



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) MANGARA TUA IMMANUEL SIANTUKI	Date of Birth 08/06/1997	Occupation INSPECTOR.
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This Health Certificate is valid until: 22 / 2 / 2023

Fit
 Fit with prescriptions and/or restrictions
 Unfit

offshore
 permanent

onshore
 temporary for months
 permanent
 temporary for months

Specify prescriptions and/or restrictions

FIT TO WORK

[Signature]

 Applicant's signature in the Doctor's presence

Batam **23 / 2 / 2022**
 Place Day, Month, Year

KLINIK MEDILAB
 Komplek Taman Niaga Suk, Jadi Blok J No. 3A-6 Batam
 Tel : 0778 - 7372022, 7372023 Fax : 0778 - 7372024
 Doctor's stamp and signature

dr. Tosyarna BR.Dalimunthe
 007.I/007-363/SIP.™/DPMPSTP-BTM/VIII/2020

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full	<u>MANGARA TUA IMMANUEL SIANTUKI</u>	Date of Birth	<u>08-06-92</u>	Sex	<input checked="" type="radio"/> M - <input type="radio"/> F
Occupation	<u>INSPEKTOR</u>	Badge No.	<input type="text"/>	Blood Group	<input checked="" type="radio"/> O Rh <input type="text"/>

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

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father			43.	SICK.
Mother	57 TH	PT.		
Brother / Sister	29 TH	PT.		
Brother / Sister	28 TH	PT.		
Brother / Sister	26 TH	PT.		

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 23 / 2 / 2022

3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS. MANGARA TUA IMMANUEL SIANTURI

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

Please, tick box, whether normal or not	<input type="checkbox"/> Yes No		<input type="checkbox"/> Yes No	
	Yes	No	Yes	No
1. Ear infection / Sinusitis / Vertigo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Nose, mouth or throat trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Color blindness / Loss of vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Frequent headaches / Fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Epilepsy / Mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Diabetes mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Endocrine disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Hernia / Hydrocele / Piles / Fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Malaria / Tropical Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Skin disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Cancer or tumor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Allergy to foods / drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"	
	Yes	No		
8. Measurement & Physical Description				
a) Measurements (to be taken in indoor clothing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Height: 184 cm	Weight: 88 Kg
b) Please describe general appearance and build:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BMI: 25.99 Kg/m ²	Waist Circumference: 102 cm
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Is there any enlargement of lymph nodes or thyroid gland?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Are there any scars of material significance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Cardio-vascular System & Blood pressure				
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any irregularity of rhythm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is there any abnormality in the arterial pulse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Are there any varicose veins?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Blood Pressure: (please record opposite)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic / Diastolic: 130 / 80	Pulse Rate: 82x / 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Dental Caries K02 1, Retained Dental Root K08.3 1	
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 6/12 OS 6/6	OD J1 OS J1	Adequate <input checked="" type="checkbox"/>	
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 (****)	Normal Limited
2. ECG Report	Normal Resting ECG
3. Audiogram Report	Normal
4. Spirometry Report	-
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	16.5 gr/dl	10) MCV (*)	88.5 µm ³	19) HDL Cholesterol	56 mg/dl
2) RBC	5.28x10 ⁶ /mm ³	11) MCM (*)	27.1 pg	20) LDL Cholesterol	82 mg/dl
3) WBC	7.0x10 ³ /mm ³	12) MCHC (*)	33.6 gr/dl	21) Total Bilirubin	1.2 mg/dl
4) Neutrophils		13) Platelet	284x10 ³ /mm ³	22) Direct Bilirubin	0.2 mg/dl
5) Lymphocytes	33.2%	14) Reticulocyte (*)		23) AST (SGOT)	21 µ/L
6) Monocytes	8.8%	15) Glycemia	114 mg/dl	24) ALT (SGPT)	26 µ/L
7) Eosinophils		16) Blood Urea	23 mg/dl	25) Gamma GT	34 µ/L
8) Basophils		17) Total Cholesterol	163 mg/dl		
9) Hematocrit		18) Triglycerides	126 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: 1.015, Glucososa: (-), 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	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7) Alcohol
2) Benzodiazepine	4) Marijuana	NEGATIVE	6) Opiates	NEGATIVE	

9. HIV Test (*)
10. Tine (Tuberculin test) (*)
11. HBsAg (**) HBsAb (**) 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: 22-Feb-2023

I have examined Mr./Mrs. MANGARA TUA IMMANUEL SIANTURI and found him/her (tick the box)

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

DR. TOSYARNA BR DALIMUNTHE
 Komplek Taman Niaga Suka Jadi Blok No. 3A-6 Batam
 Tel. 0778-3311111 Fax. 0778-3311111
 (Stamp, Signature, Name and address of the Physician)

Date: 23-Feb-2022

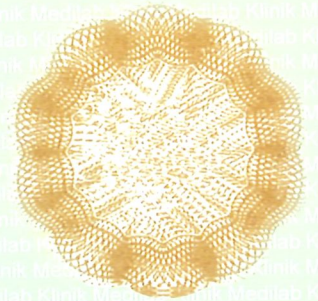


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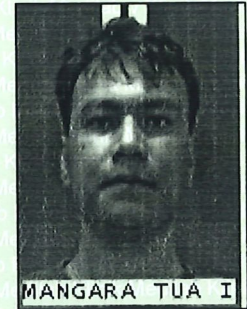
Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : MANGARA TUA IMMANUEL SIANTURI
DOB/Gender/Emp. ID: 8 June 1997 / Male /
Address : VILLA SAMPURNA 2 BLOK KK NO 8 TIBAN, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



MANGARA TUA I

Distant Vision Acuity (Snellen Chart)

Right Eye: 6/12 Without Glasses
Left Eye : 6/6 Without Glasses

Near Vision Acuity

Right Eye : J1 Without Glasses
Left Eye : J1 Without Glasses

Colour Vision (Ishihara's Test)

Normal

Visual Field Test (Confrontation Test)

-

Grey Test

-

Depth Test

-

DR. TOSYARNA BR DALIMUNTHE

Examiner's Name

Examiner's Signature

BATAM, 23 February 22

Place, Date of eye examination

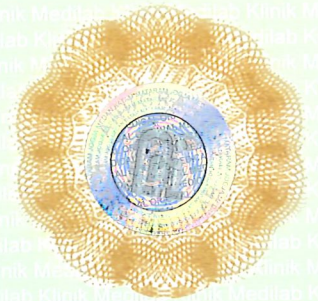
Official Stamp of Medical Practitioner





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HEALTH SCREENING REPORT

Preemployment Physical Examination

262

CONFIDENTIAL

No. Medical Record : 
00011/003/II/ISP/22

PERSONAL DATA

Name : MANGARA TUA IMMANUEL SIANTURI
 Birthday/Gender/Emp. ID : 8 June 1997 / Male /
 Father's Name : HERMANTO SIANTURI
 Address : VILLA SAMPURNA 2 BLOK KK NO 8 TIBAN, BATAM
 Occupation :
 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 : 88 Kg	Height : 184 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 25.99		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 130 / 80 mm Hg		
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 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 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 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. 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:25.99 E66, Myopia H52.1 R:6/12, L:6/6 MIM, Dental Caries K02 1, Retained Dental Root K08.3 1, Oxygen Saturation: 98 %, Waist Circumference: 102 cm, Lab: Total Bilirubin E80.6 1.2 mg/dl MIE, HDL E78.4 56 mg/dl BHR, Nuchter: Pre-Diabetes R73.01 114 mg/dl, Blood Count: Monocytosis D72.821 8.8%

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, Teeth Hygiene, Take Enough Rest & Consume Curcuma, Diet to Raise HDL Cholesterol, Low Sugar Diet

Authentic Signature

Date of Exam : 23 February 2022



DR. TOSYARNA BR DALIMUNTHE

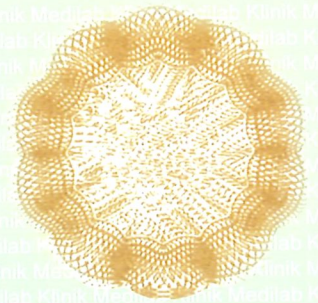


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HEALTH SCREENING REPORT

Preemployment Physical Examination

262

CONFIDENTIAL

No. Medical Record : 
00011/003/II/ISP/22

PERSONAL DATA

Name : MANGARA TUA IMMANUEL SIANTURI
 Birthday/Gender/Emp. ID : 8 June 1997 / Male /
 Father's Name : HERMANTO SIANTURI
 Address : VILLA SAMPURNA 2 BLOK KK NO 8 TIBAN, BATAM
 Occupation :
 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	16.5	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	7.0	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.28	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	10	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	48.0	%	M: 40 - 52	F: 35 - 47	
PLT	284	10 ³ /mm ³	150 - 440		
MCV	88.5	µm ³	80 - 100		
MCH	27.1	pg	26 - 34		
MCHC	33.6	gr/dl	32 - 36		
Differential Count					
- LYM	33.2	%	25 - 40		
- MON	8.8	%	2 - 8		
- GRA	58.0	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	1.74	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2324	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	6	- WBC/HPF	Occ/HPF
- Specific Gravity	1.015	- RBC/HPF	Nil/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 : 23 February 2022



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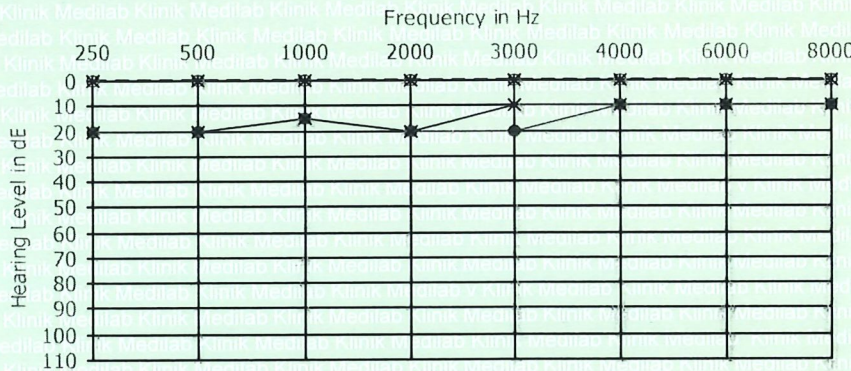
AUDIOMETRY REPORT

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	0.1 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 : -13.13 %
Hearing Handicap : -12.500 %
- Not a Noise Induced Hearing Loss

Date of Exam : 23 February 2022



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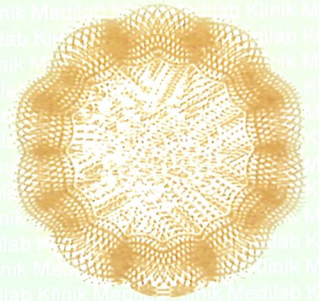


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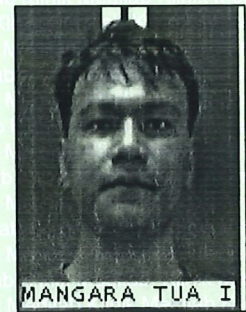
Preemployment Physical Examination

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No. Medical Record : 
00011/003/II/ISP/22

PERSONAL DATA

Name : MANGARA TUA IMMANUEL SIANTURI
 Birthday/Gender/Emp. ID : 8 June 1997 / Male /
 Father's Name : HERMANTO SIANTURI
 Address : VILLA SAMPURNA 2 BLOK KK NO 8 TIBAN, BATAM
 Occupation :
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



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LABORATORY REPORT

Test Name	Result	Unit	Reference Range
LIVER FUNCTION TEST			
Total Bilirubin	*	1.2 mg/dl	0.3 - 1.1
Direct Bilirubin		0.2 mg/dl	0.1 - 0.4
SGOT		21 U/L	M: <= 35 F: <= 31
SGPT		26 U/L	M: <= 45 F: <= 34
Gamma GT		34 U/L	M: <= 49 F: <= 32
LIPID PROFILE TEST			
Total Cholesterol		163 mg/dl	<= 200
HDL - Cholesterol		56 mg/dl	M: > 35 F: > 45
LDL - Cholesterol		82 mg/dl	50 - 140
Triglycerida		126 mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)		2.9	M: < 3.4 F: < 3.3
BLOOD SUGAR TEST			
Nuchter	*	114 mg/dl	< 100
RENAL FUNCTION TEST			
Ureum		23 mg/dl	17 - 43
TOXICOLOGI			
TPHA		Non Reactive	Non Reactive
Urine			
Cannabinoid/THC		Negative	Negative
Methamphetamine		Negative	Negative
Opiates/Morphine		Negative	Negative
Cocain		Negative	Negative
Benzodiazepine		Negative	Negative

Date of Exam : 23 February 2022

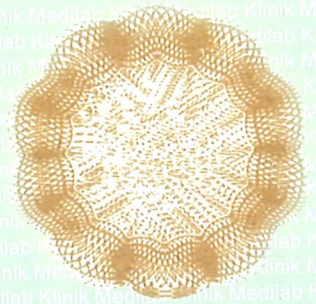


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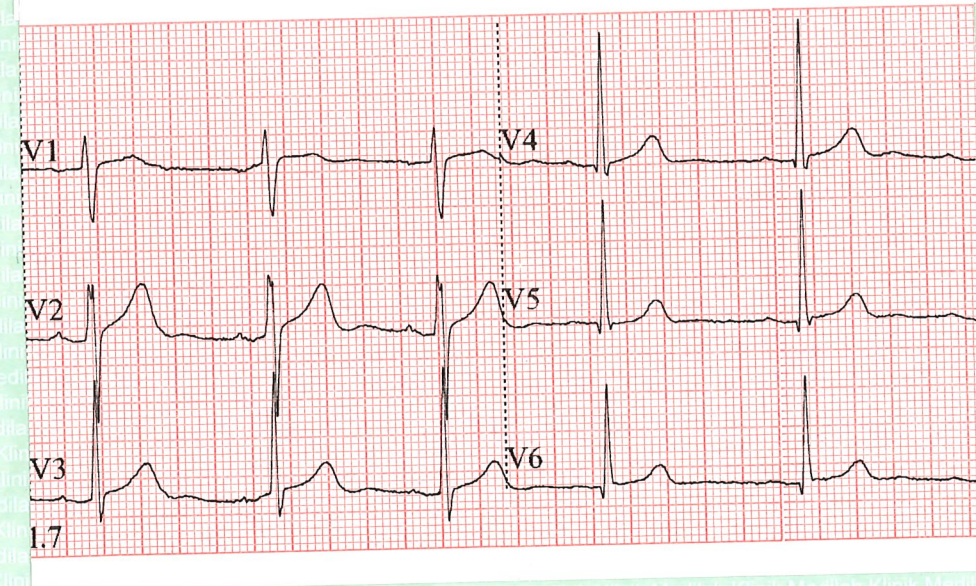
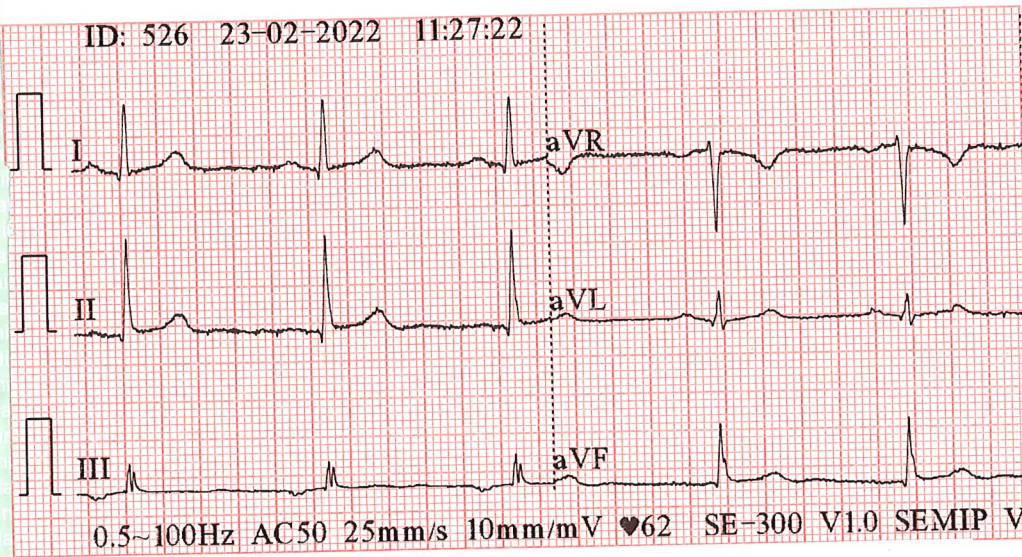
Management System
ISO 9001:2015

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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : MANGARA TUA IMMANUEL SIANTURI
Age : 24 Years
Gender : Male
Place/Date : BATAM/23 February 2022
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION : Normal Resting ECG

ADVICE :

EXAMINER :



dr. Tosyarna BR. Dalimunthe
007.1007-363/SIP.TM/DPNPTSP-BTM/VIII/2020