


Unrestricted Offshore Work Certificate

Medical Certificate of Fitness for Offshore Work

(Issued in accordance with Oil and gas UK Guidelines)

Name :	DOHARMIN MANUTURI MANIK
Date of Birth :	02 April 1991
Employing Company Name :	INSPEKTINDO SINERGI PERSADA
Occupation :	INSPECTOR
<p>This individual has been examined in accordance with Oil & Gas UK Guidelines and is Medical Fit for Unrestricted To The Job Described At Offshore Work</p>	
Examining Physician Name :	dr. Irwan B. Hasyim
Oil & Gas UK PIN No. :	OGUK/2010/1598
Date of Examination :	24 June 2016
Date of Expiry of Certificate :	24 June 2018
Signed :	

Medical Screening Questionnaire And Examination Record

Personal Detail			
Surname: <u>Doharmin</u>	Forenames: <u>Doharmin</u>		
Address: <u>Bt. Aji Kav. Lama - Lt/07 - Batam</u>	Tel No:		
Other address:	Tel No:		
Date of Birth: <u>02-04-1991</u>	Marital Status: <u>M (S) D /</u>		
GP's Name:	Offshore Occupation / Job Title: <u>Inspector</u>		
GP's Address:			
Date of Last Offshore Medical:		Date of Last Survival Course:	
Fire Team Member: Yes/No			
Social / Occupational History	Yes	No	Comments
(1) Do you smoke? If so, how many per day?	<input checked="" type="radio"/>	<input type="radio"/>	<u>1 bty / day.</u>
(2) If an ex-smoker, when did you give up?	<input checked="" type="radio"/>	<input type="radio"/>	
(3) Average weekly alcohol consumption: state quantity and type.	<input checked="" type="radio"/>	<input type="radio"/>	
(4) Have you been expose to any known occupational hazard such as <u>noise</u> , <u>radiation</u> , <u>dust</u> , asbestos, chemical or lead?	<input checked="" type="radio"/>	<input type="radio"/>	
(5) Have you use protective clothing, safety glasses or hearing protection?	<input checked="" type="radio"/>	<input type="radio"/>	
(6) Have you ever develop any medical condition in connection with your occupation? If so, please give details eg hearing loss/skin condition/wheeze/backache/muscle strain/blood disease?	<input type="radio"/>	<input checked="" type="radio"/>	
(7) Have you suffered any industrial injury? If so please details:	<input type="radio"/>	<input checked="" type="radio"/>	
(8) Have you had any previous audiometric screening? Was this normal? State when and where.	<input checked="" type="radio"/>	<input type="radio"/>	<u>Normal, Last year</u>
(9) Have you had any previous Lung Function scieening? Was this normal? State when and where.	<input checked="" type="radio"/>	<input type="radio"/>	<u>Normal, Last year</u>
(10) Have you ever been rejected from employment on medical ground?	<input type="radio"/>	<input checked="" type="radio"/>	
(11) Have you received compensation, or is there any industrial claim pending?	<input type="radio"/>	<input checked="" type="radio"/>	
(12) Have you ever been medivaced from an offshore installation?	<input type="radio"/>	<input checked="" type="radio"/>	

Do you have, or have you been diagnosed as suffering from any of the following?		
Please circle and elaborate		
(1) Chest pain/heart pain	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 (eg stones)	Yes	<input checked="" type="radio"/> No
(6) Psychiatric disorder (eg 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 of any of the above conditions? Please specify:		
-		

Do you have or have you had any significant or recurrent problems with 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	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <i>with a glasses</i>
(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/diarrhea	Yes	<input checked="" type="radio"/> No
(8) Blood in stools/piles, hemorrhoids	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
(13) Varicose veins	Yes	<input checked="" type="radio"/> No
(14) Skin Troubles (e.g. dermatitis / eczema)	Yes	<input checked="" type="radio"/> No
(15) Surgical operations	Yes	<input checked="" type="radio"/> No
(16) Hospitalization	Yes	<input checked="" type="radio"/> No
(17) Fear of flying/fear of heights	Yes	<input checked="" type="radio"/> No
(18) Tropical diseases / venereal disease	Yes	<input checked="" type="radio"/> No
(19) History of alcohol/drug abuse	Yes	<input checked="" type="radio"/> No
(20) Do you have any allergies? Please list	Yes	<input checked="" type="radio"/> No
(21) Do you have any current illnesses? Please list	Yes	<input checked="" type="radio"/> No
(22) Are you receiving any medication at present?	Yes	<input checked="" type="radio"/> No
(23) Have you attended a dentist in the last year?	Yes	<input checked="" type="radio"/> No
(24) Are you undergoing dental treatment?	Yes	<input checked="" type="radio"/> No
(25) Date of last tetanus booster	Yes	<input checked="" type="radio"/> No

FEMALES ONLY-Have you ever had?

(26) An abdominal smear / breast disease	Yes	No	
(27) Gynecological problems e.g. pelvic infection	Yes	No	
(28) Complication of pregnancy	Yes	No	
(29) Please give date of last menstrual period	Yes	No	

DECLARATION

Please read the following statement and if you agree, kindly sign and date

"I declare the above information to be true to the best of my knowledge. I agree that the result of my examination, including appropriate investigations carried out in order to establish my medical fitness may be revealed to a company medical officer if required. I accept the transfer of my medical files to other doctors working for the company in which I may gain employment."



Date: 24-06-2016

Signature of Examinee:

(D.P. RAMAN M.M)

Medical Examination

To Be Completed By Examining Physician

PROOF OF IDENTITY PRODUCED

YES/NO

Age	Height	Weight	BMI	BP	Pulse	Peak Flow	Predicted PFR	Urinalysis		
								Protein	Blood	Glucose
25	172	83	26,49	120/80	78	(M)		⊖	⊖	⊖

Vision Distance			Vision Near			Colour		VDU
L	Aided L	Both	L	Aided L	Both	Normal	Abnormal	
R	20/20	Aided R	R	Aided R	(M)	(M)		

Investigation Result	Normal	Abnormal	Elaborate
(1) Audiometric Screening	✓		No x, history of cloudy feel
(2) Substance Abuse Screening (Urine)	✓		
(3) Urinalysis	✓		
(4) Peak Flow	✓		
(5) Vitalograph (if indicated)	✓		
(6) Chest X-ray (if indicated)	✓		
(7) Dental Certification (if indicated)		✓	
(8) ECG (if indicated) + treatment	✓		
(9) Stool Culture (catering crew)	✓		
(10) Other			

Examination Findings	Normal	Abnormal	Elaborate
(1) Eyes/pupils	✓		No x, history, cloudy feel
(2) Ear, nose and throat	✓		
(3) Teeth (date of last dental check)		✓	
(4) Lungs/chest	✓		
(5) Cardiovascular	✓		
(6) Abdomen	✓		
(7) Hernial orifices	✓		
(8) Rectal	✓		
(9) Genitourinary	✓		
(10) Musculoskeletal (spine and back)	✓		
(11) Skin	✓		
(12) Varicose veins	✓		
(13) Neurological	✓		
(14) Breasts	✓		
(15) Identifying-marks (tattoos/scars)	✓		

Physician to Comment on any Abnormalities

Conclusion

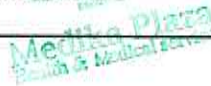
I CERTIFY THAT Mr. *Dr. Harwin Manuaba Ranih*
IS (FIT) UNFIT FOR OFFSHORE EMPLOYMENT AND TO UNDERTAKE SURVIVAL
TRAINING, IN KEEPING WITH CURRENT UKOOA MEDICAL ADVISORY
COOMITTEE GUIDELINES ON MEDICAL FITNESS FOR OFFSHORE WORK.

Date of Medical:*24-6-2016*.....

Date of Expiry:*24-6-2018*.....

Physician's Signature :

Examining Physician :



HEALTH ASSESSMENT REPORT

of

DOHARMIN MANUTURI MANIK
01046912

Friday, 24 June 2016

MEDIKA PLAZA CLINIC

Kartika Chandra - Office Tower 3rd Floor
Jl. Jend. Gatot Subroto, Kav. 18-20 Jakarta Selatan 12940
Tlp : (62-21) 525 1207, Fax : (62-21) 521 0815
Appointment Hotline (62-21) 528 80088
www.medikaplaza.com

MEDIKA PLAZA CLINIC

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www.medikaplaza.com

PATIENT DATA

MedRec.	: 01046912	EMPLOY. STATUS	: Employee
NAME	: DOHARMIN MANUTURI MANIK	BIRTHDATE	: 02 April 1991
EMPLOYEE No.	: 14096	SEX	: Male
JOB TITLE	: INSPECTOR	STATUS	: Single
COMP. NAME	: INSPEKTINDO SINERGI PERSADA	NASIONALITY	: Indonesia
COMP. ADDR	:		

SUMMARY

MEDICAL FINDING :

1. Overweight
 2. Radix, decayed, calculus teeth
- Your fitness status is fit for unrestricted to the job described at offshore work

UGGESTION :

1. Reduce body weight gradually 0.5 Kgs/week, by doing regular exercise (aerobic/jogging), 3-4x/week, 30-45 minutes and reduce high calorie diet until maximal body weight is 78.32 Kgs (present body weight is 83 Kgs)
2. See a dentist for dental care minimal once a year or better once in 6 month

Responsible Doctor

Amiruddin, MD

Notes:

If you need the further information or consultation, please contact us via :

Email : - keddoctor01@medikaplaza.com
- keddoctor03@medikaplaza.com

Clinic Number : (021) 5251207

CLINICAL EVALUATION

Name : DOHARMIN MANUTURI MANIK

Sex : Male

MR : 01046912

Visit : 24/06/2016

Comp. : INSPEKTINDO SINERGI PERSADA

DOB : 02 April 1991

EXAMINATION	RESULT	NOTES
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PHYSICAL EXAMINATION**PRESENT COMPLAINT**

Present complaint

No Complaint

MEDICAL HISTORY

Alergy

No

Imunisasi

Yes

Surgery

No

Hospitalization

No

Disease

No

LIFE STYLE

Alcohol intake

No

Smoking

Yes

1 cigs / day

Exercise

Yes

Sometimes

Appetite

Good

FAMILY MEDICAL HISTORY

Diabetes Melitus

No

Hypertension

No

Heart disease

No

Lung TB

No

Kidney disease

No

Astma

No

Mental disease

No

Epilepsy

No

Chronic skin disease

No

Cancer

No

Color blind

No

Stroke

No

Liver disease

No

Bone & joint

No

Pulmonary disease

No

Others disease

No

WORK EXPOSURE

Noise

Yes

Heat Stress

Yes

Cold Stress

No

Vibration

No

Dust

Yes

CLINICAL EVALUATION

Name : DOHARMIN MANUTURI MANIK	Sex : Male	MR : 01046912	Visit : 24/06/2016
Comp. : INSPEKTINDO SINERGI PERSADA		DOB : 02 April 1991	

EXAMINATION	RESULT	NOTES
Toxic chemical	Yes	
Irritating fluid	Yes	
Heat Stress	No	
Operating heavy mobile equipment	No	
Working around rotating machinery	Yes	
Requires color vision	Yes	
Involving height	Yes	
Administration work	Yes	
Handling food product	No	
Others	No	
GENERAL		
General Appearance	Good	
Nutrition Status	Normal	
VITAL SIGN		
Body Weight	83 Kg	
Body Height	177 Cm	
BMI	26.49 Kg/m ²	
Normal Weight	57.96 - 78.32 Kg	
BMI Conclusion	Overweight	
Blood Pressure	120/80 mmHg	
Pulse	78 x/minute	
Body Temperature	36.8 °C	
RR	20	
Neck Circumference	-	
Arm Circumference	-	
Chest size	-	
Abdominal Circumference	-	
SKIN		
Skin	Normal	
Pale	No	
Jaundice	No	
EYE		
Left	Normal	
Right	Normal	
ENT		
Auricle	Normal	
Ear canal	Normal	

CLINICAL EVALUATION

Name : DOHARMIN MANUTURI MANIK	Sex : Male	MR : 01046912	Visit : 24/06/2016
Comp. : INSPEKTINDO SINERGI PERSADA		DOB : 02 April 1991	

EXAMINATION	RESULT	NOTES
Drums	Normal	
Septum/Conchae	Normal	
Sinuses	Normal	
Pharynx	Normal	
Tonsil	Normal	
MOUTH		
Gum	Normal	
Dental	Abnormal	Radix,decayed,calculus teeth
NECK		
General	Normal	
Thyroid Gland	Normal	
CHEST		
Form	Normal	
Expansion	Normal	
Lung	Normal	
Heart	Normal	
Breast	Normal	
Heart sound	Normal	
Murmurs	Normal	
ABDOMEN		
Form	Flat	
Palpation	Supple	
Liver	Not Palpable	
Spleen	Not Palpable	
Kidney	No Ballotment	
Hernia inguinal	No	
EXTRIMITIES		
Bones, joint	Normal	
Muscles, tonus	Normal	
Fingernails	Normal	
Hand	Normal	
Foot	Normal	
RECTAL EXAMINATION		
Hemorrhoid	Negative	
Rectum	Normal	
NEUROLOGICAL EXAMINATION		
Motoric function	Normal	

CLINICAL EVALUATION

Name : DOHARMIN MANUTURI MANIK

Sex : Male

MR : 01046912

Visit : 24/06/2016

Comp. : INSPEKTINDO SINERGI PERSADA

DOB : 02 April 1991

EXAMINATION	RESULT	NOTES
Sensoric function	Normal	
Coordination	Normal	
Physiologic reflex	Normal	
Extra piramidal function	Normal	
LYMPHE SYSTEM		
Neck Gland	Normal	
Armpit gland	Normal	
Inguinal	Normal	

OPHTHALMOLOGY DIAGNOSTIC

Name : DOHARMIN MANUTURI MANIK	Sex : Male	MR : 01046912	Visit : 24/06/2016
Comp. : INSPEKTINDO SINERGI PERSADA		DOB : 02 April 1991	

EXAMINATION		Right	Left
Reading		-	-
Previous Glasses		S-3.00	S-3.00
Without Glasses	Distant	-	-
	Near	-	-
Correction	Distant	20/20	20/20
	Near	-	-
Tonometry		-	-
Funduscopy		-	-
Colour Blind Test		Normal	

Impression :

RADIOLOGY DIAGNOSTIC

Name : DOHARMIN MANUTURI MANIK	Sex : Male	MR : 01046912	Visit : 24/06/2016
Comp. : INSPEKTINDO SINERGI PERSADA		DOB : 02 April 1991	

EXAMINATION	RESULT
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Thorax PA	No abnormality seen in both lungs. Normal bronchovascular markings in both hili. The heart is normal in size and shape. The mediastinum is not widened. Both sinus and diaphragms are good. No evidence of pleural effusion.
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Impression	Normal chest. No evidence of specific process in both lungs.
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LABORATORY	
Name :	DOHARMIN MANUTURI MANIK
Comp. :	INSPEKTINDO SINERGI PERSADA
EXAMINATION	RES

HEMATOLOGI

ABO/Rh Typing	B-	
Automated Blood Count		
White Blood Cell (WBC)	8.7	
Erythrocyte (RBC)	5.0	
Haemoglobin	15.8	4.4 - 5.9
Hematocrit	46	13.2 - 17.3
Thrombocytes	254	40 - 52
		150 - 440

MCV, MCH, MCHC

MCV	83	80 - 100
MCH	28	26 - 34
MCHC	34.2	32 - 36
ESR	3	0 - 10

Differential Count

Basophils	0	0 - 1
Eosinophil	6 *	2 - 4
Bands / Stab	1 *	3 - 5
Neutrophils	54	50 - 70
Lymphocytes	33	25 - 40
Monocytes	6	2 - 8

BLD CHEMISTRY/LIPID PROFILE

Total Cholesterol	195	Normal/Desireable: <200 Borderline High: 200-239 High: >=240
HDL Cholesterol	51.8	Normal : >40 - <60 Low HDL : <40 Desireable : >=60
LDL Cholesterol	126	Optimal: <100 Near/Above Optimal: 100-129 Borderline High: 120-159 High: 160-189 Very High: >=190
T.Cholesterol/HDL Ratio	3.77	Low risk : < 3.5 Medium risk : 3.5 - 5.0 High risk : > 5.0

LAB NO: 18002338

Nama :
Umur :
Alamat :

DOHARMIN MANUTURI MANIK
01046612-L
02-04-91

INSPEKTINDO SINERGI PERSADA

GOL DARAH
B
Rh **POS**

anti : A anti : B anti : AB anti : Rh

LABORATORY RESULT

Name : DOHARMIN MANUTURI MANIK	MR : 01046912	Visit : 24/06/2016	#Lab : IN562331356006
Comp.: INSPEKTINDO SINERGI PERSADA	Sex : Male	DOB : 02 April 1991	

EXAMINATION	RESULT	NORMAL RANGE
Tryglicerides	88	Normal : <150 Borderline High: 150-199 High : 200-499 Very High : >=500

BLD CHEMISTRY/KIDNEY FUNCTION

Ureum	17.0	10.0 - 50.0
Creatinine	0.8	0.6- 1.3
Uric Acid	6.6	3.5 - 7.2

BLD CHEMISTRY/LIVER FUNCTION

SGOT(AST)	23	13 - 45
SGPT (ALT)	46	13 - 50
Alkaline Phosphatase	94	30 - 120
Gamma GT	39	0 - 50

BLD CHEMISTRY/DIABETES**Fasting Glucose**

Glucose Fasting	95	< 100
Glucose Urine	NEG	Negative
Keton Urine	NEG	Negative

Blood Glucose 2 PP

Blood Sugar 2 Hours PP	111	< 140
Glucose Urine	NEG	Negative
Keton Urine	NEG	Negative

TOXICOLOGY - DRUGS SCREENING

THC/Marijuana	NEG	Negative
Methadone	NEG	Negative
Amphetamine	NEG	Negative
Benzodiazepines	NEG	Negative
Opiat	NEG	Negative
Cocain	NEG	Negative
Metamphetamine	NEG	Negative
Alcohol	NEG	Negative

URINALYSIS**Complete Urine Analysis****Macroscopic**

Color	YELLOW	
Turbidity	CLEAR	Clear
Specific Gravity	1.027	1.000 - 1.030

LABORATORY RESULT

Name : DOHARMIN MANUTURI MANIK	MR : 01046912	Visit : 24/06/2016	#Lab : IN562331356006
Comp. : INSPEKTINDO SINERGI PERSADA	Sex : Male	DOB : 02 April 1991	

EXAMINATION	RESULT	NORMAL RANGE
pH	6.0	4.5 - 8.0
Leucocyte	NEG	Negative
Glucose	NEG	Negative
Nitrit	NEG	Negative
Bilirubin	NEG	Negative
Blood	NEG	Negative
Urobilinogen	NORM	Negative
Protein	NEG	Negative
Keton	NEG	Negative

Microscopic

RBC	0-1	0 - 1
WBC	0-1	0 - 4
Cylinder	Negative	
Epithels Squamous	0-1	5 - 15
Crystals	Negative	
Bacteria	NEG	Negative
Others	Negative	

STOOL / RECTAL SWAP

Faeces Complete

Macroscopic

Color	BROWN	
Consistency	SMOOTH	
Mucus	NEG	Negative
Blood	NEG	Negative
Pus	NEG	Negative
Parasitologi Faeces	NEG	Negative
Lipid	NEG	Negative

Microscopic

RBC	0-1	0 - 1
WBC	0-1	0 - 5
Amoeba	Negative	
Ephitels	POS	Positive
Worm Eggs	NEG	Negative
Yeast	NEG	Negative
Muscle Fiber	NEG	Negative
Others	NEG	Negative

Digestive

LABORATORY RESULT

Name : DOHARMIN MANUTURI MANIK	MR : 01046912	Visit : 24/06/2016	#Lab : IN562331356006
Comp.: INSPEKTINDO SINERGI PERSADA	Sex : Male	DOB : 02 April 1991	

EXAMINATION	RESULT	NORMAL RANGE
Amylum	NEG	Negative
Fat	NEG	
Fibers	POS	Positive

SPIROMETRY DIAGNOSTIC

Name : DOHARMIN MANUTURI MANIK	Sex : Male	MR : 01046912	Visit : 24/06/2016
Comp.: INSPEKTINDO SINERGI PERSADA		DOB : 02 April 1991	

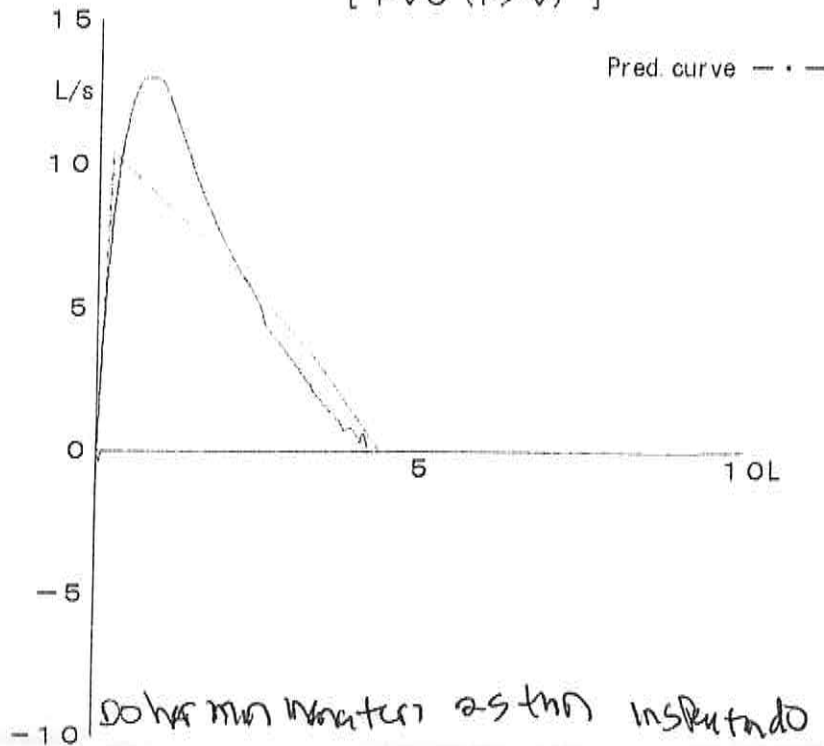
EXAMINATION	RESULT
FVC Result	: 4.19 L---> 95.4 %
FEV1 Result	: 3.90 L---> 91.5 %
FEV1/FVC Result	: 93.08 %---> 112.9 %
PEF Result	: 12.94 L/S---> 125.0 %
Indonesian Standart Result	:
Index	:
Spirometry Result	: Normal

Impression : Normal Spirometric Functions

[COPD CLASSIFICATION]

FEV1/FVC : 93.08 %
 %FEV1.0 : 91.50 %
 Stage : Normal
 Recommended treatment by GOLD:

[FVC (F/V)]



AUDIOMETRY DIAGNOSTIC

Name : DOHARMIN MANUTURI MANIK

Sex : Male

MR : 01046912

Visit : 24/06/2016

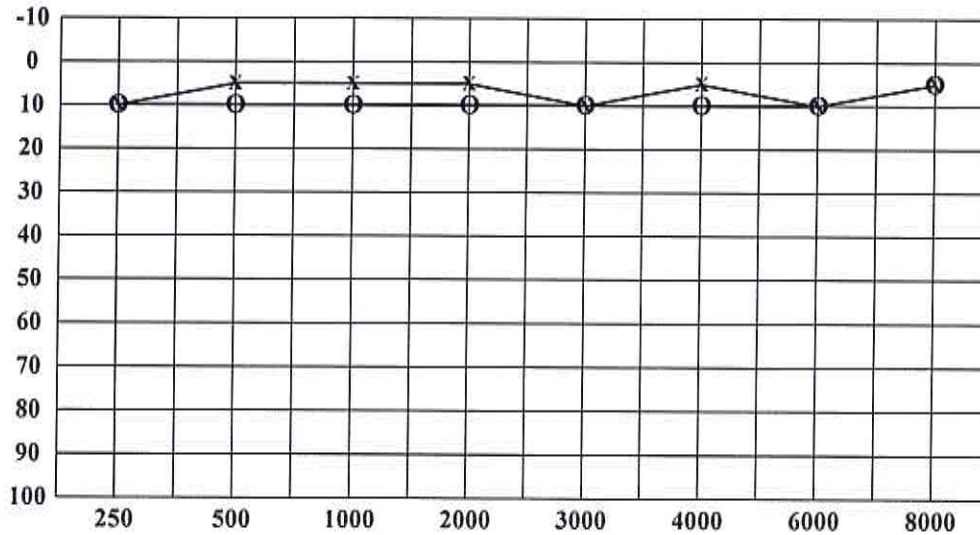
Comp.: INSPEKTINDO SINERGI PERSADA

DOB : 02 April 1991

RESULT

Left Ear	250	500	1000	2000	3000	4000	6000	8000
AC	10	5	5	5	10	5	10	5
BC	-	-	-	-	-	-	-	-

Right Ear	250	500	1000	2000	3000	4000	6000	8000
AC	10	10	10	10	10	10	10	5
BC	-	-	-	-	-	-	-	-



Conclusion Right Ear : Hearing threshold = 10 dB
(Within normal limit)

Conclusion Left Ear : Hearing threshold = 5 dB
(Within normal limit)

CARDIOLOGY DIAGNOSTIC

Name : DOHARMIN MANUTURI MANIK

Sex : Male

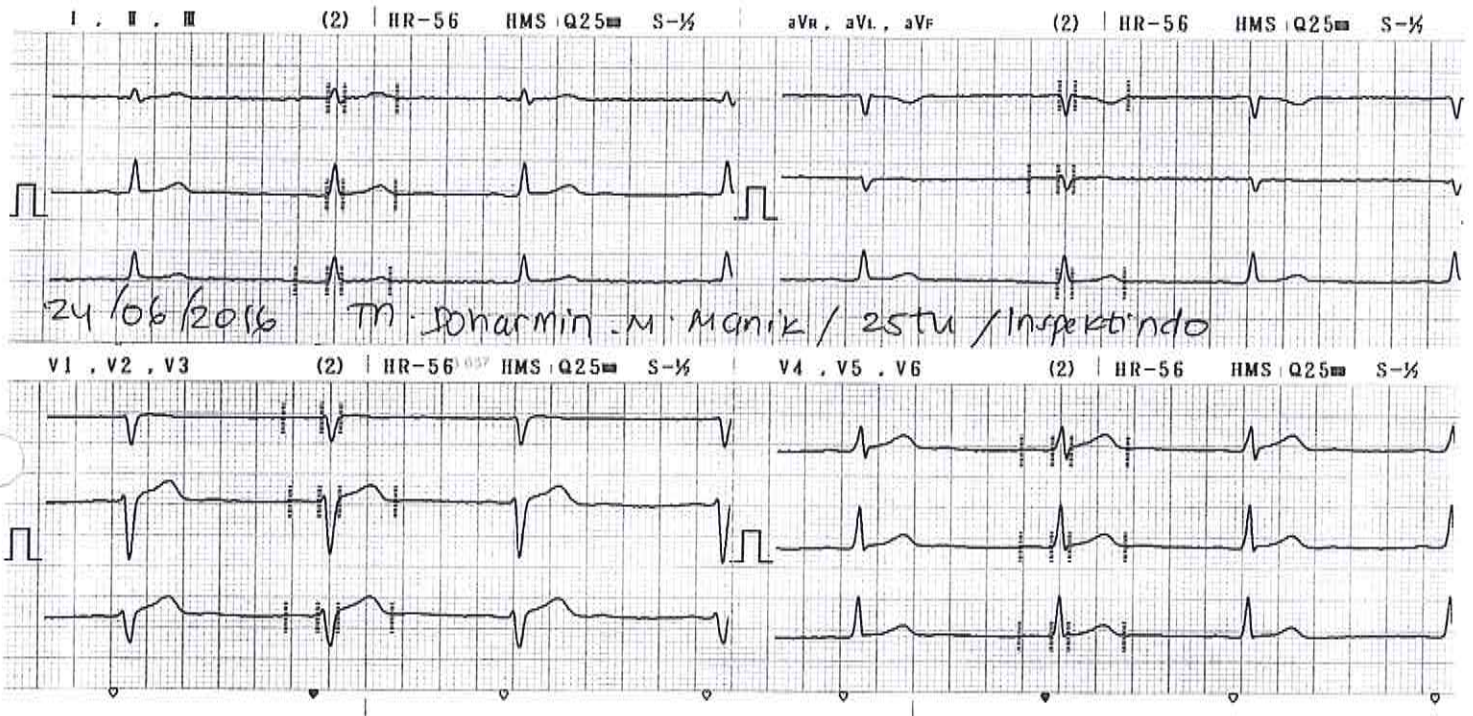
MR : 01046912

Visit : 24/06/2016

Comp.: INSPEKTINDO SINERGI PERSADA

DOB : 02 April 1991

EXAMINATION	RESULT	Comments :
ELECTROCARDIOGRAPHY	Sinus Rythm axis (N), P wave (N), PR int 0.16" ST - T segment (N), aritmia (-)	Normal ECG
TREADMILL	Sinus Rythm axis (N), P wave (N), PR int 0.16" ST - T segment (N), aritmia (-)	Treadmill Exercise Test : Negative Cardiopulmonary Fitness Classification : Good METs :11.6



Name: TN DOHARMIN MANUTURI MANIL
 ID: INSEKTIENDO
 6/24/2016 10:11:32
 HR: 81
 BP: Medication(s): No Medication
 Age: 25 Years Clin. Class: No Medication
 Gender: Male Race: Oriental Department: MEDIKA PLAZA
 Height: 177 cm Technician: Pr. Suwanto
 Weight: 83 Kg Physician: Dr. Adolf DSJP

Baseline ECG

Levels measured at 80ms Post-J Levels in mm Slope in uV/mS

L	0.6	I	0.9	V1	0.9	V4	1.6
S	0.3	aVR	-0.8	V2	2.9	V5	1.5
II	0.9	aVL	0.2	V3	1.9	V6	0.9
III	0.4	aVF	0.1	V4	1.0		0.7
L	0.3						
S	0.0						



Name: IN DUHARMIN MANUTURI MANIL
ID: INSFERTINDO

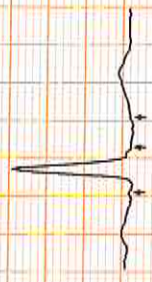
6/24/2016 10:14:27

HR: 100 Phase: Exercise
BP: 120/80 Exercise Time: 02:50
RPE: Stage/Time: 1/02:50
METs: 4.5 Workload: 2.7 kmh 9.9 % grade
Protocol: Bruce

Worst Case S-T Depression

Baseline

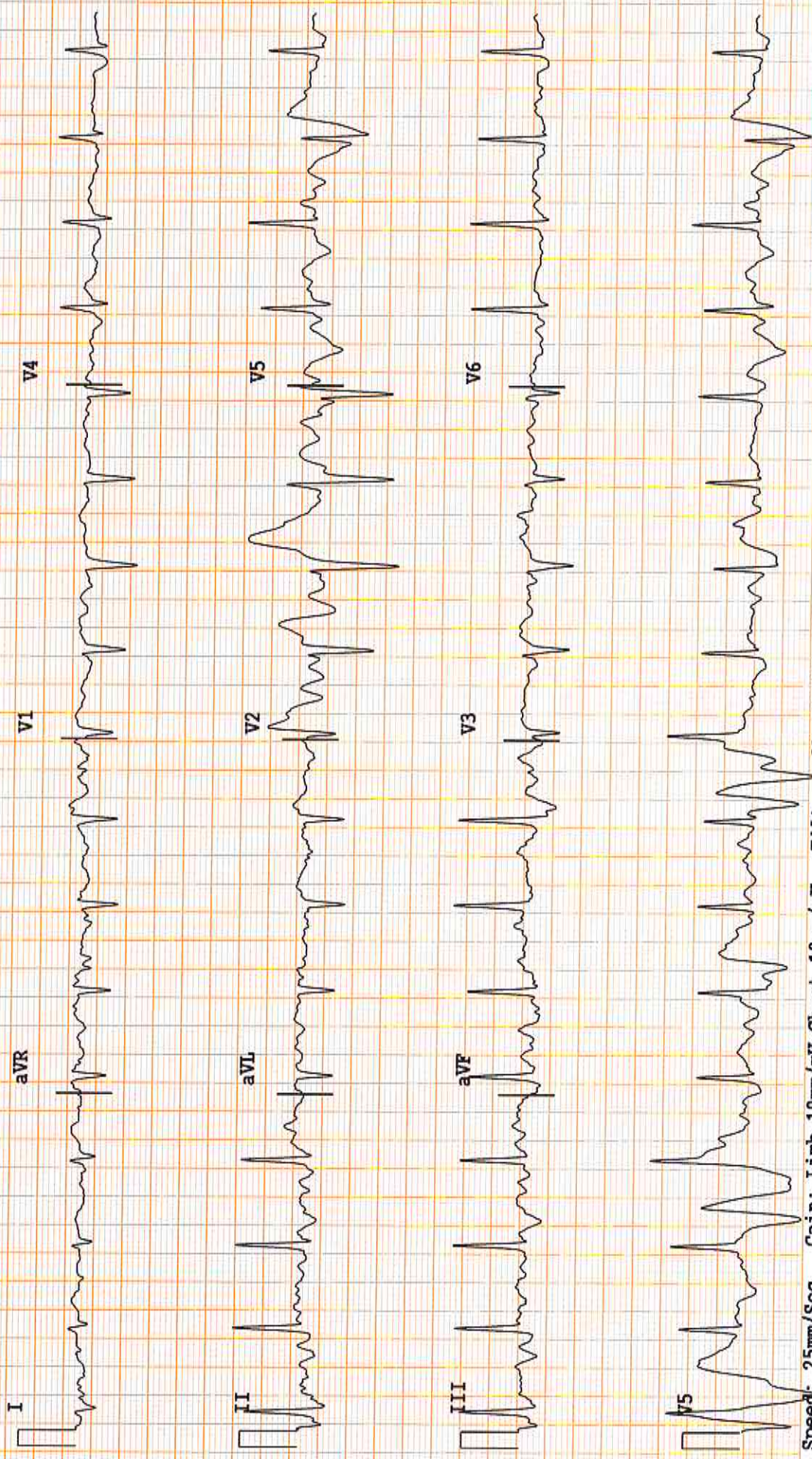
Current



III 0.3
L 0.3
S 0.0
J+80ms



III 0.1
L 0.1
S 0.1
J+80ms



Name: TN DOHARMIN MANUTURI MANIL
ID: INSFEKTINDO

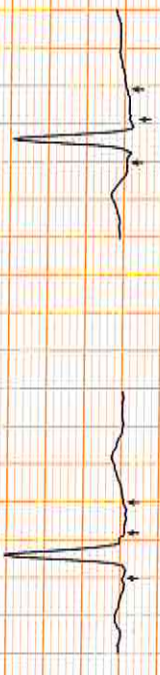
6/24/2016 10:17:27

Worst Case S-T Depression

HR: 120 Phase: Exercise
BP: 130/80 Exercise Time: 05:50
RPE: Stage/Time: 2/02:50
METs: 7.0 Workload: 4.0 kmh 12.0 % grade
Protocol: Bruce

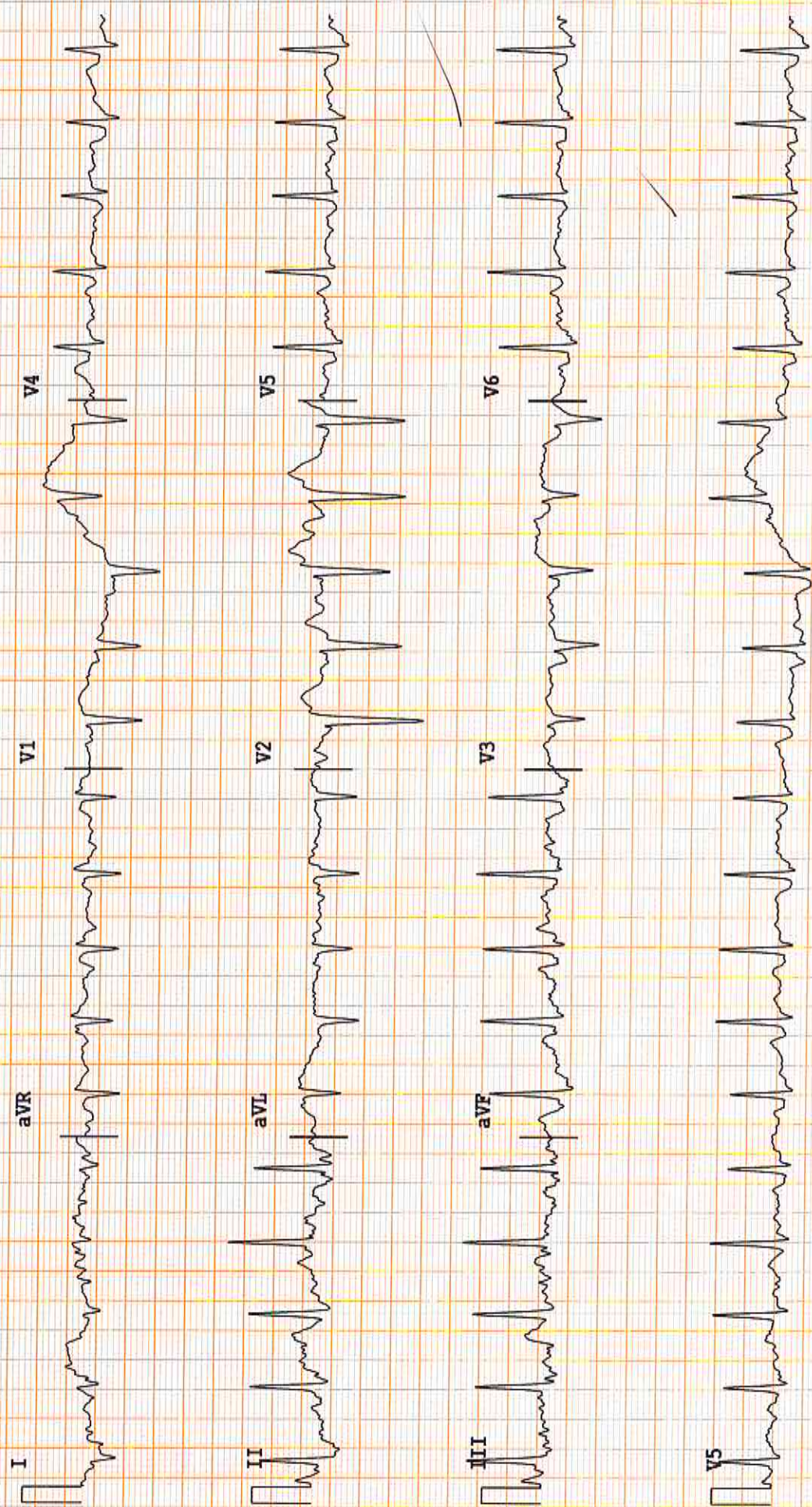
Current

Baseline



III 0.3
L 0.3
S 0.4
J+80ms

III 0.3
L 0.3
S 0.4
J+80ms



Name: TN DOHARMIN MANUTURI MANIL
ID: INSEKTIINDO

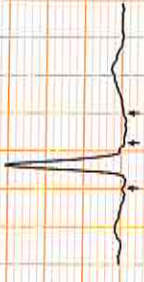
6/24/2016 10:20:27

HR: 162
BP: 160/100
RPE: 10.0
METs: 10.0
Phase: Exercise
Exercise Time: 08:50
Stage/Time: 3/02:50
Workload: 5.4 kmh 14.0 % grade
Protocol: Bruce

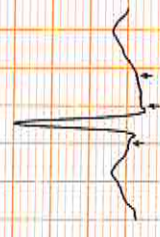
Worst Case S-T Depression

Baseline

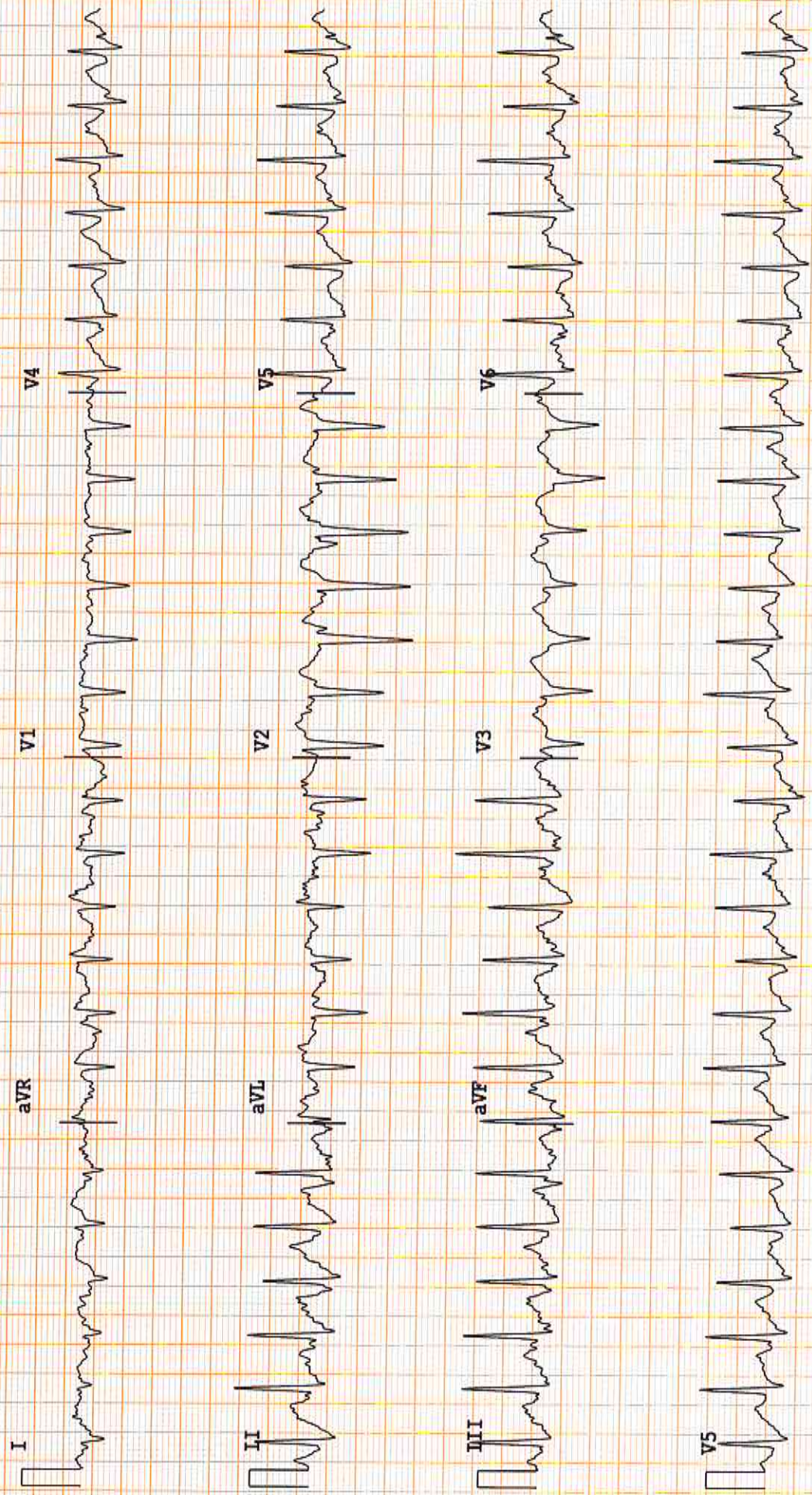
Current



III
L 0.3
S 0.0
J+80ms



III
L -0.7
S 0.5
J+80ms



Name: TN DOHARMIN MANUTURI MANIL
ID: INFERTINDO
6/24/2016 10:21:47

Worst Case S-T Depression

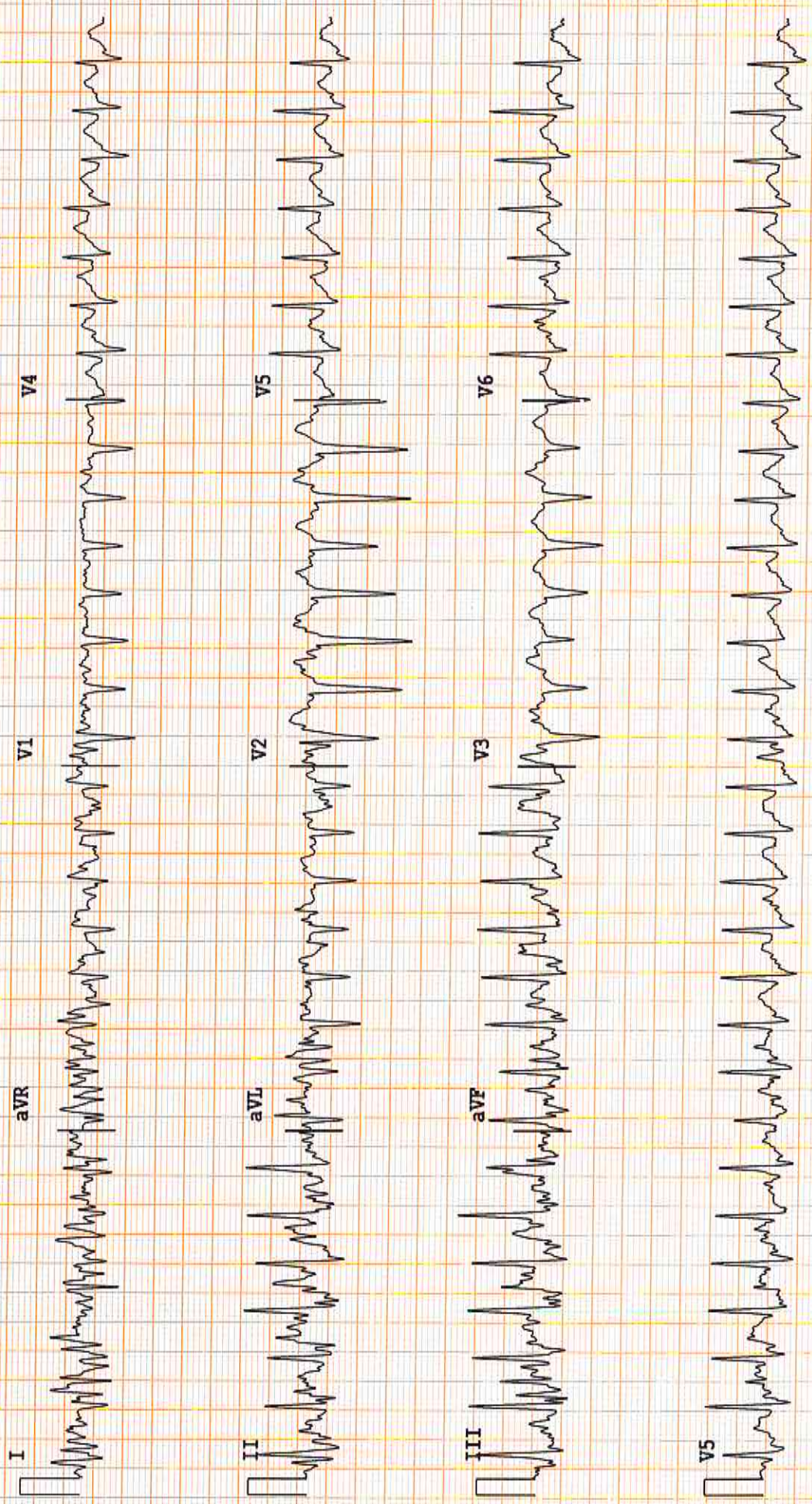
HR: 184
BP: 160/100
RPE: 11.6
METs: 11.6
Maximum Exercise
Exercise Time: 10:05
Stage/Time: 4/01:05
Workload: 6.7 kmh 15.9 % grade
Protocol: Bruce



Baseline
III 0.3
L 0.3
S 0.0
J+80ms

Current
III -0.6
L -0.6
S 1.6
J+80ms

MAXIMUM EXERCISE ECG



FINAL REPORT TEST SUMMARY

S-T SEGMENT ANALYSIS:
 - Lead III first exhibited ST depression exceeding 1mm at 07:50 of Exercise.
 - ST depression exceeded 1mm for 01:00 mins.
 - 1.7mm maximum depression in III was exhibited at 09:50 mins of Exercise.

SUMMARY:
 - The Bruce test ran for 10:00 mins. Peak METs was 11.6.
 - A peak heart rate of 184 bpm was achieved at 10:04 mins in exercise.
 - 94% of the 195 bpm max was reached.
 - The peak BP was 160/100 (during Exercise). Baseline was 120/80.

Medication(s): No Medication
 : No Medication
 Clin. Class: Normal
 Department: MEDIKA PLAZA
 Technician: Pr.Suwanto
 Physician: Dr.Adolf DSJP

Age: 25 Years
 Gender: Male
 Race: Oriental
 Height: 177 cm
 Weight: 83 Kg

Protocol: Bruce

TIME	PHASE	KMH	GRADE	HR	BP	RPP	METS	ECTOPIC	RPE	EVENTS
00:00	Exercise	0.3	0.0	78			1.0			
01:00	Exercise	2.7	9.9	94	120/80	112	2.0			Bruce
02:00	Exercise	2.7	9.9	100	120/80	120	4.3			
03:00	Exercise	2.7	9.9	100	120/80	120	4.5			
04:00	Exercise	4.0	12.0	113	120/80	135	5.5			
05:00	Exercise	4.0	12.0	119	120/80	142	6.9			
06:00	Exercise	4.0	12.0	119	130/80	154	7.0			
07:00	Exercise	5.4	14.0	141	130/80	183	8.5			
08:00	Exercise	5.4	14.0	153			10.0			
09:00	Exercise	5.4	14.0	164	160/100	262	10.0			
10:00	Exercise	6.7	15.9	183	160/100	292	11.6			
10:05	Max Exer.	6.7	15.9	183	160/100	292	11.6			
00:22	Recovery	2.0	0.0	169			10.0			

COMMENTS

Dr. Adolf DSJP
Pr. Suwanto