

## RUMAH SAKIT "MELOY"

JI. Yos Sudarso II No. 101 Sangatta

Telp / Fax: (0549) 24222, Telp: 2026258, E-mail: rsu\_meloy@yahoo.co.id

### Periodic Medical Examination

# MEDICAL CHECK - UP GROUP B At High Risk Staff

DAVID RIONALDO TINO SUPUSEPA

PT. Martadinata Indah Z72704 05 June 2023



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#### Jl. Yos Sudarso II No. 101 Sangatta

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#### MEDICAL ASSESSMENT FORM

NAMA	· DAVID DIOMALDO TIMO	0110110	The second secon						
JOB	: DAVID RIONALDO TINO : Operator	SUPUSEPA	1	NUMBER	: Z7270				
			COMPA	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	: PT. Ma	THE RESERVE AND DESCRIPTION OF THE PERSON.	Indah		
Dravia	AS	SESSMEN	IT FIND	INGS AND	ACTION	PLAN			
Previo	Year	s (Including	Pre emp	loyment, Prepl	acement a	nd Perio	odic Medical Examination)		
	Year		Conclus	sion		Re	ecommendation		
And Local Control of the Control of									
electronic de la constant de la cons									
Me	edical History And Genera	al Information							
1010	And Genera	al information	1		Phys	ical Exa	mination		
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	S 0 (No		-	VISUS	6/6	6/7.5	Tanpa Kacamata		
	0 0 (140	illai)		IDM	-	-	Dengan Kacamata		
			-	IBM	Overwe	eight			
			LABO	DRATORY		-			
			N	ormal					
X X X X X X X X X X X X X X X X X X X									
The second secon	Chest X Ray					ECG			
	Normal					Norma	1		
The second secon									
	Spirometry				Α	udiome	try		
	_				D : Normal	-			
	,			A.	S : Normal	Hearing			
	Conclusion				Dosoman		10		
			Gunaka	n masker den	ran hanar	ndation	/ Comment rerja di area berdebu.		
			- arrana	Ist	irahat yang	cukun	terja di area berdebu.		
			***************************************	Banyak mii			2 Itr/hari		
			AND STREET STREET		a ringan se				
					urangi mer				
			At	ur pola makan			n berat badan.		
	Doctor		1						
		(RVI)	Signature			***************************************	Date		
dr. Num	nila Baitika Devi	/	Vin	3.1 No. 101			05.000		
			1	91 22 225 June 1 x		Ju	ne 05, 2023		

### GENERAL INFORMATION TO BE COMPLETED BY EMPLOYEE

		Given Name					SI	ırname		
	DAVID F	RIONALDO TINO S	UPUSEPA			,	00	mame		
1	NO. ID	Date of B	Birth		Place	of Birth	1	Ethnic Origin		
Z	72704	June 16, 1978	3	AMBON				Ambon		
	Geno	ler		Merital Stat	the same of the sa			A		
	Male			Menikah			Amour	nt of Child		
Date Of		With This Compan	<u></u>	IVIETIK	3[]				2	
	The second secon	vviiii iiiis Compan					Year	ar L		
Job Title	е		Operator							
Hobby			Olahraga							
Others .	Job Or Moonli	ght Working							A CONTRACTOR OF THE PARTY OF TH	
	Position Ap	plied for	Pre Employment Medical		Pre	Placement N	ledical	X Periodic Medical		
	*		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	xamination			Examination	n	Examination	
Job Ir	rvoices ( (	Choose All Ap	licable)							
X Dri	ving or operat	ing mobile equipme	ent (vehicles,	cranes, hoi	st)					
		its (Ladder, elevate								
- Cle	erical, office ba	ased or administrat	ive work	Albania and Albani	-	-	THE RESERVE THE PARTY OF THE PA			
	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	vision (colour code	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE PARTY O	arnina liahts	3)	Comment Washington	The state of the s			
	tensial dust ex		-	33						
	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	luding all food han	dlers			Marie Color				
		r potential dangero		chemical, ra	adiation	extren	alv temperatu	re)		
man i	To the second se	3		10		JAN OI	ny tomporatu	( )		

To be completed by employee guided by OHP Nurse and checked by Doctor MEDICAL HISTORY

Please indicate if you ever suffered from the following conditions

Y/N			Y/N		Y/N			
N	Head ir	jury or contussion	N	Jaundice / Hepatitis	Y	Hypertension		
N	Fainting	g, blackouts, epilepsy	N	Chronic cough>4 weeks	N	Chest pain/heart disease		
N	Visual o	changes	N	Haemorhoid	N	Malaria/tropical disease		
N	Hearing	THE RESIDENCE OF THE PROPERTY OF THE PERSON	N	Chronic abdominal pain	Y	Surgery/operation -		
N	Nose, 4 week	sinus, throut throuble more ly	N	Sexual transmitted diseases	N	Unusual change of weigh >5 kg/month		
N	Gynaec	cological Problems	N	Diabetes	N	Back pain> 4 weeks		
N	Chronic skin problem			Asthma	N	Thypoid fever		
N		diiarrhea	Ν	Allergies	N	Swollen or painful joints		
N	Anorexi	a more 4 weeks	N	Tuberculosis		Kidney problem/Urinary stones		
N	Gastritis	S	Ν	Psychiatric disorder	Ν	Other Chronical diseases		
			(1	0 gr alkohol = 1 can beer = 1 glass w	ine			
	Fai	mily health history		= 1 glass/ nip spirit		Prescribed Medication		
Fathe	er :	Fit	Cig	garette (Perday) 10 pcs/da	у			
Moth	er :	Dead	Alc	cohol (gr/week) CC		-		
Siblir	ngs :					Any Allergies		
Othe	r :					,		
Moth Siblir	er : ner : ngs :			garette ( Perday) 10 pcs/da	У	Prescribed Medication - Any Allergies		

I certify that above statements are to the best of my knowledge and belief correctly I consent to the results of this examination being stored in paper and electronic format I am willing that if required, work related medical information may be released to company management

Signature of withness kamining medical officer)	Date	Candidate Signature	Date
MI - MELO	June 05, 2023		June 05, 2023

### SUPPORTIVE INVESTIGATION LABORATORY RESULT

Hb	WBC	ESR	Gamma GT	SGOT	SGPT	Ureum	Creatinin	Trigliserida
( gr % )	Per-mm	( mm/jam )	(8-46 u/l)	(U/I)	(U/I)		( mg/dl )	Up to 200 mg/dl
15.5	8.100	10	0	25	46	25	0.9	128

The state of the s	Glukosa Puasa ( mg/dJ )	Total Cholesterol (mg/dl)	LDL	HDL	Leucocyte	otBilirubi	RBC	HCT	PLT
	101	188	130	32		0	5.03	44.6	296.000

Ova	Culture	Cysta	Parasites

#### CHEST X-RAY

Pneumocosiosis				
If yes-ILO Classification				
Evidence OF TB	•			
Others Abnormalities		Normal		
			and the state of t	

#### **ECG**

Normal	Abnormal (Specify) :	Normal	

#### SPIROMETRY

FVC FEV1			
FEV1		AND AND THE PARTY OF THE PARTY	
FEV1/FVC			
Interpretation of Test Result :	-		

#### AUDIOMETRY

Tinitus	Never	-	Previously	-	Rarely	_	Often	-	Always	_
Eye Protection Wom	Never	-	Previously	-	Rarely	~	Often	-	Always	-
Type of hearing Protect	tion Wom (I	Muffs/Plu	ıgs) -		Accessor Acc				1,	

Level dDxKh	500	1000	1500	2000	3000	4000	5000	6000	7000	8000	% HL
Left Ear	-	-	_	-	-	-	_	_	-	_	
Right Ear	-	-	-	-	-	-	-	-	-	_	_

(Performed 16 Hours after any noise exposure >80 dB, in a booth with ambient noise level < 40 dB)

P /     \	T 500	1000				Avenue on the second second	TOOLIT VITEIT	CHINICITE	loise level < 40 db)
Freq (Hz)	500	1000	1500	2000	3000	4000	6000	HTL*	DESCRIPTION
AC	15	15	20	20	20	35	30	18	
BC	10	10	15	10	15	15	15	11	Right Ear
AC	15	15	15	25	20	40	25	19	
BC	10	15	10	15	15	15	15	14	Left Ear

Standart of National Occupational Health & Safety Committee

<sup>\*</sup> HTL = < 25 dB ( Normal ), 25 - 40 dB ( Mild Deaf ), 40 - 55 dB ( Moderate Deaf ), 55 - 70 dB ( Severe Deaf ), > 90 dB ( Total Deaf )



<sup>\*</sup> HTL  $\,$  =  $\,$  Hearing Treshold Level ( Hearing average in frequency 500, 1000, 2000, 3000 Hz )

## LABORATORY REQUEST FORM OCCUPATIONAL HEALTH PROGRAM

Patient name	DAVID RIONALD	O TINO SUPUSER	PA Occupation			perator
Age / Birth day	44 June 16,		78 Company			adinata Indal
Status	1 '	enikah	Doctor Exam	nining	1	
Gender	N	//ale	Date	ining	1	a Baitika Dev
NOTE: DI CLASS			Toute		05-0	06-2023
NOTE: Please tick (V) inv	vestigations red	quired				
DESCRIPTION ( Standart )	RESULT	Remark	DESCRIPTI	ON (Standart)	RESULT	Remark
HAEMATOLOGY				1		- Coman
- Hemoglobine(M:13-16,F:12-14gr%)	15.5	Normal	- HCT( M:40	-48;Vol % F:37-43 )	44.6	Normal
- WBC (5.000-10.000 per-mm3)	8.100	Normal	- PLT (200.0	00-500.000 per - mm3)	296,000	Normal
- Sediment rate (M: 0-10,F: 0-20)	10	Normal	- PCT ( 0.5 -			_
- Diff Count		-	- RBC (M: 4,	5 - 5,5 ; F: 4 - 5 juta-mm3)	5.03	Normal
BLOOD CHEMISTRY						
- SGOT (M:<37 U/I; F:<31 U/I)	25	Normal	- Uric acid (	M:3,4 - 7,0 ; F:2.4 - 5.7 )	T	I N
- SGPT (M:<42 U/I; F:<32 U/I)	· 46	Normal		cosa ( 75 - 115 mg/dl)	101	Normal
- Triglicerida (<200 mg/dl)	128	Normal		n (6,6-8,7 gr/dl)	101	Normal
- Gamma GT ( 8 - 46 u/l)		Normal		sterol ( < 220 mg/dl )	100	Normal
- Creatinin (M:0.6-1,1; F:0.5-0.9 mg/dl)	0.9	Normal			188	Normal
- ALP(P:80-306 U/I, W: 64-306 U/I)	0.0	Normal	- LDL Chol (	M :> 55mg/dl, F: >65mg/dl)	32	Normal
-Ureum ( 10 - 50 mg/dl )	25	Normal			130	Normal
( )	2.0	INOITIIdi	1-10tal Billrubi	n ( 0,1 - 1,1 mg/dl )		Normal
URINE						
Macroscopic			- Hemoglobin / Blood		-	Negative
- Colour	KUNING	Yellow	- Nitrites		_	negative
- Turbidity	<b>JERNIH</b>	Clear	Microscopic			negative
- Chemical reaction	6	4,8-7,8	- WBC		1-2	/Lp-4
Ketone	-	Negative	- RBC		0 - 3	/Lpb-2
Glucose	_	Negative	- Bacteria		* _	Negative
Protein	-	Negative	- Crystal Trip	el Phospat	5.0	/Lpb-Neg
Urobilinogen	-	Negative				/Lpb-Neg
Leukosit	-	Negative	- Epitel		2 - 4	Sedikit
DRUGS TEST	Hasil	Nilai Normal	1			
Amphetamine	110011	Negative	- Benzodiazer	aina	Hasil	Nilai Norma
Morphine		Negative				Negative
Marijuana (THC)		Negative	- Menthapetar	nine		Negative
		INEGALIVE	- Cocaine			Negative
					- 1	_
SEROIMONULOGY	Hasil	Nilai Normal	Satuan	Keterangan		
Hbs Ag	Negative	Negative			-	-
Anti HBs Ag		Positive	mIU/mI	Index : < 1.0 Non Reactive	-	_
TPHA	Negative	Negative		Index : > 1.0 Reactive		
VIDAL ( Negative is normal )						. 7
Typoid O		_	- Paratyphoid	BO		
Typoid H		_	- Paratyphoid I	1		-
Paratyphoid AO		_	- Paratyphoid (	1		-
Paratyphoid AH		_	- Paratyphoid (			-
		I.	r dratyphold (	OI I		-
Lah Tochrisian						
Lab. Technician	The second secon		Signature	OVII	Date	
			MM FLAS Del M .			

June 05, 2023

Aisyah, A.Md.A.K

## PHYSICAL EXAMINATION TO BE COMPLETED BY THE MEDICAL OFFICER AND OHP NURSE

Blood Pressure ( mm Hg )	Pulse ( x/menit)	Height (cm)	Weight (kg)	Index Body Mass
120/80	56	180	97	<b>30</b> (Ideal 20-25)

	UI	naided	. With	glasses	Nigh	t Vision		olour Blindness
Vision	Right	Left	Left	Right	the state of the s	_	X	Normal
Distant	6/6	6/7.5			Bra	ke test		Red Green absent
Near								Colour blind

Visual fields ( Normal>70	)')			F	undi	
Left	80	Right	80	N	Normal	Abnormal

#### VACCINATION HISTORY

BCG	DPT	POLIO	MORBILI	TYPOID	Hep-A	Hep-B	Tetanus	Others
	X	X	-	-	-	-	-	

Examination	Results	Examination	Results
Scoliosis	No	Lateral Flexion 0-20	Normal
Kyphosis	No	Heel Walking	Normal
_ordosis	No	Toe Walking	Normal
Forward Flexion 0-80	Normal	Squats x3	Normal
Hyperextensi 0-25	Normal	Romberg Test	Normal

Use Guidance Document to complete	e, please				
indicate if Normal (N) or Abnormal				Comments	
1. ENT	N				
2. Cardio Vascular System	N	EKG	: Normal		
Respiratory System	N	X-Ray	: Normal		
4. Abdomen	N				
5. Genito Urinary System	N				
6. Central & Peripheral Nervous sys	N				
7. Skin	N		-		
8. Lymph Nodes	N				
9. Dental	N				

NOTE			
_			
-			
-			
-			
		1./	

Examining Medical Officer dr. Nurmila Baitika Devi



#### **RUMAH SAKIT**

#### "MELOY"

Jl. Yos Sudarso II No. 101 Sangatta

Telp / Fax : ( 0549 ) 24222, Telp : 2026258, E-mail : rsu\_meloy@yahoo.co.id

#### MEDICAL CHECK - UP CERTIFICATE

#### FOR MANAGEMENT

N	lame	File / Badge	Number	0	ccupation
DAVID RIONALD	OO TINO SUPUSEPA	IO SUPUSEPA Z72704		Operator	
Depa	artement	Superv	isor		Manager
	-	-			
		Sı	ummary		
Requires Spectacles	Colour Blindness	Respiratory Problem	Impaired Hearing	Vertigo	Blood Group
No	No		No	No	B (+)

-	Medically Fit for Specified Occupation
I	Presently has minor medical problem - fit for specificed occuption after treatement

Fit with Restrictions	1	Medically Fit for Spec	ified Occupation	
	-	Work duties will be restricted	-	

Comment / Recommendation	
1 Gunakan masker dengan benar saat bekerja di area berdebu.	
2 Istirahat yang cukup.	
3 Banyak minum air putih min. 2 ltr/hari.	
4 Olahraga ringan secara teratur.	
5 Kurangi merokok.	
6 Atur pola makan untuk menurunkan berat badan.	

Examining doctor :	dr. Nurmila Baitika Devi	Location :	Sangatta
Signature :		Date :	June 05, 2023 ,

A Change of Occupation may render this certificate invalid Re - Certification should be obtained from the medical officer

This certificate issued by. Rumah Sakit " MELOY "
Jl. Yos Sudarso II No.101,Sangatta Kutai Timur - Kalimantan Timur
Telp / Fax : ( 0549 ) 24222, Telp : 2026258, E-mail : rsu\_meloy@yahoo.co.id



## SUPPORTIVE INVESTIGATION AUDIOMETRY EXAMINATION

NAME

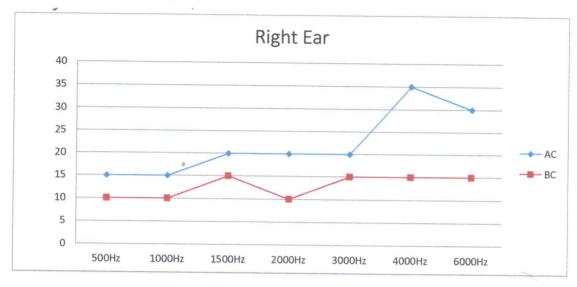
: DAVID RIONALDO TINO SUPUSEPA

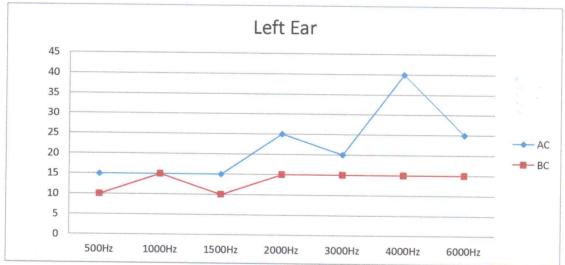
AGE : 44 Ye DEPARTMENT/BN : Z72704

: 44 Years

COMPANY

: PT. Martadinata Indah





Conclusion:

Date

AD : Normal Hearing AS : Normal Hearing

05 June 2023

500Hz	15	10	15	10
1000Hz	15	10	15	15
1500Hz	20	15	15	10
2000Hz	20	10	25	15
3000Hz	20	15	20	15
4000Hz	35	15	40	15
6000Hz	30	15	25	15
Code	00	XX	<	>>
Colour	RED		BLUE	

Checked By	Name	Signature
Paramedic	Finscal F. P. S.Kep	ZXOV.
Doctor	dr. Nurmila Baitika Devi	CIL

