	<p align="center"><b>MEDICAL FITNESS CERTIFICATE MEDICAL REPORT</b></p> <p align="center">(This document was adopted from Saipem company and used only for Saipem client/subcontractor)</p>
---	---

## 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

<b>Full name</b> (in block letters) <b>Gezen ALPEDDY HUTASOIT</b>	<b>Date of Birth</b> <b>17/4/1979</b>	<b>Occupation</b> <b>AR TECHNICIAN</b>
--	--	---

**This Health Certificate is valid until:** 8/1/2022

Fit  
 Fit with prescriptions and/or restrictions  
 Unfit

offshore     onshore  
 permanent     temporary for months .....  
 permanent     temporary for months .....

Specify prescriptions and/or restrictions

FIT WITH NOTE

Applicant's signature in the Doctor's presence

**Gezen**

**9/1/2021**

Place

Day, Month, Year



Komplek Taman Niaga Suka Jadi Blok J No. 3A-6 Batam  
 Tel : 0778 - 7372022, 7372033 Fax : 0778 - 7372024

**dr. Rezga Agnela**  
 Examining Physician

*Employer must provide the personal protective equipment specific to the activity*

**1. PERSONAL ANAMNESIS**

Name in full	<u>GEGER ALFREDDY KWASOIT</u>	Date of Birth	<u>17.4.79</u>	Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Occupation	<u>AR TECHNICIAN</u>	Badge No.	<input type="text"/>	Blood Group	<input type="checkbox"/> Rh <input type="checkbox"/>

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

**2. FAMILY MEDICAL ANAMNESIS**

	If living, age	State of health	If dead, age at death	Cause of death
Father			65	
Mother			65	
Brother / Sister			50	
Brother / Sister			52.	
Brother / Sister	30			

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 9/1/2021





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

1) Hemoglobin	14.0 gr/dl	10) MCV (*)	19) HDL Cholesterol	44 mg/dl	
2) RBC	5.46 x 10 <sup>6</sup> /mm <sup>3</sup>	11) MCM (*)	20) LDL Cholesterol	160 mg/dl	
3) ESR	5 mm/hr	12) MCHC (*)	21) Triglycerides	279 mg/dl	
4) WBC	9.6 x 10 <sup>3</sup> /mm <sup>3</sup>	13) Platelet	329x 10 <sup>3</sup> /mm <sup>3</sup>	22) Total Bilirubine	1.3 mg/dl
5) Neutrophils		14) Reticulocyte (*)	23) Direct Bilirubin	0.3 mg/dl	
6) Lymphocytes	33.2 %	15) Hematocrit	50.0 %	24) Alkaline Phosphatase	121 u/L
7) Monocytes	8.3 %	16) Glycemia	108 mg/dl	25) AST (SGOT)	26 u/L
8) Eosinophils		17) Blood Urea	-	26) ALT (SGPT)	66 u/L
9) Basophils		18) Total Cholesterol	260 mg/dl	27) Gamma GT	338 u/L

6. Urine Examination Report (Physical, Chemical and Microscopy test results: Please attach the results of the following examinations or indicate here below the results). Please indicate abnormalities (if Any): pH: 5, SG: 1.010, Glucossa: (-), Protein: (-), Ketones: (-), Bilirubin: (-), Urobilinogen: (-), Nitrit: (-), Blood: (-), Leucocytes: (-)

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

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

8.  HIV Test (\*)

9.  Tine (Tuberculin test) (\*)

10.  HBsAg (\*\*) (-)  HBsAb (\*\*)  HBeAb (\*\*)  HBeAg (\*\*)  HBeAb (\*\*)  HAVAb (\*\*)  HCVAb (\*\*)

11.  TPHA (-)

12.  Stool examination (\*)

13.  Pharyngeal plug test (\*)

(\*)Only if required (\*\*) Only to the personnel who have never been vaccinated before or if expressly 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: 08-Jan-2022

I have examined Mr./Mrs. GEGEN ALPREDDY HUTASOIT and found him/her (tick the box)

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

With Restriction Recommendation From Internist Is Attached

DR. REZGA AGNELA, Jember, Indonesia

Examining Doctor's Signature

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

**dr. Rezga Agnela**  
Examining Physician

Date: 09-Jan-2021





Management System  
ISO 9001:2015  
www.tuv.com  
ID 9105042627



**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**

Preemployment Physical Examination

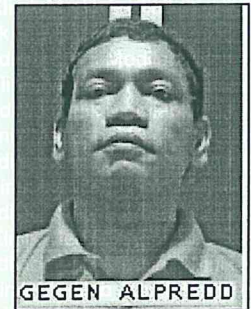
150

**CONFIDENTIAL**

No. Medical Record :   
00006/006/I/ISP/21

**PERSONAL DATA**

Name : GEGEN ALPREDDY HUTASOIT  
 Birthday/Gender/Emp. ID : 17 April 1979 / Male /  
 Father's Name : P HUTASOIT  
 Address : BIDA AYU BLOK W NO 28, BATAM  
 Occupation : AR TECHNICIAN  
 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			Yes/Abnormal	No/Normal
Weight	: 70 Kg			3. Cardiovascular System			
BMI	: 24.80			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Systolic / Diastolic	: 139 / 85 mm Hg		
				Pulse	: 87 / min		
1. Vision				b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
( Should be at least 6/12 in both eyes with or without glasses )				4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
( Should be at least J2 in both eyes with or without glasses )				6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
( Unable to hear ordinary conversation at 2 m )							

**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 checked="" type="checkbox"/>	<input 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:** Myopia H52.1 R:6/12, L:6/12 MIM, Retained Dental Root K08.3 2, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 87 cm, Lab: Total Bilirubin E80.6 1.3 mg/dl MIE, Indirect Bilirubin E80.6 0.9 mg/dl MIE, Alkaline Phosphatase R74.9 121 U/L MIE, SGPT R74.9 66 U/L MIE, GGT R74.9 338 U/L MOE, Total Cholesterol E78.0 260 mg/dl VHR, HDL E78.4 44 mg/dl BHR, LDL E78.4 160 mg/dl HR, Triglyceride E78.1 279 mg/dl HR, Cholesterol Ratio E78 5.9 AR, Nuchter: Pre-Diabetes R73.01 108 mg/dl, Blood Count: Monocytosis D72.821 8.3%

**CERTIFICATION**

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

**ADVICE :**

Teeth Hygiene, Low Fat & Sugar Diet, Consume Medicine Regularly, Control Routine to Internist  
\*NOTE: RECOMMENDATION FROM INTERNIST IS ATTACHED

Authentic Signature



Date of Exam : 9 January 2021



**DR. REZGA AGNELA VALBETRI**



Attachment Internist -1

<b>CONSULT LETTER</b> (Surat Konsul)	<b>CL#9</b> <b>Rev: 00</b>
---	-------------------------------

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

Name (Nama)	GEGEN ALPREDDY HUTASOIT	Occupation (Pekerjaan)	AR TECHNICIAN
Age (Usia)	41 YO	For (Selama)	----- years(tahun)
Gender (Jenis kelamin)	MALE	Reason for Referral (Alasan Merujuk)	Lab: GGT R74.9 338 U/L MOE

**On General Examination Today (Pemeriksaan Umum):**

Nyoni tekan abdomen tidak ada

**Laboratory Test (Pemeriksaan Laboratorium):**

GGT : 338 u/L Kolesterol : 260 mg/dl , TG : 200 mg/dl

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

pro cek GGT & kolesterol ulang

**Diagnose (Diagnosa):**

Dislipidemia

**Treatment/Procedure (Pengobatan/Tindakan):**

Consult tab kolesterol, Atorvastatin 1x20 mg po  
(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):**

Pasien dapat melaksanakan tugas sesuai pekerjaannya.  
(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?)

Batam, .....  
JAN 2021

Yours Sincerely,  
(Salam Sejawat)

**ROKLINIK**  
Dr. ....  
AUSTINUS WIGAYA, Sp.PD



# REVIEW FORM MEDICAL CHECK UP

## FILLED BY THE REQUESTOR

MCU Date

9/1/2021

- Pre employment       Visitor       Periodik Annual       Others       Post absence  
 Project       Jakarta Office       Tangguh Operation  
 BP       Non BP /Contractor

## Summary Examination

### IDENTITY OF EMPLOYEE

Name	GEGEN ALPREDDY HUTASOIT	Gender	MALE
Nationality	INDONESIA	Date Of Birth	17/4/1979
Name of Company	ISP	Vantage Number	
Job Title	AR TECHNICIAN	Departemen	

Email address or Medical Certificate sent to : Monickmarions@cnpc.com.cn / monickmarions@bpg.co.id

### THE LIST BELOW FILLED BY THE REVIEWER (BP DOCTOR)

#### HISTORY :

Smoker/non smoker

#### PHYSICAL EXAMINATION

BMI : 24.80      UN/NOV/OB      BP: 139/85 (N) Gr.I/Gr.II

#### PEMERIKSAAN SPESIFIK:

Spirometri	Audiometri	Treadmill
NA	NORMAL	

#### LABORATORIUM RESULT

HB : 14.0 gr/dl      SGOT/SGPT : 26/66 u/L      GDP : 108 mg/dl      (ND)

Chol : 260 mg/dl      HDL : 44 mg/dl      LDL : 160 mg/dl      TG : 279 mg/dl      LP: N/M/Mod(S)

Rontgen Thorax      NORMAL      ECG      NORMAL RESTING ECG

OTHER EXAMINATIONS      GGT : 338 u/L

SUMMARY : Recommendation from Internist is attached.

**FIT WITH NOTE  
STATUS FITNESS**

- Fit       Fit With Restriction       Temporary Unfit       Unfit

Secara medis dinyatakan dapat bekerja untuk pekerjaan:

Medically suitable for task :

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Remote Site Workers                  | <input type="checkbox"/> Heavy Equipment/ Crane Operator | <input type="checkbox"/> Visitors           |
| <input type="checkbox"/> Fire/ Emergency Crew                 | <input type="checkbox"/> Medical Professional            | <input type="checkbox"/> Aircraft Refueller |
| <input type="checkbox"/> Respiratory/SCBA User/Confined Space | <input type="checkbox"/> Work at Height                  | <input type="checkbox"/> Other Professional |
| <input type="checkbox"/> Work in Extreme Temperature          | <input type="checkbox"/> Food Handler                    | (Pilots, Seafarer, Diver etc)               |
| <input type="checkbox"/> Professional Driver                  | <input type="checkbox"/> Shift worker                    | <input type="checkbox"/> Jakarta Office     |

Attending Physician	<b>KLINIK MEDILAB</b>	
Signature	Komplek Taman Nipa Suka Jati Blok J No. 3A-b Batam Tel : 0778 - 737 022      Fax : 0778 - 7372024 <i>[Signature]</i> di. Rezga Agnela Examining Physician	
Review Date (dd/mm/yyyy)	9/1/2021	





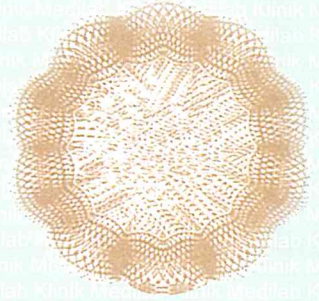
Management System  
ISO 9001:2015

www.tuv.com  
ID 9105042627



**PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA**

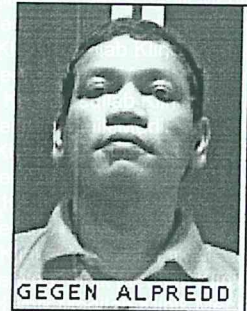
Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433  
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024  
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



**EYE EXAMINATION REPORT**

**IDENTIFICATION OF APPLICANT**

Applicant's Name : GEGEN ALPREDDY HUTASOIT  
DOB/Gender/Emp. ID: 17 April 1979 / Male /  
Address : BIDA AYU BLOK W NO 28, BATAM  
Company's Name : INSPEKTINDO SINERGI PERSADA, PT



GEGEN ALPREDD

<b>Distant Vision Acuity (Snellen Chart)</b>	<b>Near Vision Acuity</b>
Right Eye: 6/12 Without Glasses Left Eye : 6/12 Without Glasses	Right Eye : J1 Without Glasses Left Eye : J1 Without Glasses
<b>Colour Vision (Ishihara's Test)</b>	Normal
<b>Visual Field Test (Confrontation Test)</b>	Normal
<b>Grey Test</b>	-
<b>Depth Test</b>	-

DR. REZGA AGNELA VALBETRI

Examiner's Name

Examiner's Signature



BATAM, 09 January 21

Place, Date of eye examination

Official Stamp of Medical Practitioner





Management System  
ISO 9001:2015

www.tuv.com  
ID 9105042627



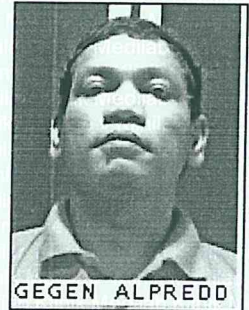
### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00006/006/I/ISP/21

150



GEGEN ALPREDD

#### PERSONAL DATA

Name : GEGEN ALPREDDY HUTASOIT  
 Birthday/Gender/Emp. ID : 17 April 1979 / Male /  
 Father's Name : P HUTASOIT  
 Address : BIDA AYU BLOK W NO 28, BATAM  
 Occupation : AR TECHNICIAN  
 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		Yes/Abnormal	No/Normal
Weight : 70 Kg			3. Cardiovascular System		
BMI : 24.80			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision			Systolic / Diastolic : 139 / 85 mm Hg		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pulse : 87 / min		
( Should be at least 6/12 in both eyes with or without glasses )			b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Should be at least J2 in both eyes with or without glasses )			4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )			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 checked="" type="checkbox"/>	<input 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:** Myopia H52.1 R:6/12, L:6/12 MIM, Retained Dental Root K08.3 2, Visual Field Test: Normal, Hernia Screening Test: No Abnormality, Romberg Test: Negative, Waist Circumference: 87 cm, Lab: Total Bilirubin E80.6 1.3 mg/dl MIE, Indirect Bilirubin E80.6 0.9 mg/dl MIE, Alkaline Phosphatase R74.9 121 U/L MIE, SGPT R74.9 66 U/L MIE, GGT R74.9 338 U/L MOE, Total Cholesterol E78.0 260 mg/dl VHR, HDL E78.4 44 mg/dl BHR, LDL E78.4 160 mg/dl HR, Triglyceride E78.1 279 mg/dl HR, Cholesterol Ratio E78 5.9 AR, Nuchter: Pre-Diabetes R73.01 108 mg/dl, Blood Count: Monocytosis D72.821 8.3%

#### CERTIFICATION

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

#### ADVICE :

Teeth Hygiene, Consultation to Internist, Low Fat & Sugar Diet

Authentic Signature

Date of Exam : 9 January 2021





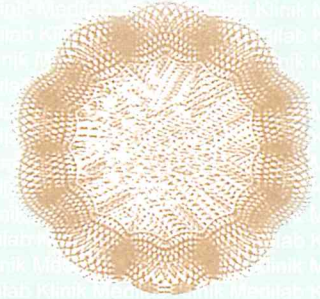


Management System  
ISO 9001:2015  
www.tuv.com  
ID 9105042627

# KLINIK MEDILAB

## 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

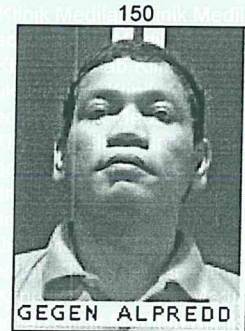
Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00006/006/I/ISP/21

#### PERSONAL DATA

Name : GEGEN ALPREDDY HUTASOIT  
 Birthday/Gender/Emp. ID : 17 April 1979 / Male /  
 Father's Name : P HUTASOIT  
 Address : BIDA AYU BLOK W NO 28, BATAM  
 Occupation : AR TECHNICIAN  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	14.0	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	9.6	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.46	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	5	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	50.0	%	M: 40 - 52	F: 35 - 47	
PLT	329	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440		
Differential Count					
- LYM	33.2	%	25 - 40		
- MON	* 8.3	%	2 - 8		
- GRA	58.5	%	43 - 76		
Indicator of Infection					
- Neutrophil Lymphocyte Ratio (NLR)	1.76	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	3187	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

#### URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	5	- WBC/HPF	Nil/HPF
- Specific Gravity	1.010	- 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.

Date of Exam : 9 January 2021



>> Computer Generated Report, No Signature Required. <<



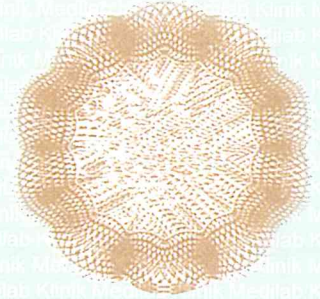


Management System  
ISO 9001:2015  
www.tuv.com  
ID 9105042627

# KLINIK MEDILAB

## 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

Preemployment Physical Examination

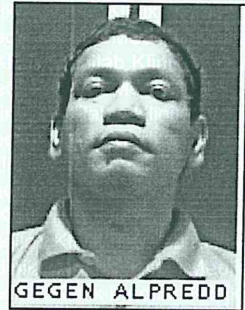
150

#### CONFIDENTIAL

No. Medical Record :   
00006/006/I/ISP/21

#### PERSONAL DATA

Name : GEGEN ALPREDDY HUTASOIT  
 Birthday/Gender/Emp. ID : 17 April 1979 / Male /  
 Father's Name : P HUTASOIT  
 Address : BIDA AYU BLOK W NO 28, BATAM  
 Occupation : AR TECHNICIAN  
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



### AUDIOMETRY REPORT

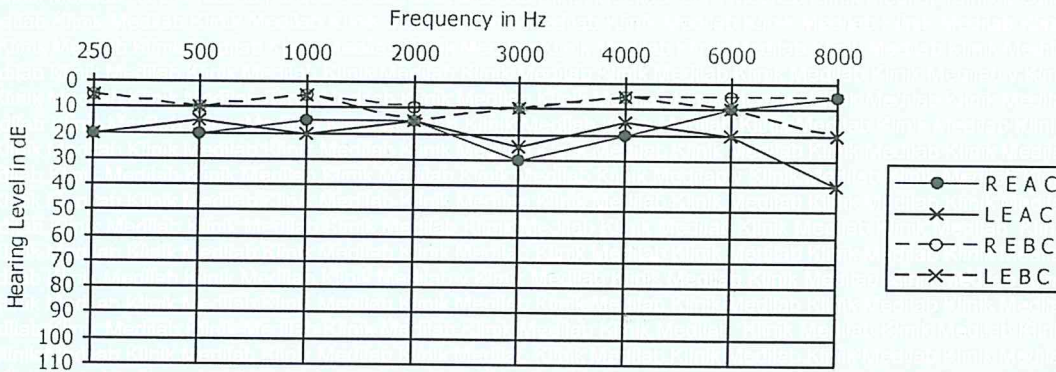
#### Occupational History

- Noisy Working Environment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Present/use of Hearing Protector	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Period of Working	0.0 years	

#### Medical History/Examination

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

	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 : -8.25 %  
L : -10.13 %  
Hearing Handicap : -9.813 %
- Not a Noise Induced Hearing Loss

Date of Exam : 9 January 2021



>> Computer Generated Report, No Signature Required. <<





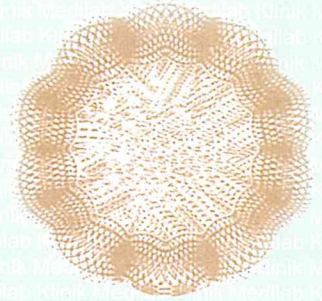
Management System  
ISO 9001:2015

www.tuv.com  
ID 9105042627

# KLINIK MEDILAB

## 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

Preemployment Physical Examination

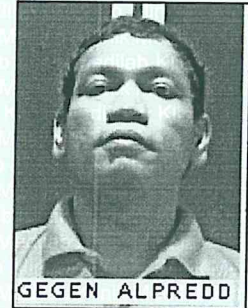
#### CONFIDENTIAL

No. Medical Record :   
00006/006/1/ISP/21

150

#### PERSONAL DATA

Name : GEGEN ALPREDDY HUTASOIT  
Birthday/Gender/Emp. ID : 17 April 1979 / Male /  
Father's Name : P HUTASOIT  
Address : BIDA AYU BLOK W NO 28, BATAM  
Occupation : AR TECHNICIAN  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



### LABORATORY REPORT

Test Name	Result Unit	Reference Range
-----------	-------------	-----------------

#### LIVER FUNCTION TEST

Total Bilirubin	:*	1.3 mg/dl	0.3 - 1.1
Direct Bilirubin	:	0.3 mg/dl	0.1 - 0.4
Indirect Bilirubin	:*	0.9 mg/dl	0.2 - 0.7
Alkaline Phosphatase	:*	121 U/L	30 - 120
SGOT	:	26 U/L	M: <= 35 F: <= 31
SGPT	:*	66 U/L	M: <= 45 F: <= 34
Gamma GT	:*	338 U/L	M: <= 49 F: <= 32

#### LIPID PROFILE TEST

Total Cholesterol	:*	260 mg/dl	<= 200
HDL - Cholesterol	:	44 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	:*	160 mg/dl	50 - 140
Triglycerida	:*	279 mg/dl	<= 204
Ratio Cholesterol ( Total Chol : HDL )	:*	5.9	M: < 3.4 F: < 3.3

#### BLOOD SUGAR TEST

Nuchter	:*	108 mg/dl	< 100
2 hours PP	:	79 mg/dl	< 140

#### RENAL FUNCTION TEST

Ureum	:	18 mg/dl	17 - 43
Creatinine	:	1.0 mg/dl	M: 0.8 - 1.3 F: 0.5 - 0.9
Uric Acid	:	4.2 mg/dl	M: 3.6 - 8.2 F: 2.3 - 6.1

#### SEROLOGI

TPHA	:	Non Reactive	Non Reactive
HBsAg	:	Negative	Negative
Anti HBs	:	Negative	

#### URINE

Cannabinoid	:	Negative	Negative
Methamphetamine	:	Negative	Negative
Opiates	:	Negative	Negative
Cocain	:	Negative	Negative
Amphetamine	:	Negative	Negative
Benzodiazepine	:	Negative	Negative

Date of Exam : 9 January 2021



>> Computer Generated Report, No Signature Required. <<



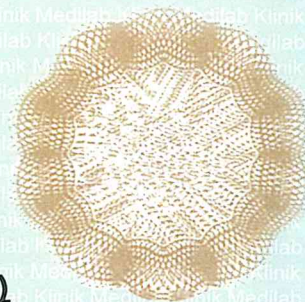


Management System  
ISO 9001:2015  
www.tuv.com  
ID 9105042627

# KLINIK MEDILAB

## 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



### TREADMILL (EXERCISE STRESS TEST REPORT)

#### CONFIDENTIAL

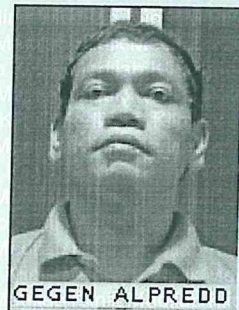
No. Medical Record : 

00006/006/1/ISP/21

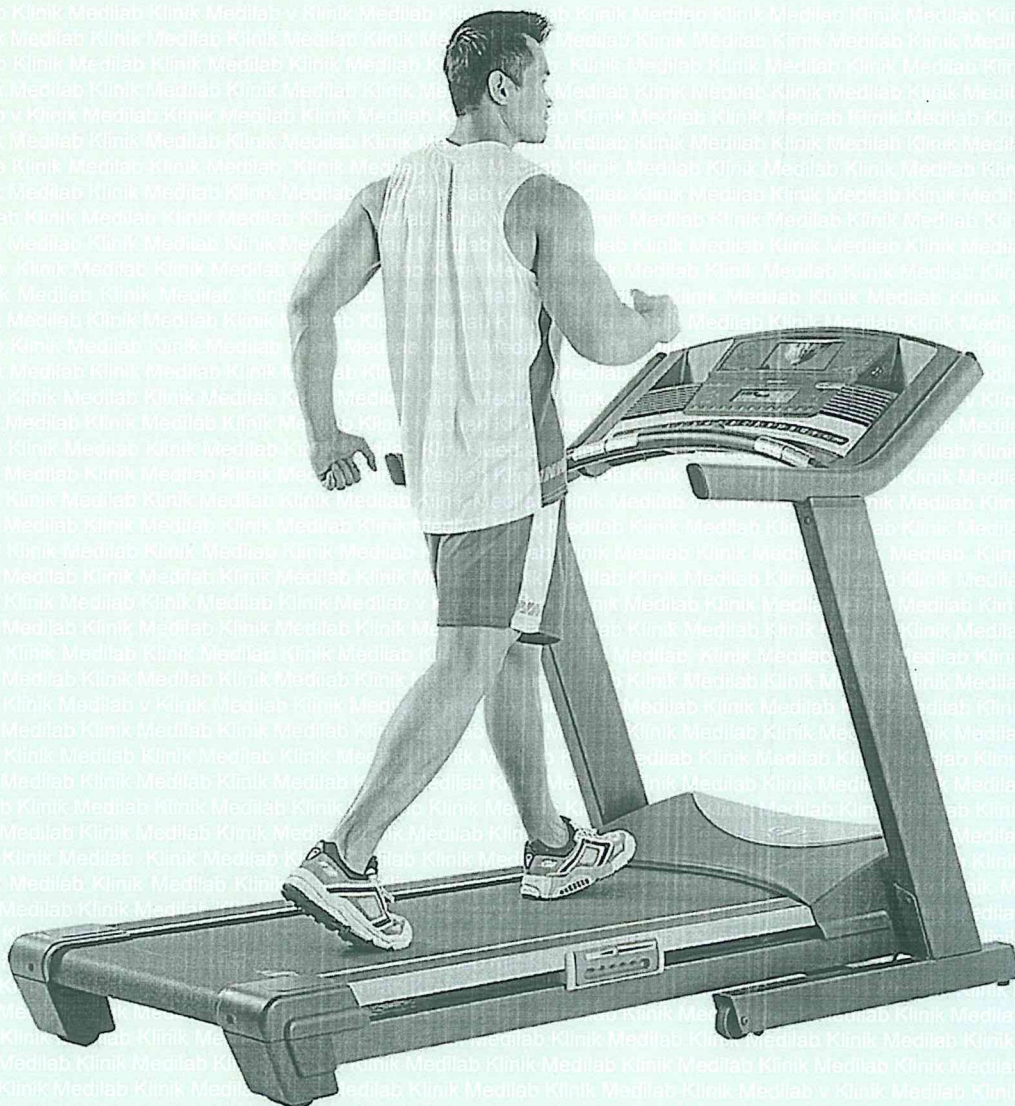
150

#### PERSONAL DATA

Name : GEGEN ALPREDDY HUTASOIT  
Age/Sex/Employee ID : 41 years / Male /  
Father's Name : P HUTASOIT  
Address : BIDA AYU BLOK W NO 28, BATAM  
Occupation : AR TECHNICIAN  
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT  
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



GEGEN ALPREDDY





MEDILAB  
KOMPLEKS RUKO TAMAN NIAGA SUKA JADI  
BATAM

Station  
Telephone:

### EXERCISE STRESS TEST REPORT

Patient Name: GEGEN ALPREDDY HUTASOIT, TN  
Patient ID: 2 ISP  
Height: 168 cm  
Weight: 70 kg

DOB: 17.04.1979  
Age: 41yrs  
Gender: Male  
Race: Asian

Study Date: 09.01.2021  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

#### Exercise Test Summary


Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	02:16	0.00	0.00	116	139/85	
	STANDING	00:03	0.00	0.00	115		
	HYPERV.	00:02	0.00	0.00	116		
	WARM-UP	00:21	1.60	0.00	118		
EXERCISE	STAGE 1	03:00	2.70	10.00	120	153/90	
	STAGE 2	03:00	4.00	12.00	144	168/95	
	STAGE 3	03:00	5.50	14.00	179	172/97	
	STAGE 4	00:11	6.70	16.00	179		
RECOVERY		01:10	2.40	0.00	169	171/101	

The patient exercised according to the BRUCE for 9:10 min:s, achieving a work level of Max. METS: 10.70. The resting heart rate of 109 bpm rose to a maximal heart rate of 184 bpm. This value represents 102 % of the maximal, age-predicted heart rate. The resting blood pressure of 141/82 mmHg, rose to a maximum blood pressure of 172/97 mmHg. The exercise test was stopped due to --.

Interpretation Resting ECG : *Normal resting ECG*

Conclusions Treadmill Exercise Test :  
--  
- Negative ischemic response  
- Normal hemodynamic response  
- No arrhythmia

Physician \_\_\_\_\_ Technician \_\_\_\_\_

  
**dr. Fandi Ahmad, SpJP**  
Spesialis Jantung dan Pembuluh Darah

Patient ID 2 ISP

09.01.2021 Male 168 cm 70 kg  
11:14:34 41yrs Asian

Meds:

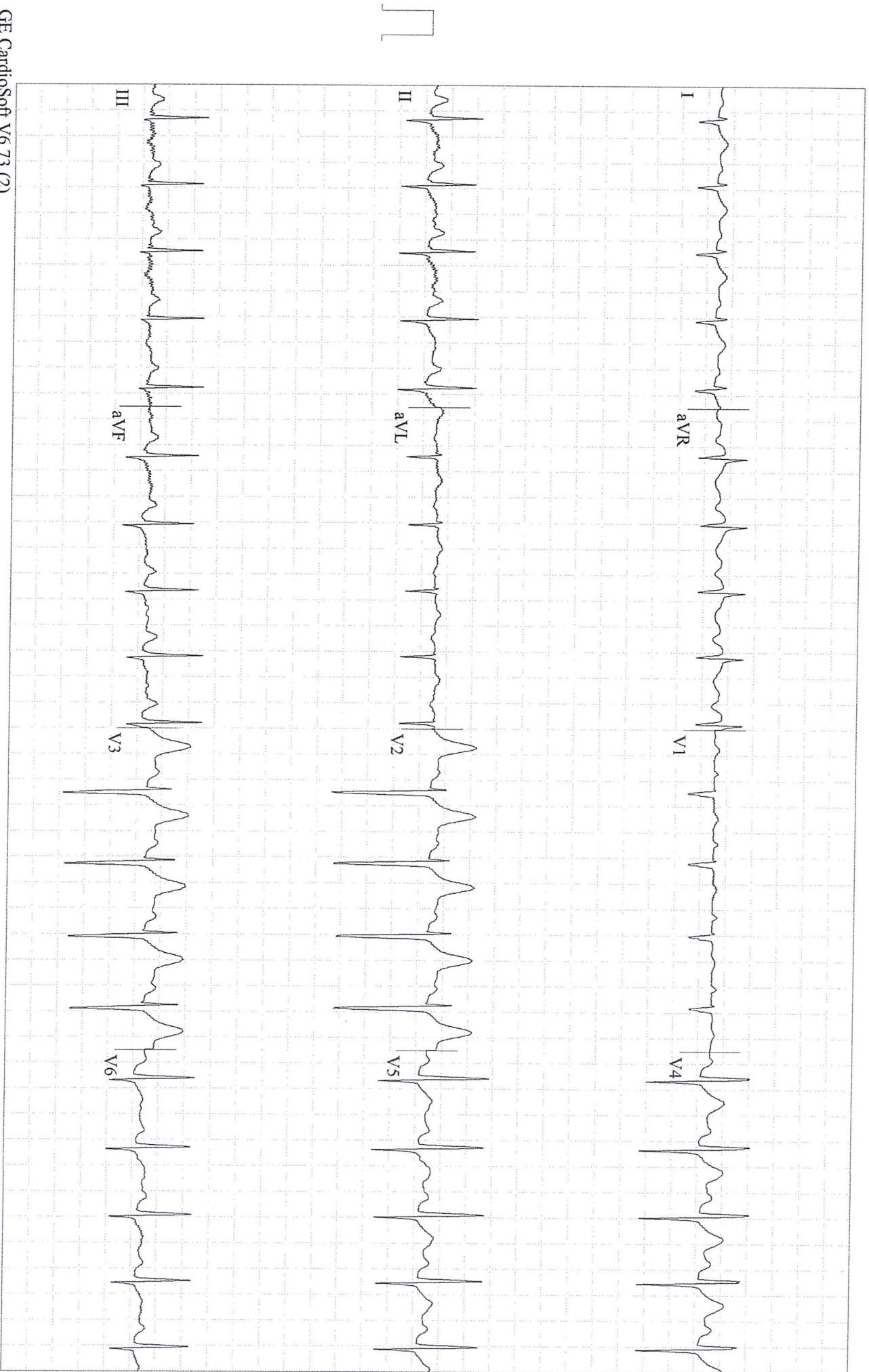
Test Reason:  
Medical History:

BRUCE: Total Exercise Time 09:10  
Max HR: 184 bpm 102% of max predicted 179 bpm HR at rest: 109  
Max BP: 172/97 mmHg BP at rest: 141/82 Max RPP: 30272 mmHg\*bpm  
Maximum Workload: 10.70 METS  
Max. ST: 0.03 mV, 0.00 mV/s in III; EXERCISE STAGE 3 07:00

Ref MD: Ordering MD:  
Technician: Test Type:  
Comment:

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	02:16	0.00	0.00	1.0	116	139/85	16124	0	0.01	
	STANDING	00:03	0.00	0.00	1.0	115			0	0.01	
	HYPERV.	00:02	0.00	0.00	1.0	116			0	0.02	
	WARM-UP	00:21	1.60	0.00	1.2	118			0	0.02	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	120	153/90	18360	0	0.03	
	STAGE 2	03:00	4.00	12.00	7.0	144	168/95	24192	0	0.04	
	STAGE 3	03:00	5.50	14.00	10.2	179	172/97	30788	0	0.08	
	STAGE 4	00:11	6.70	16.00	10.7	179			0	0.14	
RECOVERY		01:10	2.40	0.00	2.1	169	171/101	28899	2	0.13	

113 bpm  
139/85 mmHg



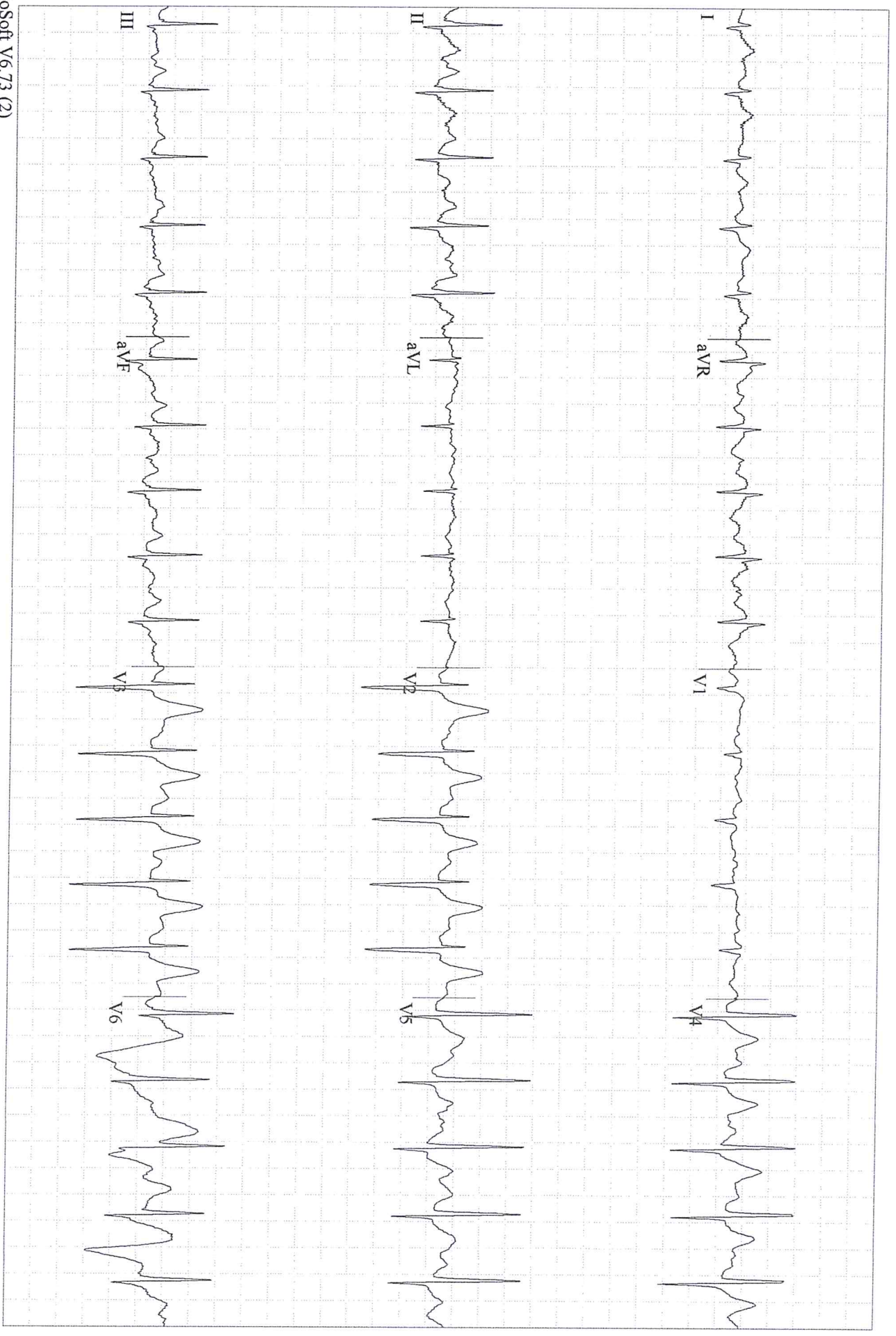


GEGEN ALPREDDY HUTASOIT, TN  
Patient ID 2 ISP  
09.01.2021  
11:20:07

120 bpm  
153/90 mmHg  
12-Lead Report  
EXERCISE  
STAGE 1  
02:50

BRUCE  
2.7 km/h  
10.0 %

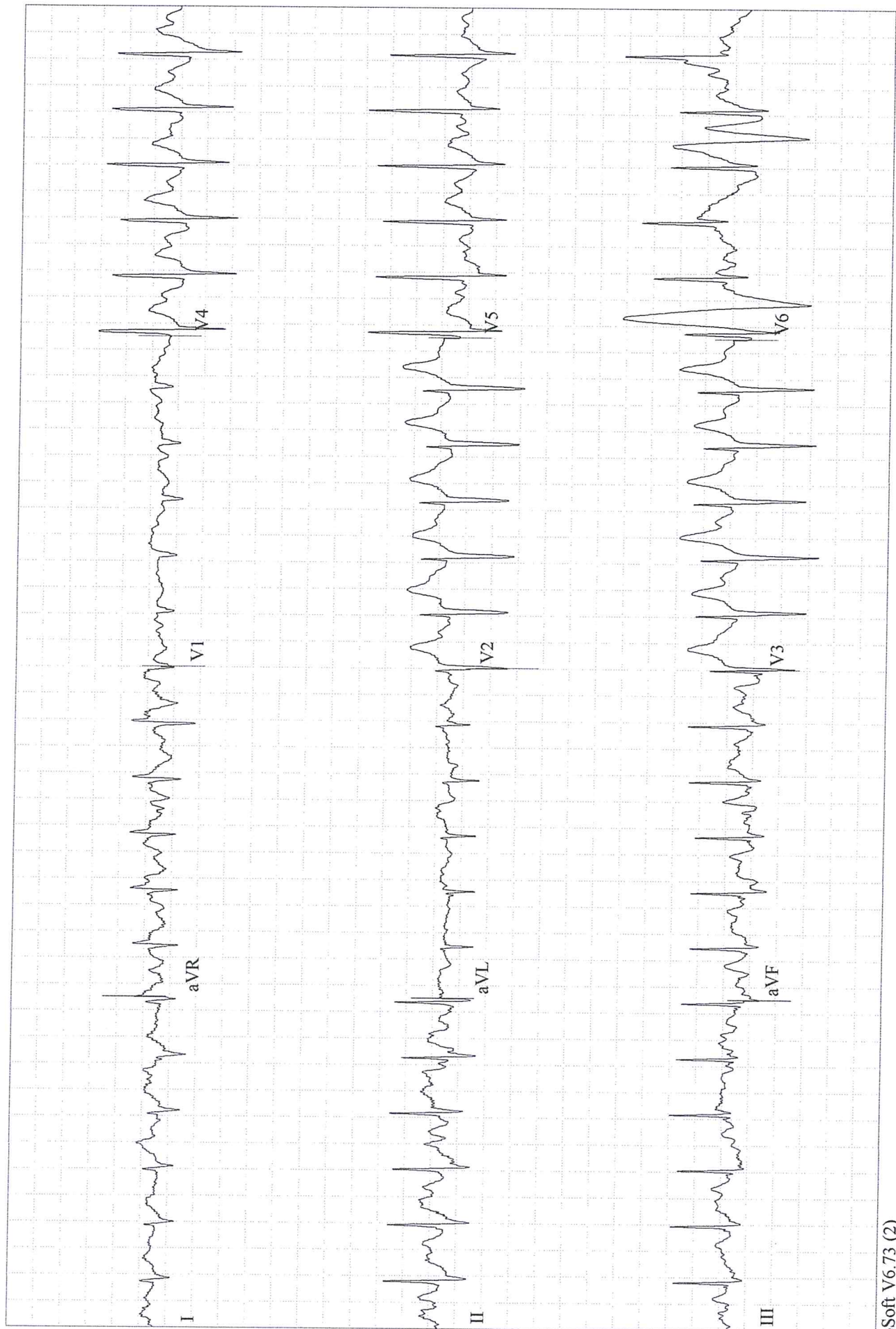
MEDLAB



GE CardioSoft V6 73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5, V3)

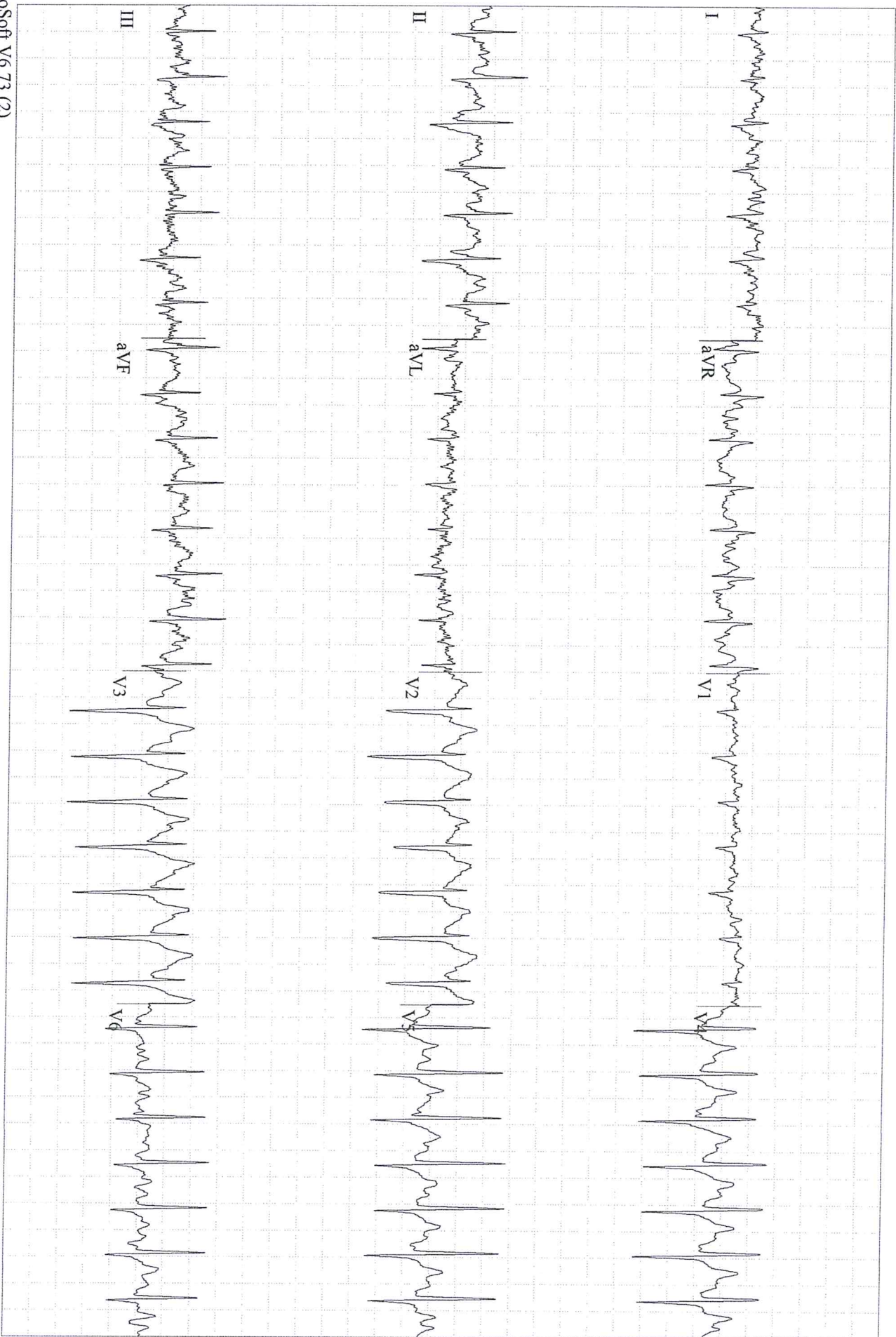
Start of Test: 11:14:34







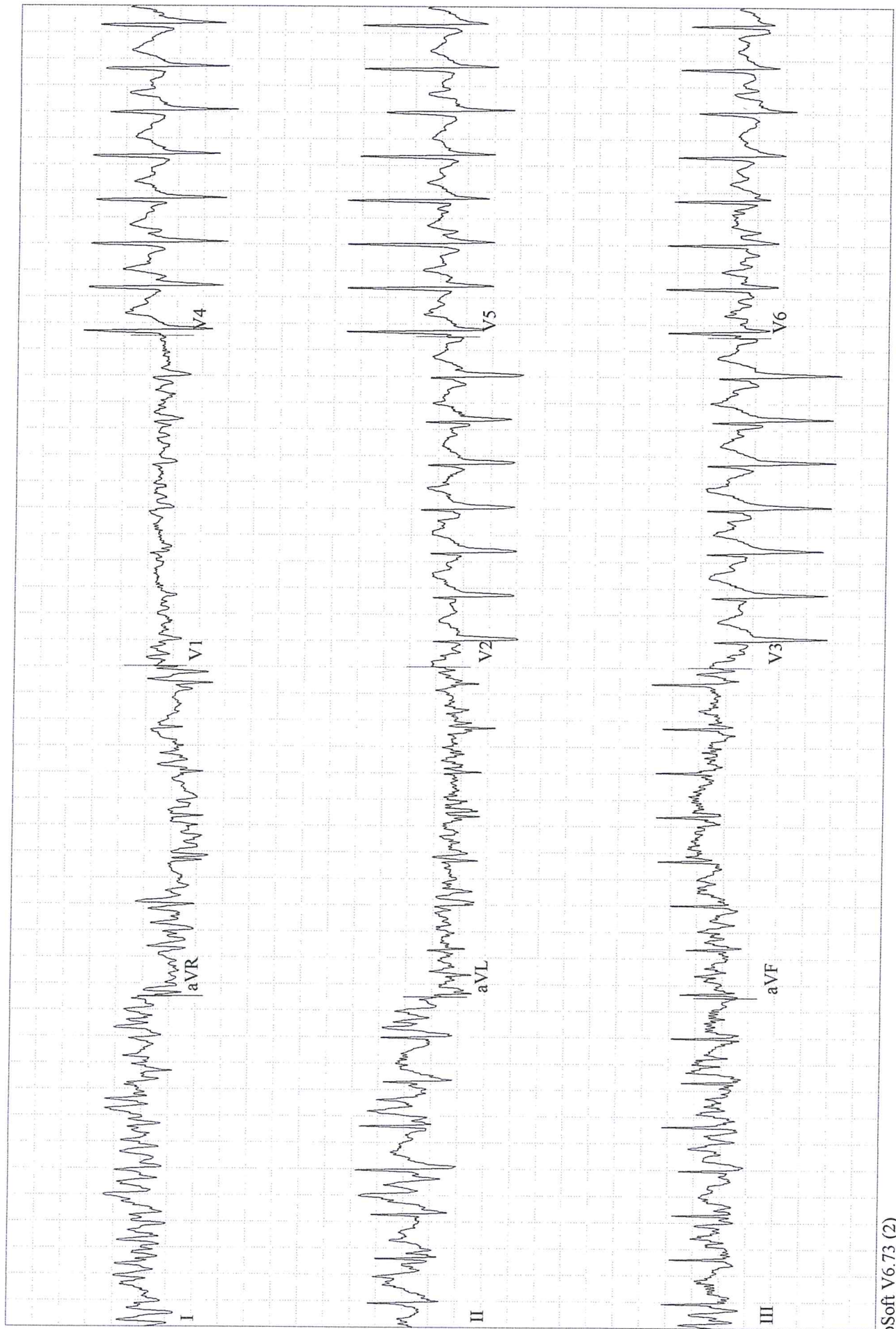
179 bpm  
172/97 mmHg





179 bpm  
172/97 mmHg

BRUCE  
6.7 km/h  
16.0 %



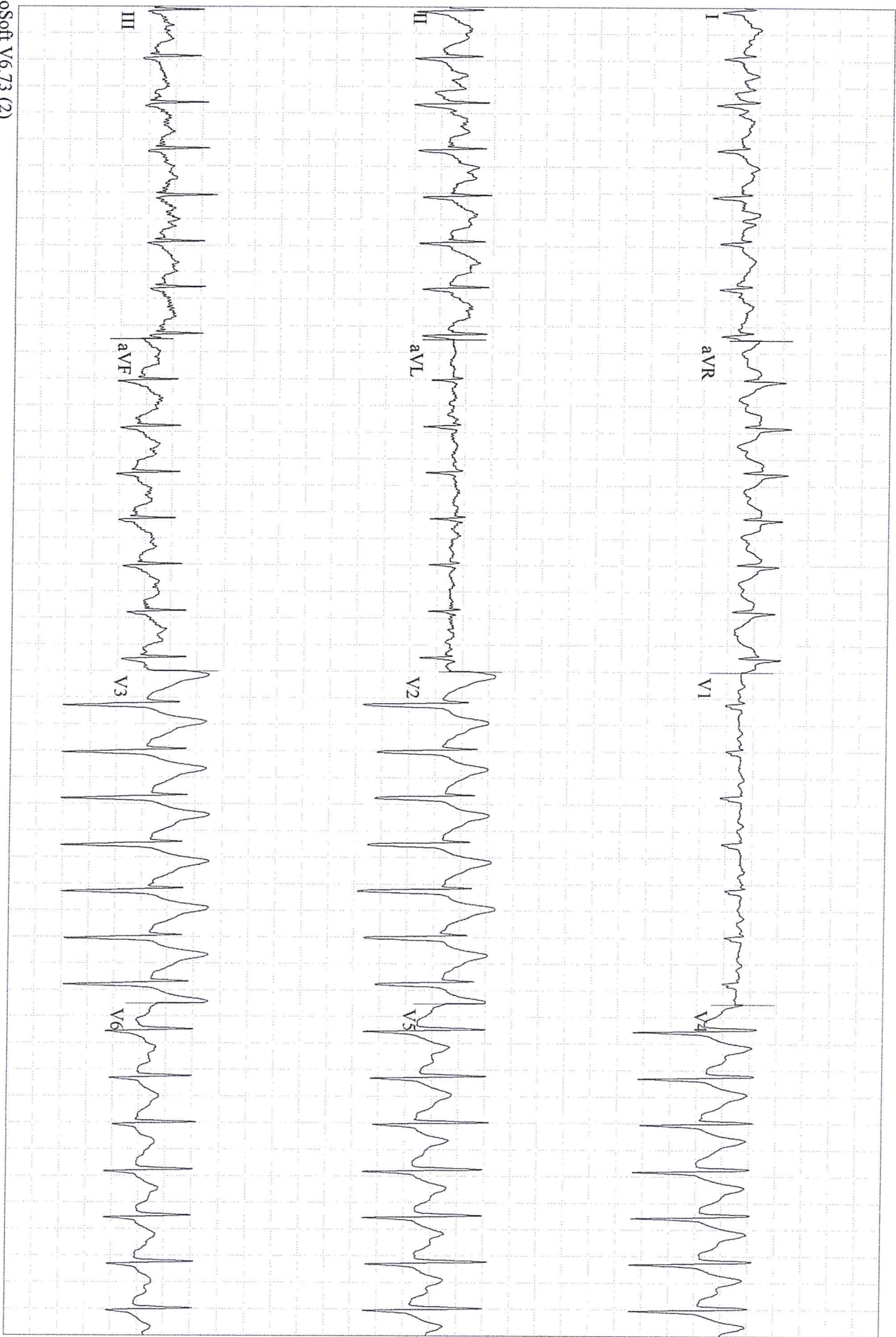


GEGEN ALPREDDY HUTASOIT, TN  
Patient ID 2 ISP  
09.01.2021  
11:27:17

1-2-Lead Report  
RECOVERY  
#1  
00:50

BRUCE  
2.4 km/h  
0.0 %

MEDLAB



GE CardioSoft V6 73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2, V3)

Start of Test: 11:14:34