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



Medical Certificate of Fitness for Offshore Work

(Issued in accordance with Oil and Gas UK Guidelines)

Name	STEVEN GERY TAMBUNAN
Date of Birth	21-02-1995
Employing Company Name	INSPEKTINDO SINERGI PERSADA.PT
Occupation	TECHNICIAN
<p>This individual has been examined in accordance with Oil & Gas UK Guidelines and is Medically Fit for Unrestricted Offshore Work</p>	
Examining Physician Name	Dr. Mariaman Tjendera, M.Kes
Oil & Gas UK Pin No.	OGUK/2014/2091
Date of Examination	28/09/2019
Date of Expiry of Certificate	27/09/2021
Signed	



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Medical Screening Questionnaire and Examination Record

Surname:	STEVEN GERY . T	Forenames:	
Address:	DEWAKONDA PALAPA -5 D/8	Telp:	0822 8846 1811
Date of Birth:	21.02.1995		
GP's Name:	Dr. Mariaman Tjendera. M.Kes		
GP's Address:	Klinik Medilab		
	Komplek Taman Niaga Sukajadi Blok J No. 3A.5.6 Batam Centre. Batam, 29463, Indonesia		
Date of Last Medical Offshore:			
Offshore Occupation / Job Title:			
Emergency Response Role:			

Social / Occupational History	Yes	No	Comments
1. Do you smoke? If so how many per day?		<input checked="" type="checkbox"/>	
2. If an ex-smoker, when did you give up?		<input checked="" type="checkbox"/>	
3. Average weekly alcohol consumption: state quantity and type		<input checked="" type="checkbox"/>	
4. Have you been exposed to any known occupational hazard such as noise, radiation, dusts, asbestos, chemical or lead?		<input checked="" type="checkbox"/>	
5. Have you used protective clothing, safety glasses or hearing protection?		<input checked="" type="checkbox"/>	
6. Have you ever developed any medical condition in connection with your occupation? if so please give details e.g. hearing loss / skin condition / wheeze / backache / muscle strain / blood disease?		<input checked="" type="checkbox"/>	
7. Have you ever suffered any industrial injury? if so, please give details.		<input checked="" type="checkbox"/>	
8. Have you ever had any previous audiometric screening? Was this normal? State when and where.	<input checked="" type="checkbox"/>		MEDILAB / APRIL 2019 NORMAL
9. Have you ever had previous lung function screening? Was this normal? State when and there.	<input checked="" type="checkbox"/>		MEDILAB / APRIL 2019 NORMAL
10. Have you ever been rejected from employment on medical grounds?		<input checked="" type="checkbox"/>	
11. Have you ever received compensation or is there any industrial claim pending?		<input checked="" type="checkbox"/>	
12. Have you ever been medivaced from an offshore installation?		<input checked="" type="checkbox"/>	
Examining Physician's comments:			



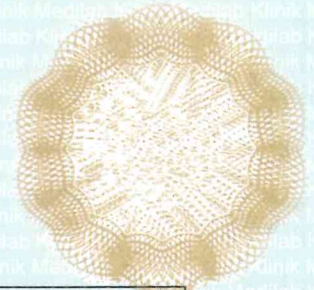
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Do you have or have you been diagnosed as suffering from any of the following?
(Please circle and elaborate)

1. Chest pain / heart disease	Yes	<input checked="" type="radio"/> No
2. High blood pressure / stroke	Yes	<input checked="" type="radio"/> No
3. Asthma / Epilepsy / Diabetes	Yes	<input checked="" type="radio"/> No
4. Peptic ulcer disease	Yes	<input checked="" type="radio"/> No
5. Kidney disease (e.g. stones)	Yes	<input checked="" type="radio"/> No
6. Psychiatric disorder (e.g. anxiety, depression)	Yes	<input checked="" type="radio"/> No
7. Tuberculosis	Yes	<input checked="" type="radio"/> No
8. Cancer	Yes	<input checked="" type="radio"/> No

Do any of your immediate family (Parents/Brothers/Sisters) have a history of any the above conditions?
Please specify:

Do you currently have any of the following:

1. Backache / joint or muscular pain	Yes	<input checked="" type="radio"/> No
2. Hernia / rupture	Yes	<input checked="" type="radio"/> No
3. Visual impairment	Yes	<input checked="" type="radio"/> No
4. Perforated eardrum / discharge from ear	Yes	<input checked="" type="radio"/> No
5. Recurrent indigestion	Yes	<input checked="" type="radio"/> No
6. Jaundice / hepatitis / gall bladder disease	Yes	<input checked="" type="radio"/> No
7. Change in bowel habit / diarrhoea	Yes	<input checked="" type="radio"/> No
8. Blood in stool / piles, haemorrhoids	Yes	<input checked="" type="radio"/> No
9. Shortness of breath / coughing up blood	Yes	<input checked="" type="radio"/> No
10. Recurrent bronchitis / pneumonia	Yes	<input checked="" type="radio"/> No
11. Blood in urine / kidney complications / stones	Yes	<input checked="" type="radio"/> No
12. Headaches / Migraine / dizziness	Yes	<input checked="" type="radio"/> No

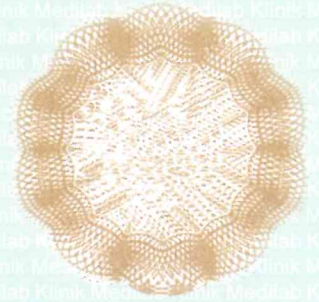
Physician's Comment:

I certify that the above information is correct

Signed  (Employee)



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Medical Examination

(To be completed by examining Physician)

 STEVEN GERY T	Photographic Id	Passport Number :	C 0309885
		Driver's license number :	
		Other :	

Height	Weight	BMI	BP	Pulse	FEV1	FVC	FEV1/ FVC	Urinalysis		
								Protein	Blood	Glucose
173 Cm	90 Kg	30.07	137/89 mm Hg	89/ min	3.89	4.50	86.4%	Normal	Normal	Normal

Vision - Distance			Vision - Near			Colour	VDU	
L	Unaided N	Both N	L	Unaided N	Both N	Normal √	Abnormal	Normal
R	Unaided N		R	Unaided N				

	N	A	Comment
Audiometric Screening	√		
Substance Abuse Screening	√		
Stool Culture (Catering Crew)			
Laboratory		√	Lab: HDL E78.4 43 mg/dl BHR, Cholesterol Ratio E78 4.1 AR, Blood Count: Anaemia D64 12.1 gr/dl MIA, Erythrocytosis D75.1 4.05 * 10 ⁶ /mm ³ , HCT R71.0 36.0% MID, Monocytosis D72.821 9.4%
Chest X-Ray	√		
ECG	√		
Other	√		



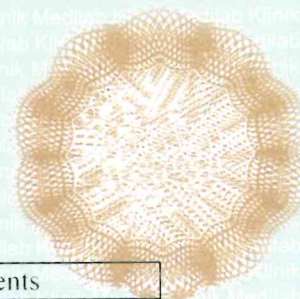
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KLINIK MEDILAB

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		Normal	Abnormal	Comments
1.	Eye / Pupils	√		
2.	Ear, Nose & Throat	√		
3.	Teeth	√		
4.	Lungs / Chest	√		
5.	Cardiovascular	√		
6.	Abdomen	√		
7.	Hernial Orifices	√		
8.	Genitourinary	√		
9.	Musculoskeletal	√		
10.	Skin	√		
11.	Varicose Veins	√		
12.	Neurological	√		

Physician to comment on any abnormalities:

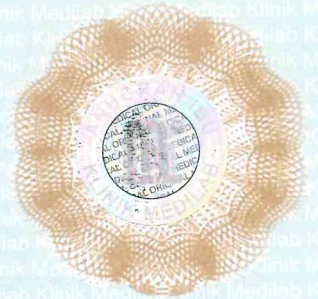
Certification	Comment / Reason
Fit for offshore work as per Oil & Gas UK Guidelines	FIT
Fit for restricted offshore work following discussion with operating company's medical adviser	
Temporary unfit for offshore work	
Permanently unfit for offshore work	

Physician's signature



Print Name : Dr. Mariaman Tjendera, M.Kes


Date Examination : 28 September 2019



HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00002/002/IX/OISP/19

PERSONAL DATA

Name : STEVEN GERY TAMBUNAN
Birthday/Gender/Emp. ID : 21 February 1995 / Male / C 0309885
Father's Name : SAKKAN T
Address : BENGKONG PALAPA SWADAYA BLOK D NO 8 BENGKONG, BATAM
Occupation : TECHNICIAN
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA.PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13



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

	Yes/Abnormal	No/Normal		Yes/Abnormal	No/Normal
Weight : 90 Kg			Height : 173 Cm		
BMI : 30.07					
1. Vision			3. Cardiovascular System		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			Systolic / Diastolic : 137 / 89 mm Hg		
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pulse : 89 / min		
(Should be at least J2 in both eyes with or without glasses)			b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LABORATORY TEST

(Report Enclosed)

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

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometri	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input 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: Obese E66, Myopia H52.1 R:6/6, L:6/9 MIM, Visual Field & Depth Test: Normal, RR: 18x/i, Lab: HDL E78.4 43 mg/dl BHR, Cholesterol Ratio E78 4.1 AR, Blood Type: 0 Rh(+) Z67.40, Blood Count: Anaemia D64 12.1 gr/dl MIA, Erythrocytosis D75.1 4.05 * 10⁶/mm³, HCT R71.0 36.0% MID, Monocytosis D72.821 9.4%

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, Diet to Raise HDL Cholesterol

Authentic Signature

DR. MARIAMAN TJENDERA, M.KES

Date of Exam : 28 September 2019



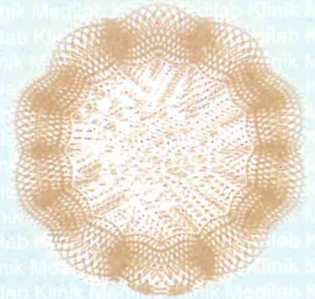


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HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

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Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13



STEVEN GERY T

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	* 12.1	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	7.4	10 ³ / mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	* 4.05	10 ⁶ / mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	3	mm/hr	M: 0 - 10 F: 0 - 20
HCT	* 36.0	%	M: 40 - 52 F: 35 - 47
PLT	203	10 ³ /mm ³	150 - 440
MCV	88.8	µm ³	80 - 100
MCH	30.0	pg	26 - 34
MCHC	33.8	gr/dl	32 - 36
Differential Count			
- LYM	29.7	%	25 - 40
- MON	* 9.4	%	2 - 8
- GRA	60.9	%	43 - 76

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	6	- WBC/HPF	Occ/HPF
- Specific Gravity	1.010	- RBC/HPF	Nil/HPF
- Glucosaa	Negative	- Epithel Cell	Occ
- 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 Abnormalities.
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 : 28 September 2019



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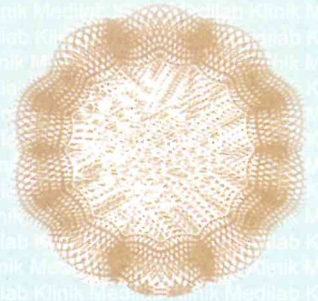


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HEALTH SCREENING REPORT

Preemployment Physical Examination

2

CONFIDENTIAL

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00002/002/IX/OISP/19

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Occupation : TECHNICIAN
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA.PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13,



AUDIOMETRY REPORT

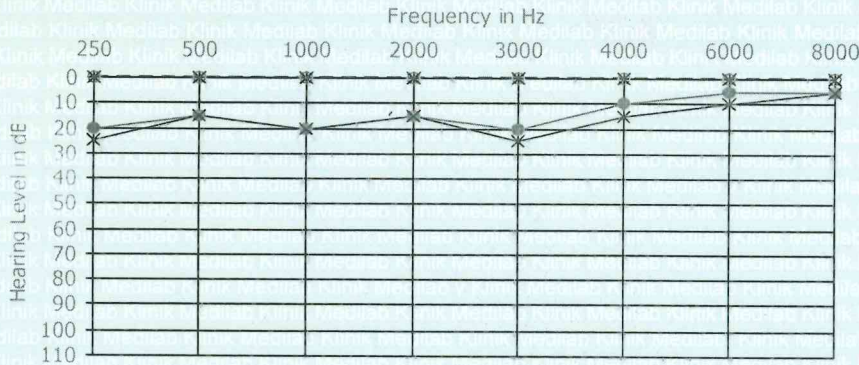
Occupational History

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.0 years	

Medical History/Examination

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes, which ear	Left	Right
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural : R : -11.25 %
L : -9.38 %
Hearing Handicap : -10.938 %
- Not a Noise Induced Hearing Loss

Date of Exam : 28 September 2019



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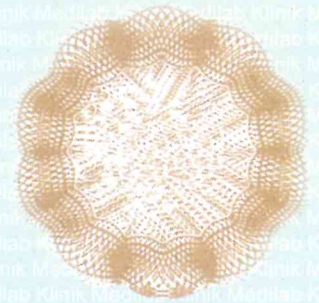


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PULMONARY FUNCTION TEST

Occupation History

	Yes	No
- Dusty Working Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Period of Working	2.0 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	4.98	4.50	90
FEV1	4.22	3.89	92
FEV1/FVC	82.7	86.4	104
PEF	9.70	9.74	100
FEF25-75	4.98	4.63	93

FVC Normal Value : 4.176
FEV1 Normal Value : 3.608
FEV1/FVC % Normal Value : 88 %
FVC % Predicted Value : 107 %
FEV1 % Predicted Value : 107 %
FEV1/FVC % Predicted Value : 98 %

PARAMETER		Pred.	PRE#1	%Pred.	PRE#2	PRE#3
*FVC	L	4.98	4.50	90	4.50	4.50
*FEV1	L	4.22	3.89	92	3.89	3.89
*PEF	L/s	9.70	9.74	100	9.74	9.74
FVC	L	4.98	4.50	90	4.36	4.22
FEV1	L	4.22	3.89	92	3.69	3.60
FEV1/FVC	%	82.7	86.4	104	84.6	85.3

Interpretation : Normal Spirometri

Date of Exam : 28 September 2019



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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

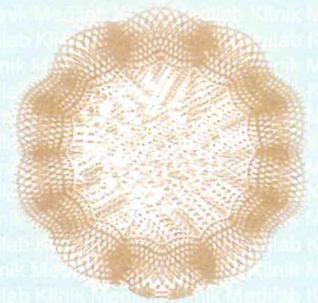


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Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13



STEVEN GERY T

LABORATORY REPORT

Test Name	Result Unit	Reference Range
LIVER FUNCTION TEST		
Alkaline Phosphatase	71 U/L	30 - 120
SGOT	15 U/L	M: <= 35 F: <= 31
SGPT	20 U/L	M: <= 45 F: <= 34
LIPID PROFILE TEST		
Total Cholesterol	175 mg/dl	<= 200
HDL - Cholesterol	43 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	118 mg/dl	50 - 140
Triglycerida	69 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	* 4.1	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST		
Nuchter	90 mg/dl	< 100
RENAL FUNCTION TEST		
Ureum	19 mg/dl	17 - 43
reatinine	0.9 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	7.8 mg/dl	M: 3.6 - 8.2 F: 2.3 - 6.1
SEROLOGI		
VDRL / RPR	Non Reactive	Non Reactive
HIV	Negative	Negative
HBsAg	Negative	Negative
Blood Group	O	
Rhesus	Positive	
URINE		
Cannabinoid	Negative	Negative
Methamphetamine	Negative	Negative
Opiates	Negative	Negative
Amphetamine	Negative	Negative
Benzodiazepine	Negative	Negative
Barbiturate	Negative	Negative

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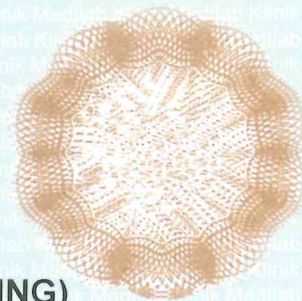


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ID 9105042627



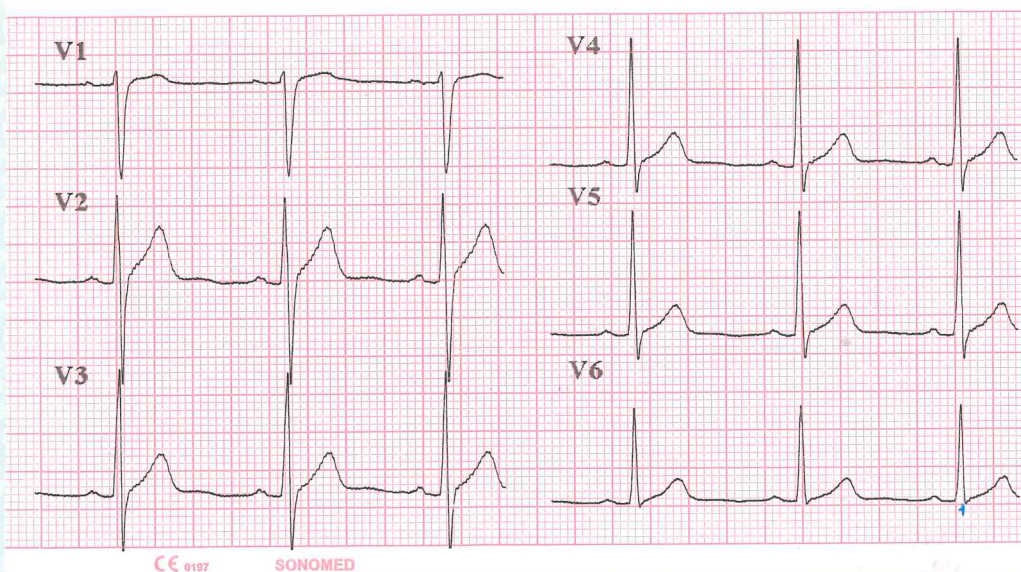
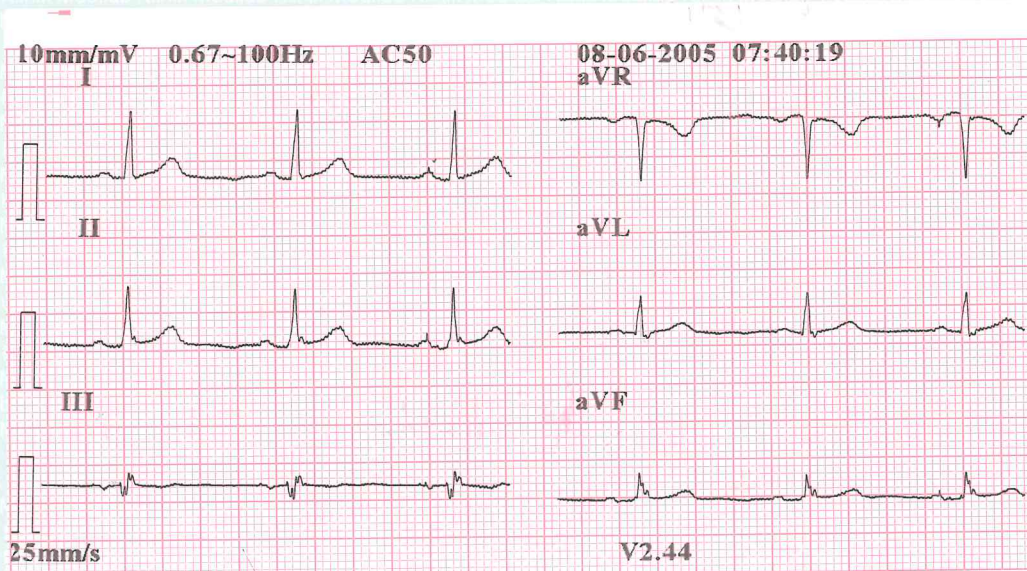
PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

NAME : Steven Gery Tambunan
Age : 24 years
Sex : Male
Place/Date : Batam, September 28th 2019
Company's name : INSPEKTINDO SINERGI PERSADA.PT



CONCLUSION : **Normal Resting ECG**
EXAMINER :

dr. Ebiet Yudi Santoko
Examining Physician