



MEDICAL FITNESS CERTIFICATE MEDICAL REPORT

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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
YAN ADIATMA	15/1/1990	INSPECTOR

This Health Certificate is valid until: 20 - 2 - 2021

- Fit
- Fit with prescriptions and/or restrictions
- Unfit
- offshore
- onshore
- permanent
- temporary for months .....
- permanent
- temporary for months .....

Specify prescriptions and/or restrictions .....

**FIT TO WORK**

Applicant's signature in the Doctor's presence

BATAM

Place

21/2/2020

Day, Month, Year



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

Doctor's stamp and signature  
**dr. Rezga Agneta**  
Examining Physician

Employer must provide the personal protective equipment specific to the activity

1. PERSONAL ANAMNESIS

Name in full  Date of Birth  Sex  M  F

Occupation  Badge No.  Blood Group  Rh

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 type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Smokers: How much do you smoke per day?	<input type="text" value="→"/>		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" value="→"/>		

2. FAMILY MEDICAL ANAMNESIS

	If living, age	State of health	If dead, age at death	Cause of death
Father			60	
Mother			55	
<del>Brother</del> / Sister	37			
<del>Brother</del> / Sister	28			
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 21/2/2020

**3. SUMMARY OF MEDICAL HISTORY OF MR. /MRS. YAN ADIATMA**

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

Please, tick box, whether normal or not	<input type="checkbox"/>	Yes	No		Yes	No
1. Ear infection / Sinusitis / Vertigo	<input type="checkbox"/>	<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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	12. Skin disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Hypertension	<input type="checkbox"/>	<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 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"	
<b>8. Measurement &amp; Physical Description</b>					
a) Measurements (to be taken in indoor clothing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Height: <u>167</u> cm      Weight: <u>51</u> Kg	
b) Please describe general appearance and build:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMI: <u>18.28</u> Kg/m <sup>2</sup> Waist Circumference: <u>72</u> 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"/>	<input type="checkbox"/>		
d) Is there any enlargement of lymph nodes or thyroid gland?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Are there any scars of material significance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>9. Cardio-vascular System &amp; Blood pressure</b>					
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any irregularity of rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is there any abnormality in the arterial pulse?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d) Are there any varicose veins?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e) Blood Pressure: (please record opposite)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Systolic / Diastolic: <u>105 / 77</u> mmHg      Pulse Rate: <u>87</u> /min	
<b>10. Respiratory System</b>					
a) Is there any abnormality in the shape and development of the chest?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Are there any abnormal physical signs in the lungs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>11. Genito / Urinary &amp; Digestive System</b>					
a) Is the urine test abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c) Is a hernia present	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>12. Nervous System</b>					
a) Is there any sign of disease in the central nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b) Is there anything to suggest a tendency to psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>13. Sense Organs</b>					
a) Is there any affection of the eyes, ears, nose or tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENT : Bilateral EARS CERUMEN HSI-23</b>	
<b>Vision</b>	<b>Far Vision</b>		<b>Near Vision</b>		<b>Color Vision</b>
Uncorrected	OD <u>6/9</u>	OS <u>6/6</u>	OD <u>31</u>	OS <u>31</u>	Adequate <input checked="" type="checkbox"/>
Corrected	OD _____	OS _____	OD _____	OS _____	Defective

Remarks:

**5. EXAMINATION RESULTS AND REPORT**

X-Ray, ECG, Audiogram and Blood Urine Laboratory Examination Report

All examination results are to be attached. Please, indicate your remarks in case of abnormal results

- 1. Chest X-Ray Report (\*\*\*\*) **NORMAL**
- 2. ECG Report **NORMAL RESTING ECG**
- 3. Audiogram Report **NORMAL**
- 4. Spirometry Report **NORMAL**

5. Blood Examination Report (Please, attach the results of the following examinations or indicate here below the results):
- |                              |                       |                          |
|------------------------------|-----------------------|--------------------------|
| 1) Hemoglobin                | 10) MCV (*)           | 19) HDL Cholesterol      |
| 2) RBC                       | 11) MCM (*)           | 20) LDL Cholesterol      |
| 3) ESR <b>see attachment</b> | 12) MCHC (*)          | 21) Triglycerides        |
| 4) WBC                       | 13) Platelet          | 22) Total Bilirubin      |
| 5) Neutrophils               | 14) Reticulocyte (*)  | 23) Direct Bilirubin     |
| 6) Lymphocytes               | 15) Hematocrit        | 24) Alkaline Phosphatase |
| 7) Monocytes                 | 16) Glycemia          | 25) AST (SGOT)           |
| 8) Eosinophils               | 17) Blood Urea        | 26) ALT (SGPT)           |
| 9) Basophils                 | 18) Total Cholesterol | 27) Gamma GT             |

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):
- see attachment**

7. Drugs (\*\*\*), alcohol screening test Report (\*\*\*):(Please attach the results of the following examinations or indicate here below the results):
- |                   |              |                    |                       |
|-------------------|--------------|--------------------|-----------------------|
| 1) Amphetamines   | 3) Cocaine   | 5) Methamphetamine | 7) Alcohol            |
| 2) Benzodiazepine | 4) Marijuana | 6) Opiates         | <b>see attachment</b> |

8.  HIV Test (\*)
9.  Tine (Tuberculin test) (\*) **see attachment**
10.  HBsAg (\*\*)     HBsAb (\*\*)     HBcAb (\*\*)     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: **20 / 2 / 2024**

I have examined Mr./Mrs. **YAN ADIATMA** and found him/her (tick the box)

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



Examining Doctor's Signature  
(Stamp, Signature, Name and address of the Physician)  
Tel : 0778 - 7372022, 7372023 Fax : 0778 - 7372024

Date: **21 / 2 / 2020**

**dr. Rezga Agnela**  
Examining Physician

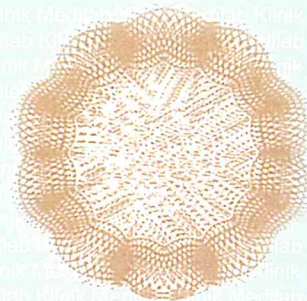


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**PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA**

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 : Yan Adiatma  
Sex/Age : Male/ 30 Years  
Address : Batam  
Company's Name : RIGSPEK PERKASA .PT



YAN ADIATMA

<b>Distant vision acuity ( Snellen Chart )</b> Right Eye : 6/9 Without Glasses Left Eye : 6/6 Without Glasses		<b>Near vision acuity ( Jaeger Test )</b> Both Eyes : J1 Without Glasses	
<b>Colour Vision ( Ishihara Test )</b> : Normal			
Dr. Rezga Agnela Valbetri Examiner's Name		 Examiner's Signature	
Batam, Feb 21 <sup>st</sup> , 2020 Place, Date of eye examination		 Official Stamp of Medical Practitioner	



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**HEALTH SCREENING REPORT**

Preemployment Physical Examination

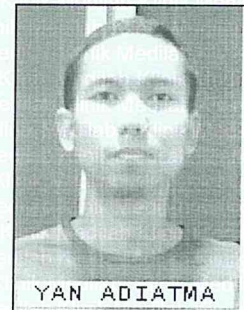
**CONFIDENTIAL**

No. Medical Record :   
00001/001/II/RP/20

181

**PERSONAL DATA**

Name : YAN ADIATMA  
 Birthday/Gender/Emp. ID : 15 January 1990 / Male / 14097  
 Father's Name : ABDUL SOMAD  
 Address : BATAM  
 Occupation : INSPECTOR  
 Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT  
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, 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 : 51 Kg	Height : 167 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 18.28		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 105 / 77 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 87 / min		
( Should be at least 6/12 in both eyes with or without glasses )	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Should be at least J2 in both eyes with or without glasses )	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Remarks:** Underweight R63.6, Myopia H52.1 R:6/9, L:6/6 MIM, E.N.T: Bilateral Ears Cerumen H61.23, Waist Circumference: 72 cm, Lab: Total Cholesterol E78.0 224 mg/dl BHR, Triglyceride E78.1 236 mg/dl HR, Cholesterol Ratio E78 3.5 AR, Blood Count: ESR R70.0 15 mm/hr MIE, Monocytosis D72.821 8.6%

**CERTIFICATION**

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

ADVICE :

High Protein and Calorie Diet, Ear Hygiene, Low Fat Diet

Authentic Signature

Date of Exam : 21 February 2020



DR. REZGA AGNELA VALBETRI

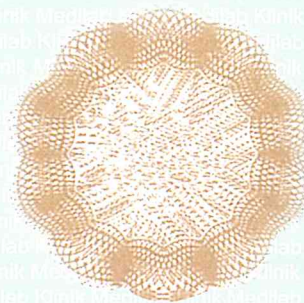


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### HEALTH SCREENING REPORT

Preemployment Physical Examination

#### CONFIDENTIAL

No. Medical Record :   
00001/001/II/RP/20

181

#### PERSONAL DATA

Name : YAN ADIATMA  
 Birthday/Gender/Emp. ID : 15 January 1990 / Male / 14097  
 Father's Name : ABDUL SOMAD  
 Address : BATAM  
 Occupation : INSPECTOR  
 Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT  
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	15.6	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	8.8	10 <sup>3</sup> / mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.40	10 <sup>6</sup> / mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	*	15 mm/hr	M: 0 - 10	F: 0 - 20
HCT	47.5	%	M: 40 - 52	F: 35 - 47
PLT	288	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440	
Differential Count				
- LYM	26.7	%	25 - 40	
- MON	*	8.6 %	2 - 8	
- GRA	64.7	%	43 - 76	

#### URINE FEME

Macroscopy	Result	Microscopy	Result
- pH	6	- WBC/HPF	Nil/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 Abnormalities.

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 : 21 February 2020



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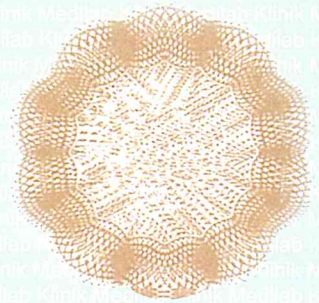


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Preemployment Physical Examination

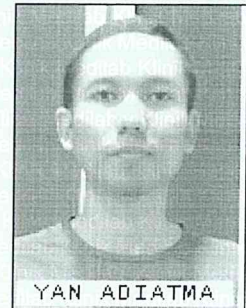
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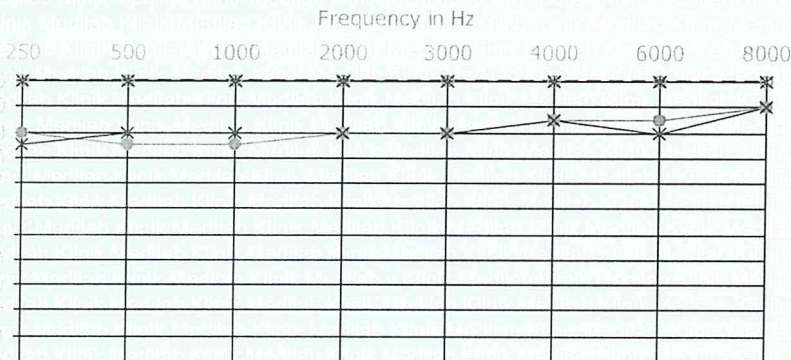
### AUDIOMETRY REPORT

#### Occupational History

	Yes	No
- Noisy Working Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Present/use of Hearing Protector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Period of Working	6.0 years	

#### Medical History/Examination

	Yes	No	If Yes, which ear	Left	Right
- Ear Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Head/Ear Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ears Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ear Drum Perforation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Ear Cerumen	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



● REAC  
× LEAC  
○ REBC  
-×- LEBC

#### Conclusion :

- Audiogram : Normal
- Hearing Impairment : Monaural  
R : -3.75 %  
L : -7.50 %  
Hearing Handicap : -6.875 %
- Not a Noise Induced Hearing Loss

Date of Exam : 21 February 2020



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



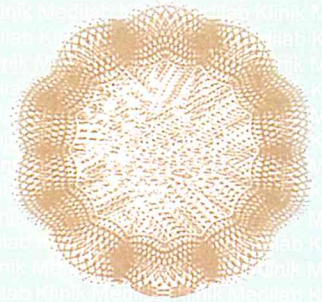


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### HEALTH SCREENING REPORT

Preemployment Physical Examination

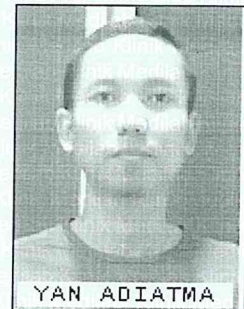
#### CONFIDENTIAL

No. Medical Record :   
00001/001/II/RP/20

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#### PERSONAL DATA

Name : YAN ADIATMA  
Birthday/Gender/Emp. ID : 15 January 1990 / Male / 14097  
Father's Name : ABDUL SOMAD  
Address : BATAM  
Occupation : INSPECTOR  
Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



### 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	0.0 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"/>	
- Coughed Up Blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

#### BEST VALUES

	Pred.	Measured	%Pred.
FVC	4.50	4.06	90
FEV1	3.82	3.91	102
FEV1/FVC	81.8	96.3	118
PEF	9.11	8.35	92
FEF25-75	4.65	4.55	98

FVC Normal Value : 3.785  
FEV1 Normal Value : 3.217  
FEV1/FVC % Normal Value : 86 %  
FVC % Predicted Value : 107 %  
FEV1 % Predicted Value : 121 %  
FEV1/FVC % Predicted Value : 112 %

**Interpretation : Normal Spirometri**

PARAMETER	Pred.	PRE#1	%Pred.	PRE#2	PRE#3
*FVC	L 4.50	4.06	90	4.06	4.06
*FEV1	L 3.82	3.91	102	3.91	3.91
*PEF	L/s 9.11	8.35	92	8.35	8.35
FVC	L 4.50	4.06	90	3.99	3.98
FEV1	L 3.82	3.91	102	3.85	3.82
FEV1/FVC	% 81.8	96.3	118	96.5	96.0

Date of Exam : 21 February 2020



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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

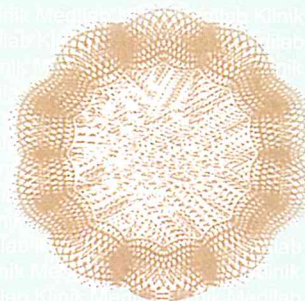


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## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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

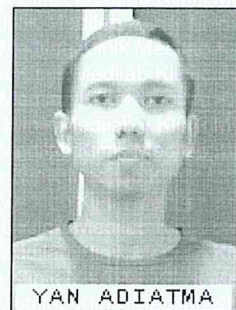
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### LABORATORY REPORT

Test Name	Result Unit	Reference Range
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#### LIVER FUNCTION TEST

Total Bilirubin	: 0.7 mg/dl	0.3 - 1.1
Direct Bilirubin	: 0.2 mg/dl	0.1 - 0.4
Indirect Bilirubin	: 0.5 mg/dl	0.2 - 0.7
Alkaline Phosphatase	: 79 U/L	30 - 120
SGOT	: 18 U/L	M: <= 35 F: <= 31
SGPT	: 18 U/L	M: <= 45 F: <= 34
Gamma GT	: 19 U/L	M: <= 49 F: <= 32

#### LIPID PROFILE TEST

Total Cholesterol	:* 224 mg/dl	<= 200
HDL - Cholesterol	: 64 mg/dl	M: > 35 F: > 45
LDL - Cholesterol	: 113 mg/dl	50 - 140
Triglycerida	:* 236 mg/dl	<= 204
Ratio Cholesterol ( Total Chol : HDL )	:* 3.5	M: < 3.4 F: < 3.3

#### BLOOD SUGAR TEST

Nuchter	: 76 mg/dl	< 100
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#### RENAL FUNCTION TEST

Ureum	: 19 mg/dl	17 - 43
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#### 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

#### OTHERS

Breath Alcohol Test	: 0.000 %BAC	< 0.02 %BAC is negative >= 0.02-0.039 %BAC: cannot perform safety sensitive function
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Date of Exam : 21 February 2020



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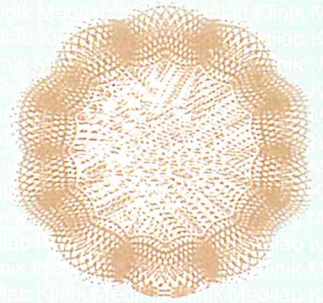


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**HEALTH SCREENING REPORT**

Preemployment Physical Examination

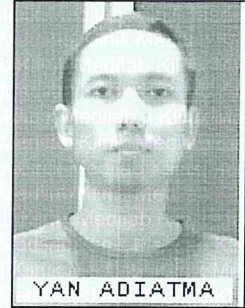
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Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM

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**LABORATORY REPORT**

Test Name	Result Unit	Reference Range
BUN	8.9 mg/dl	>= 0.04 %BAC is a violation of rule 8 - 22

Date of Exam : 21 February 2020



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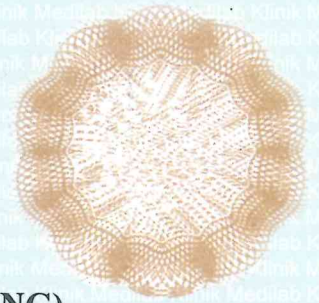
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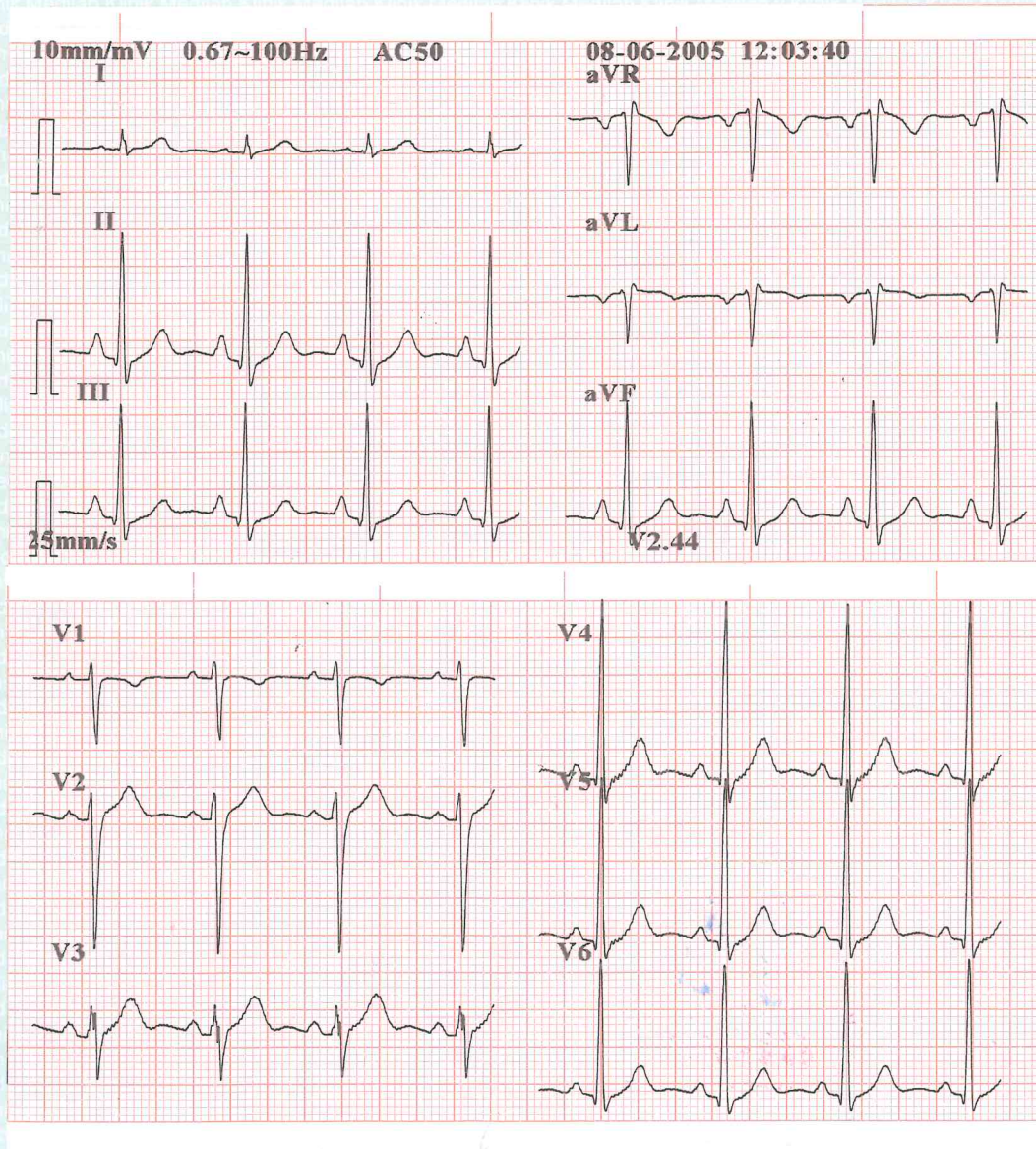
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**ELECTROCARDIOGRAM INTERPRETATION (RESTING)**

Name : Yan Adiatma  
Age : 30 Years  
Sex : Male  
Place/Date : Batam, February 21<sup>st</sup> 2020  
Company's Name : RIGSPEK PERKASA .PT



CONCLUSION : **Normal Resting ECG**

ADVICE :

EXAMINEER :

Dr. Afdhalun Hakim, SpJP  
Spesialis Jantung & Pembuluh Darah (Kardiolog)

