.
7. Melakukan aktivitas fisik minimal 30 menit setiap hari. Kegiatan ini dapat dilakukan dimana saja dan kapan saja seperti berjalan kaki, bersepeda, membersihkan rumah dan kebun, mencuci motor/mobil.

Cara Mencegah :

1. Makan dengan gizi seimbang
*Jumlah dan jenis makanan sesuai kebutuhan
*Jadwal makan teratur
2. Aktifitas Fisik minimal 30 menit setiap hari
3. Timbang berat badan secara teratur



Pencegahan Varices

Untuk Pekerja Berdiri

- Olah Raga dengan berjalan kaki secara teratur minimal 30 menit per hari
- Relaksasi kaki sesering mungkin :
 - Lipat kaki kanan dan kiri bergantian
 - Jinjit
 - Remaskan jari-jari kaki didalam sepatu
 - Topanglah berat badan dari satu kaki ke kaki lain setiap beberapa menit sekali
- Gunakan Kaos kaki/Stocking elastis
- Tinggikan Kaki dengan Bantal Sewaktu Berbaring / Tidur selama \pm 20 menit
- Hindari Pemakaian Korset (pakaian dalam yang ketat)
- Hindari menyilangkan kaki saat duduk
- Menjaga berat badan agar ideal
- Hindari pemakaian sepatu hak tinggi



CHOLESTEROL DARAH

Dr. Mariaman Tjendera, M. Kes



Total kolesterol darah dibagi dalam 3 kategori :

1. **Layak** : < 200 mg/dl
2. **Resiko Sedang** : 200-239 mg/dl (memiliki resiko serangan jantung 2 kali lebih besar dari nilai kolesterol < 200 mg/dl)
3. **Resiko Tinggi** : > 240 mg/dl (Resiko yang lebih tinggi untuk mendapat serangan jantung dan stroke)

Jenis – jenis Kolesterol

1. **LDL-Kolesterol : Kolesterol "Jahat"**
LDL-Kolesterol yang terlalu banyak beredar di darah dapat membentuk plaque, penebalan dan pengerasan yang menyebabkan penyempitan bahkan penyumbatan pembuluh darah. Kondisi tersebut dapat menyebabkan penyakit jantung dan stroke.
2. **HDL-Kolesterol : Kolesterol "Baik"**
HDL-Kolesterol yang banyak di sirkulasi darah dapat melindungi serangan jantung. HDL-Kolesterol memiliki kecenderungan membawa kolesterol keluar dan dapat membuang plaque dari pembuluh darah
3. **Trigliserida**
Merupakan salah satu jenis lemak darah yang bila tinggi dapat menyebabkan gangguan jantung

Cara menurunkan resiko serangan jantung dan stroke pada kolesterol yang tinggi :

1. Menghindari makanan berlemak jenuh yang dijumpai pada hasil hewan dan minyak tumbuhan tropis, seperti : daging lembu, domba, babi, mentega, coklat, susu lembu, keju, minyak kelapa, minyak palem, minyak kacang tanah dan snack crackers.
2. Memakan makanan berlemak tidak jenuh, seperti : minyak zaitun, minyak jagung, minyak bunga matahari, dan minyak kedelai.
3. Memakan makanan berserat seperti : cereal, buah segar dan sayur-sayuran.
4. Daging ikan yang mengandung asam lemak omega 3 dapat membantu menurunkan resiko serangan jantung.
5. Telur, ayam tanpa kulit, kacang buncis dan kacang polong dibatasi 3-4 kali seminggu.
6. Olah raga selama 30 – 60 menit, paling sedikit 3-4 kali seminggu.
7. Hentikan merokok, rokok dapat meningkatkan resiko serangan jantung
8. Mempertahankan tekanan darah tetap normal
9. Mempertahankan kadar gula darah tetap normal
10. Mempertahankan berat badan yang ideal
11. Hindari minuman beralkohol, karena dapat meningkatkan tekanan darah.
12. Periksa kadar kolesterol secara rutin.

Kepustakaan :

- American Heart Association, 2002
- Indiana university health center (03/01/2003), <http://Indiana.edu/~health/choles.html>