Klinik MEDILAB

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**
DONI KURNIEL SITANGGANG	10-12-1984	TEKNISI.

This Health Certificate is valid until: 12/5/2023

- ☐ Fit
- ☑ Fit with prescriptions and/or restrictions — ☐ offshore ☑ onshore — ☐ 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

13/5/2022 — Day, Month, Year

KLINIK MEDILAB
Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Batam
Tel : 0778 - 7372022, 7372023 Fax : 0778 - 7372024

Doctor's stamp and signature

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

Employer must provide the personal protective equipment specific to the activity

Klinik MEDILAB

MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

(This document was adopted from Saipem company and used only for Saipem client/subcontractor)

1. PERSONAL ANAMNESIS

Name in full	DONI HATMEL SITANGGANG	Date of Birth	10-12-84	Sex	(M) ☐ F
Occupation	TEKMN	Badge No.		Blood Group	O · Rh ☐

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

Details if "yes"
(including dates and duration and any other relevant information)

Cigarettes ☐ Cigars ☐ Pipes ☐ Number smoked ☐

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father			59	sick
Mother			59	sick
~~Brother~~ / Sister	43	FIT		
Brother / ~~Sister~~	40	FIT		
Brother / ~~Sister~~	35	FIT		

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 13 / 5 / 2022

Klinik MEDILAB
Pusat Pemeriksaan Kesehatan Tenaga Kerja

FORM Group

(This document was adopted from Saipem company and used only for Saipem client / subcontractor)

3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS. DONI KATMEL SITANGGANG

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
1. Ear infection / Sinusitis / Vertigo	☐	☑	8. Endocrine disorder	☐	☑
2. Nose, mouth or throat trouble	☐	☑	9. Hernia / Hydrocele / Piles / Fissures	☐	☑
3. Color blindness / Loss of vision	☐	☑	10. Fistula / Appendicitis / Varicocele	☐	☑
4. Frequent headaches / Fainting	☐	☑	11. Malaria / Tropical Disease	☐	☑
5. Epilepsy / Mental illness	☐	☑	12. Skin disease	☐	☑
6. Hypertension	☐	☑	13. Cancer or tumor	☐	☑
7. Diabetes mellitus	☐	☑	14. Allergy to foods / drugs	☐	☑

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 ☐	Yes	No	Details if "yes"
8. Measurement & Physical Description			
a) Measurements (to be taken in indoor clothing)	⇨		Height: 171 cm Weight: 83 Kg
b) Please describe general appearance and build:	⇨		BMI: 28.38 Kg/m^2 Waist Circumference: 94cm
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle	☐	☑	
d) Is there any enlargement of lymph nodes or thyroid gland?	☐	☑	
e) Are there any scars of material significance?	☐	☑	
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?	☐	☑	
b) Is there any irregularity of rhythm?	☐	☑	
c) Is there any abnormality in the arterial pulse?	☐	☑	
d) Are there any varicose veins?	☐	☑	
e) Blood Pressure: (please record opposite)	⇨		Systolic / Diastolic: 140 / 103 Pulse Rate: 88x / min
10. Respiratory System			
a) Is there any abnormality in the shape and development of the chest?	☐	☑	
b) Are there any abnormal physical signs in the lungs?	☐	☑	
11. Genito / Urinary & Digestive System			
a) Is the urine test abnormal?	☐	☑	
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?	☐	☑	
c) Is a hernia present	☐	☑	
d) Is there any dental problem such as caries, recurrent gum and mouth infections, abscess etc.?	☑	☐	**Dental Caries K02 1, Retained Dental Root K08.3 2**
12. Nervous System			
a) Is there any sign of disease in the central nervous system?	☐	☑	
b) Is there anything to suggest a tendency to psychiatric disorder?	☐	☑	
13. Sense Organs			
a) Is there any affection of the eyes, ears, nose or tongue	☐	☑	

Vision	Far Vision		Near Vision		Color Vision	
Uncorrected	OD 6/6	OS 6/6	OD J1	OS J1	Adequate	✓
Corrected	OD -	OS -	OD -	OS -	Defective	

Remarks:

Klinik MEDILAB
Pusat Pemeriksaan Kesehatan Tenaga Kerja

FORM Group

(This document was adopted from Saipem company and used only for Saipem client / subcontractor)

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	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	15.7 gr/dl	10) MCV (*)	µm^3	19) HDL Cholesterol	46 mg/dl
2) RBC	5.25x10^6/mm^3	11) MCM (*)	pg	20) LDL Cholesterol	58 mg/dl
3) WBC	8.6x10^3/mm^3	12) MCHC (*)	gr/dl	21) Total Bilirubin	0.4 mg/dl
4) Neutrophils		13) Platelet	296x10^3/mm^3	22) Direct Bilirubin	0.1 mg/dl
5) Lymphocytes	27.5%	14) Reticulocyte (*)		23) AST (SGOT)	22 µ/L
6) Monocytes	6.1%	15) Glycemia	88 mg/dl	24) ALT (SGPT)	17 µ/L
7) Eosinophils		16) Blood Urea	25 mg/dl	25) Gamma GT	27 µ/L
8) Basophils		17) Total Cholesterol	163 mg/dl		
9) Hematocrit		18) Triglycerides	297 mg/dl		

7. Urine Examination Report (Physical, Chemical and Microscopy test results: Please attach the results of the following examinations and indicate here below the results). Please indicate abnormalities (if Any): pH: 6, SG: 1.010, 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	
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: 12-May-2023

I have examined Mr./Mrs. DONI KATMEL SITANGGANG and found him/her (tick the box)

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

Recommendation from Internist is attached.

Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Batam

DR. TOSYARNA BR DALIMUNTHE

Examining Doctor's Signature

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

dr. Tosyarna BR.Dalimunthe

007.I/007-363/SIP.TM/DPMPTSP-BTM/VIII/2020

Date: 13-May-2022

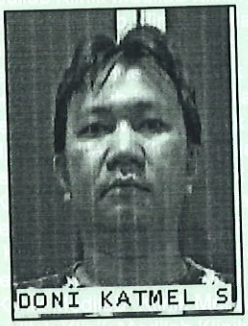
Management System ISO 9001:2015
TÜVRheinland CERTIFIED
www.tuv.com ID 9105042627

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

Periodic Health Examination

271



CONFIDENTIAL
No. Medical Record : 00020/004/V/ISP/22

PERSONAL DATA

Name : DONI KATMEL SITANGGANG
Birthday/Gender/Emp. ID : 10 December 1984 / Male / ISP21295
Father's Name : JENDAM SITANGGANG
Address : PERUM LAVENDER BLOK G BATAM CENTRE, BATAM
Occupation : TEKNISI
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		X	4. Allergic Rhinitis		X	7. Surgery		X
2. Bronchial Asthma		X	5. Peptic Ulcer		X	8. Echolalia		X
3. Bloody Cough		X	6. Epilepsy		X	9. Others		X

CLINICAL EXAMINATION

Weight : 83 Kg
Height : 171 Cm
BMI : 28.38

	Yes/Abnormal	No/Normal
1. Vision		
a. Distant Vision		X
(Should be at least 6/12 in both eyes with or without glasses)		
b. Near Vision		X
(Should be at least J2 in both eyes with or without glasses)		
c. Colour Vision		X
d. Any Organic Eye Disease		X
2. Hearing		X
(Unable to hear ordinary conversation at 2 m)		
3. Cardiovascular System		
a. Blood Pressure	X	
Systolic / Diastolic : 140 / 103 mm Hg		
Pulse : 88 / min		
b. Heart Disease		X
c. Varicose Veins		X
4. Respiratory System		X
5. Skin-Chronic Disease		X
6. Abdomen		X
7. Locomotor/Neurological		X
8. Endocrine disorders		X
9. Mental State		X

LABORATORY TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Blood Count		X
2. Urine Feme		X
3. Other Laboratory Test	X	

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometry		X
2. Spirometry		X
3. ECG (if indicated)		X
4. Chest X-Ray		X

Remarks: Overweight BMI:28.38 E66, Hypertension I10 140/103 mmHg Stage II, Dental Caries K02 1, Retained Dental Root K08.3 2, Oxygen Saturation: 98 %, Waist Circumference: 94 cm, Lab: HDL E78.4 46 mg/dl BHR, Triglyceride E78.1 297 mg/dl HR, Cholesterol Ratio E78 3.5 AR, 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 :
Regular Exercise and Reduce Weight, Low Salt & Fat Diet, Consume Medicine Regularly, Control Routine to Internist, Teeth Hygiene
*NOTE: RECOMMENDATION FROM INTERNIST IS ATTACHED

Authentic Signature

Date of Exam : 13 May 2022

DR. TOSYARNA BR DALIMUNTHE

Attachment Internist -1

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)*	DONI KATMEL SITANGGANG	Occupation *(Pekerjaan)*	TEKNISI
Age *(Usia)*	37 YO	For *(Selama)*	---------- years*(tahun)*
Gender *(Jenis kelamin)*	MALE	Reason for Referral *(Alasan Merujuk)*	Hypertension I10 140/103 mmHg Stage II

On General Examination Today (*Pemeriksaan Umum*):

History of HT ⊖ family history of HT ⊖ headache ⊖ blur vision ⊖

Laboratory Test (*Pemeriksaan Laboratorium*) :

BP 140/103 → 154/105 → 134/100

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

-

Diagnose (*Diagnosa*):

Hypertension

Treatment/Procedure (*Pengobatan/Tindakan*):

Losark 1x10 -

(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*):

Take medicine routinely

(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, 13/06/2022

Fit to work

Yours Sincerely,
(Salam Sejawat)

Dr.....

dr. Merlin Devyanti, Sp,PD
Spesialis Penyakit Dalam

Komplek Taman Niaga Sukajadi Blok J No. 3A,5,6 Jl. Ahmad Yani-Batam 29433 Telp. (0778) 7372022, (0778) 7372023, 08117701188, 08117701199 Fax. (0778) 7372024
E-mail : customercare@medilab-clinic.com ; operational@medilab-clinic.com
Website : www.medilab-clinic.com