



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
YONAS FEBRIAN	17 / 2 / 1998	INSPECTOR

This Health Certificate is valid until: 18 / 10 / 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 WITH NOTE

Applicant's signature in the Doctor's presence

Batam
Place

19 / 10 / 2022
Day, Month, Year

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

dr. REZGA AGNELA VALBETRI
Examining Physician

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full	<u>YONAS FEBRIAN</u>	Date of Birth	<u>17.02.88</u>	Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Occupation	<u>INSPECTOR</u>	Badge No.	<input type="text"/>	Blood Group	<input type="text"/> Rh <input type="text"/>

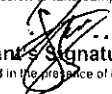
Please tick box <input type="checkbox"/>	Yes	No	Details if "yes" (including dates and duration and any other relevant information)
1. a) Are you at present under medical care or receiving treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Are you currently taking medication, 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Smokers: How much do you smoke per day?	<input type="text"/>	<input type="text"/>	Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/>
c) What is the average daily consumption of alcohol?	<input type="text"/>	<input type="text"/>	

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father	<u>52</u>			
Mother	<u>51</u>			
Brother / <u>Sister</u>	<u>24</u>			
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 19 / 10 / 2022

3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS. YONAS FEBRIAN

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	Yes No		Yes No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Ear infection / Sinusitis / Vertigo	<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 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 checked="" type="checkbox"/>	10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/> <input checked="" type="checkbox"/>
4. Frequent headaches / Fainting	<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 checked="" type="checkbox"/>	12. Skin disease	<input type="checkbox"/> <input checked="" type="checkbox"/>
6. Hypertension	<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 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"		
	<input type="checkbox"/>	<input type="checkbox"/>			
8. Measurement & Physical Description					
a) Measurements (to be taken in indoor clothing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Height: 180 cm	Weight: 76 Kg	
b) Please describe general appearance and build:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BMI: 23.46 Kg/m ²	Waist Circumference: 85 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: 102 / 62	Pulse Rate: 74x / 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 <input checked="" type="checkbox"/>
Corrected	OD 6/6	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	VES I49.3
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	15.3 gr/dl	10) MCV (*)	90.7 μm^3	19) HDL Cholesterol	62 mg/dl
2) RBC	$4.88 \times 10^6/\text{mm}^3$	11) MCM (*)	31.6 pg	20) LDL Cholesterol	134 mg/dl
3) WBC	$5.7 \times 10^3/\text{mm}^3$	12) MCHC (*)	34.6 gr/dl	21) Total Bilirubin	1.1 mg/dl
4) Neutrophils		13) Platelet	$245 \times 10^3/\text{mm}^3$	22) Direct Bilirubin	0.7 mg/dl
5) Lymphocytes	33.9%	14) Reticulocyte (*)		23) AST (SGOT)	19 μL
6) Monocytes	8.1%	15) Glycemia	81 mg/dl	24) ALT (SGPT)	12 μL
7) Eosinophils		16) Blood Urea	25 mg/dl	25) Gamma GT	14 μL
8) Basophils		17) Total Cholesterol	205 mg/dl		
9) Hematocrit		18) Triglycerides	43 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: 5, SG: 1.015, 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	NEGATIVE	3) Cocaine	NEGATIVE	5) Methamphetamine	NEGATIVE	7) Alcohol	0.000%
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: 18-Oct-2023

I have examined Mr./Mrs. YONAS FEBRIAN and found him/her (tick the box)

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



RECOMMENDATION FROM INTERNIST & CARDIOLOGIST ARE ATTACHED.

DR. REZGA AGNELA VALBETRI
Examining Doctor's Signature
(Stamp, Signature, Name and address of the Physician)

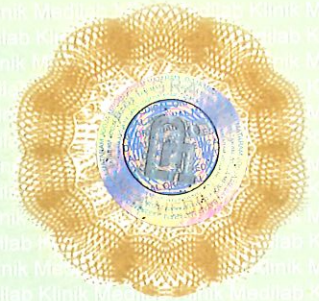
Date: 19-Oct-2022

dr. REZGA AGNELA VALBETRI
Examining Physician



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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00028/004/X/ISP/22

279

PERSONAL DATA

Name : YONAS FEBRIAN
 Birthday/Gender/Emp. ID : 17 February 1998 / Male / ISP 21267
 Father's Name : DHARMAWAN
 Address : JL TIBAN II BLOK B NO 9 PATAM LESTARI SEKUPANG, BATAM
 Occupation : INSPECTOR
 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

		Yes/Abnormal	No/Normal
Weight	: 76 Kg		
BMI	: 23.46		
Height	: 180 Cm		
1. Vision			
a. Distant Vision	<input type="checkbox"/> <input checked="" type="checkbox"/>		
<i>(Should be at least 6/12 in both eyes with or without glasses)</i>			
b. Near Vision	<input type="checkbox"/> <input checked="" type="checkbox"/>		
<i>(Should be at least J2 in both eyes with or without glasses)</i>			
c. Colour Vision	<input type="checkbox"/> <input checked="" type="checkbox"/>		
d. Any Organic Eye Disease	<input type="checkbox"/> <input checked="" type="checkbox"/>		
2. Hearing	<input type="checkbox"/> <input checked="" type="checkbox"/>		
<i>(Unable to hear ordinary conversation at 2 m)</i>			
3. Cardiovascular System			
a. Blood Pressure	<input type="checkbox"/> <input checked="" type="checkbox"/>		
Systolic / Diastolic : 102 / 62 mm Hg			
Pulse : 74 / min			
b. Heart Disease	<input type="checkbox"/> <input checked="" type="checkbox"/>		
c. Varicose Veins	<input type="checkbox"/> <input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Waist Circumference: 85 cm, Oxygen Saturation: 98 %, Lab: Direct Bilirubin E80.6 0.7 mg/dl MOE, Total Cholesterol E78.0 205 mg/dl BHR, Anti HBs (-), Blood Count: ESR R70.0 20 mm/hr MIE, Monocytosis D72.821 8.1%, ECG: VES I49.3, COVID-19 Antigen Rapid Test: Negative

CERTIFICATION

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

ADVICE :

Control Routine to Internist & Cardiologist, Consume Medicine Regularly, Low Fat Diet

*NOTE: RECOMMENDATION FORM INTERNIST & CARDIOLOGIST ARE ATTACHED

Date of Exam : 19 October 2022



Authentic Signature

DR. REZGA AGNELA VALBETRI

CONSULT LETTER

(Surat Konsul)

CL#9

Rev: 00

Dear dr....., thank you for referring me your patient:

(Kepada teman sejawat dr....., terima kasih sudah merujuk pasien sejawat)

Name (Nama)	YONAS FEBRIAN	Occupation (Pekerjaan)	INSPECTOR
Age (Usia)	24 YO	For (Seiama)	----- years(tahun)
Gender (Jenis kelamin)	MALE	Reason for Referral (Alasan Merujuk)	Lab: Direct Bilirubin E80.6 0.7 mg/dl MOE

On General Examination Today (Pemeriksaan Umum):

Patient tidak ada keluhan. Pemeriksaan faal
Pemeriksaan DBW.

Laboratory Test (Pemeriksaan Laboratorium):

Acid Lipid : Dislipidemia.

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

Diagnose (Diagnosa):

Dislipidemia.

Treatment/Procedure (Pengobatan/Tindakan):

revisi diet HCO.

(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):

Fit to work. Jaga diet di rumah dan di kantor.
(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?) Selama 1 bulan.

Batam, 17 DEC 2022

Yours Sincerely,

(Salam Sejawat)

dr. Frans Sarumpaet, M.ked, Sp.PD
Spesialis Penyakit Dalam

CONSULT LETTER <i>(Surat Konsul)</i>	CL#1
	Rev: 00

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

Name <i>(Nama)</i>	YONAS FEBRIAN	Occupation <i>(Pekerjaan)</i>	INSPECTOR
Age <i>(Usia)</i>	24 YO	For <i>(Selama)</i>	----- years(tahun)
Gender <i>(Jenis kelamin)</i>	MALE	Reason for Referral <i>(Alasan Merujuk)</i>	ECG: VES I49.3

On General Examination Today *(Pemeriksaan Umum):*

Walaupun Uv saat ini @, low hygiene / hygiene @

Laboratory Test *(Pemeriksaan Laboratorium):*

Pr awal

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

Ed m. UES (occasional)

Diagnose *(Diagnosa):*

UES (occasional) tps ledakan

Treatment/Procedure *(Pengobatan/Tindakan):*

(Are there any side effects of medication?/Apakah ada efek samping pengobatan?)

Pris to work

Suggestion *(Saran):*

*(Is the patient able to carry out their normal assigned duties?/Apakah pasien mampu melakukan tugas sesuai pekerjaannya?)
(please determine the timing and scope of the next medical/Tolong tentukan waktu dan lingkup pemeriksaan berikutnya)*

- The patient with myocardial ischaemia or with history of myocardial ischaemia, must meet the following criteria for the risk to be compatible with offshore work :
(Pasien dengan iskemik miokard atau riwayat iskemik miokard, harus memenuhi kriteria di bawah ini untuk bekerja di lepas pantai)
 - a. The patient must have been free of cardiac symptoms for at least 3 months
(Pasien harus bebas dari gejala-gejala penyakit jantung minimal 3 bulan)
 - b. The patient must undertake a Bruce Protocol Exercise test and complete Stage III without cardiac symptoms or signs of ischaemia
(Pasien harus melakukan treadmill dengan rotokol Bruce dan menyelesaikan stage III tanpa gejala-gejala penyakit jantung atau tanda-tanda iskemik)

Batam, 17/12/22

Yours Sincerely,

(Salam Sejawat)

dr. AFDHALUN A. NAKIM, Sp.JP (K) FIHA, FAsCC

Dr spesialis Intensi Jantung & Pembuluh Darah

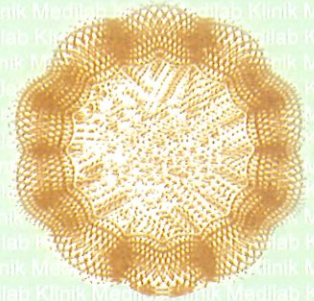


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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

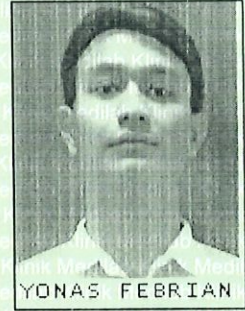
Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



EYE EXAMINATION REPORT

IDENTIFICATION OF APPLICANT

Applicant's Name : YONAS FEBRIAN
DOB/Gender/Emp. ID: 17 February 1998 / Male / ISP 21267
Address : JL TIBAN II BLOK B NO 9 PATAM LESTARI SEKUPANG, BATAM
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



Distant Vision Acuity (Snellen Chart)	Near Vision Acuity
Right Eye: 6/6 With Glasses Left Eye : 6/6 With Glasses	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. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature

BATAM, 19 October 2022



Place, Date of eye examination

Official Stamp of Medical Practitioner



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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

Periodic Health Examination

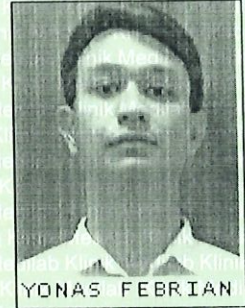
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CONFIDENTIAL

No. Medical Record : 
00028/004/X/ISP/22

PERSONAL DATA

Name : YONAS FEBRIAN
 Birthday/Gender/Emp. ID : 17 February 1998 / Male / ISP 21267
 Father's Name : DHARMAWAN
 Address : JL TIBAN II BLOK B NO 9 PATAM LESTARI SEKUPANG, BATAM
 Occupation : INSPECTOR
 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 : 76 Kg	Height : 180 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 23.46		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 102 / 62 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"/>
				<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. Audiometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ECG (if indicated)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Waist Circumference: 85 cm, Oxygen Saturation: 98 %, Lab: Direct Bilirubin E80.6 0.7 mg/dl MOE, Total Cholesterol E78.0 205 mg/dl BHR, Anti HBs (-), Blood Count: ESR R70.0 20 mm/hr MIE, Monocytosis D72.821 8.1%, ECG: VES 149.3, COVID-19 Antigen Rapid Test: Negative

CERTIFICATION

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

ADVICE :
Consultation to Internist & Cardiologist, Low Fat Diet

Authentic Signature



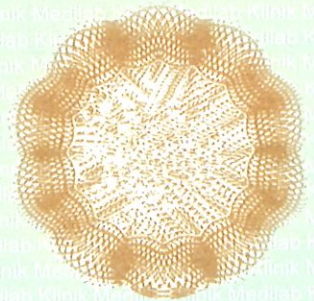
DR. REZGA AGNELA VALBETRI

Date of Exam : 19 October 2022






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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00028/004/X/ISP/22

PERSONAL DATA

Name : YONAS FEBRIAN
 Birthday/Gender/Emp. ID : 17 February 1998 / Male / ISP 21267
 Father's Name : DHARMAWAN
 Address : JL TIBAN II BLOK B NO 9 PATAM LESTARI SEKUPANG, BATAM
 Occupation : INSPECTOR
 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	15.3	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	5.7	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.88	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	*	20 mm/hr	M: 0 - 10	F: 0 - 20
HCT	44.2	%	M: 40 - 52	F: 35 - 47
PLT	245	10 ³ /mm ³	150 - 440	
MCV	90.7	µm ³	80 - 100	
MCH	31.6	pg	26 - 34	
MCHC	34.6	gr/dl	32 - 36	
Differential Count				
- LYM	33.9	%	25 - 40	
- MON	* 8.1	%	2 - 8	
- GRA	58.0	%	43 - 76	

URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	5	- WBC/HPF	Occ/HPF
- Specific Gravity	1.015	- 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:

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.

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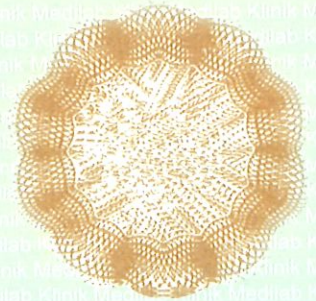


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KLINIK MEDILAB

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HEALTH SCREENING REPORT

Periodic Health Examination

279

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YONAS FEBRIAN

AUDIOMETRY REPORT

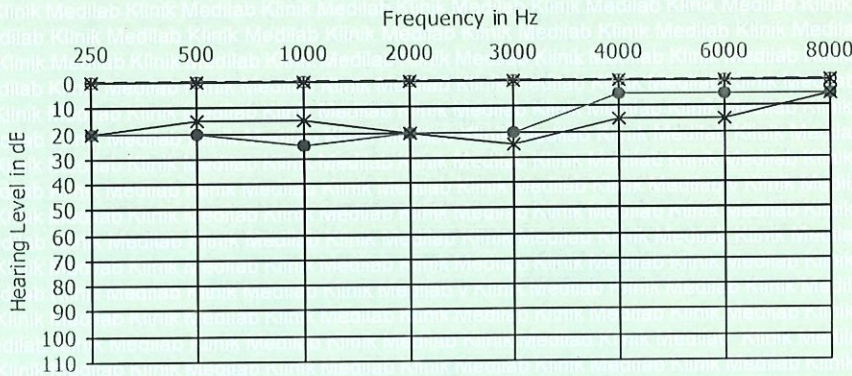
Occupational History

	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	1.5 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 : -9.38 %
Hearing Handicap : -8.750 %
- Not a Noise Induced Hearing Loss

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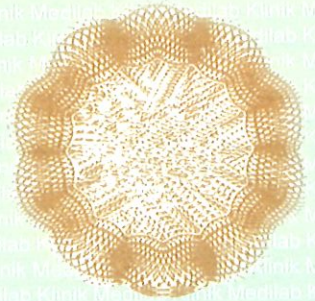
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PULMONARY FUNCTION TEST

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	1.5 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"/>	
- Cought Up Blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	BEST VALUES		
	Pred.	MEASURED	%Pred
FVC	5.38	4.85	90
FEV1	4.53	4.30	95
FEV1/FVC	82.7	88.6	107
PEF	10.13	11.63	115
FEF2575	5.12	5.03	98

FVC Normal Value : 4.515
FEV1 Normal Value : 3.884
FEV1/FVC % Normal Value : 88 %
FVC % Predicted Value : 107 %
FEV1 % Predicted Value : 110 %
FEV1/FVC % Predicted Value : 100 %

Interpretation : Normal Spirometri

PARAMETER		Pred.	PRE#1	%Pred	PRE#2	PRE#3
FVC	L	5.38	4.85	90	4.76	4.44
FEV1	L	4.53	4.30	95	4.25	4.02
FEV1/FVC	%	82.7	88.7	107	89.3	90.5

Date of Exam : 19 October 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

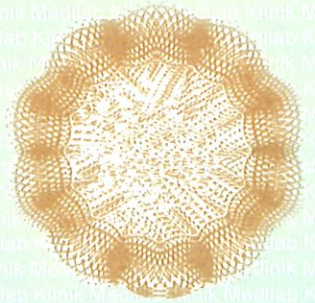


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LABORATORY REPORT

Test Name Result Unit Reference Range

LIVER FUNCTION TEST

Total Bilirubin	:	1.1	mg/dl	0.3 - 1.1
Direct Bilirubin	:*	0.7	mg/dl	0.1 - 0.4
Indirect Bilirubin	:	0.4	mg/dl	0.2 - 0.7
SGOT	:	19	U/L	M: <= 35 F: <= 31
SGPT	:	12	U/L	M: <= 45 F: <= 34
Gamma GT	:	14	U/L	M: <= 49 F: <= 32

LIPID PROFILE TEST

Total Cholesterol	:*	205	mg/dl	<= 200
HDL - Cholesterol	:	62	mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:	134	mg/dl	50 - 140
Triglycerida	:	43	mg/dl	<= 204
Ratio Cholesterol (Total Chol : HDL)	:	3.3		M: < 3.4 F: < 3.3

BLOOD SUGAR TEST

Nuchter	:	81	mg/dl	< 100
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RENAL FUNCTION TEST

Urem	:	25	mg/dl	17 - 43
BUN	:	11.7	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
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OTHERS

Breath Alcohol Test	:	0.000	%BAC	< 0.02 %BAC is negative
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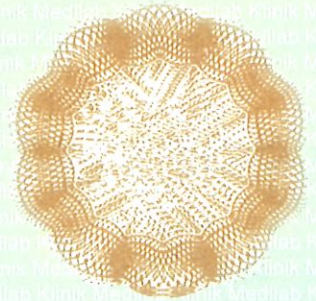
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LABORATORY REPORT

Test Name	Result Unit	Reference Range
		>= 0.02-0.039 %BAC: cannot perform safety sensitive function
		>= 0.04 %BAC is a violation of rule

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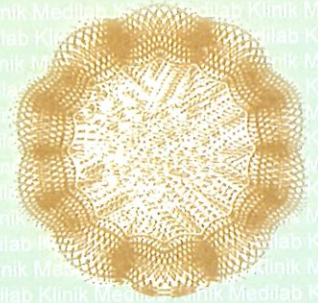
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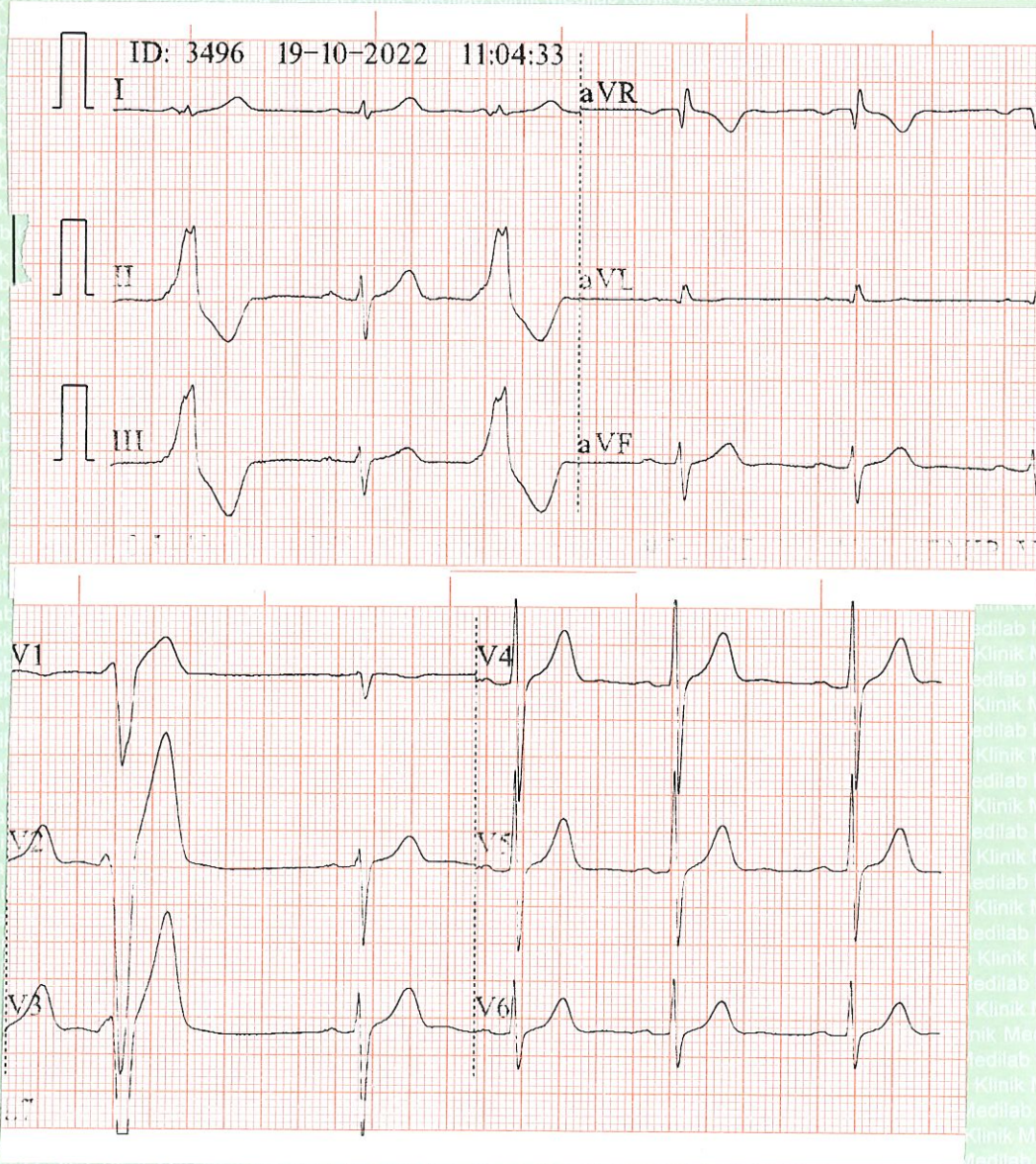
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ELECTROCARDIOGRAM INTERPRETATION (RESTING)

Name : YONAS FEBRIAN
Age : 24 Years
Gender : Male
Place/Date : BATAM/19 October 2022
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



CONCLUSION :

ADVICE :

EXAMINER :

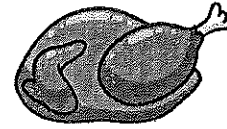
Dr. UES

Dr. Afdhalun Hakim, SpJP
Sp. Jantung & Pembuluh Darah
(Cardiologist)



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 mendapatkan serangan jantung dan stroke)

Jenis - jenis Kolesterol

1. **LDL - Kolesterol : Kolesterol "Jahat"**
LDL-Cholesterol 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-Cholesterol : Kolesterol "Baik"**
HDL- Cholesterol yang banyak di sirkulasi darah dapat melindungi serangan jantung. HDL-Cholesterol 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>