# SURAT KETERANGAN
## *TO WHOM IT MAY CONCERN*

**Dengan ini kami menerangkan bahwa :**
*Here with acknowledge that :*

| | |
|---|---|
| **Nama**<br>*Name* | : MUH. AGUNG ADRISAH |
| **Jenis Kelamin**<br>*Gender/Sex* | : PRIA/MALE |
| **Tempat / Tanggal Lahir**<br>*Place / Date Of Birth* | : KASSIKA / 08 SEPTEMBER 2002 |
| **Perusahaan**<br>*Company* | : PRIVATE |
| **Jabatan**<br>*Occupation* | : 3RD OFFICER |

**Benar telah melakukan Medical Check-Up di Indosehat 2003 Medical Centre.**
*Have trully complete Medical Standart Check-Up in Indosehat 2003 Medical Centre.*

**Dengan Hasil : Sehat untuk Bertugas.**
*With Final Result : FIT.*

**Demikian surat keterangan ini kami sampaikan untuk dapat dipergunakan sebagaimana mestinya.**
*I hope this letter will be found useful where necess.*

Jakarta, 11 July 2025

MUH. AGUNG ADRISAH

**dr. Widha Puji Ismayawati**
*Examination*

**Date Of Examination, July 11, 2025**
**Expiration Of Validity, July 11, 2027**

INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP

ISO 9001:2015 · BPJS Kesehatan · KEMNAKER

# MEDICAL EXAMINATION REPORT

| | | | |
|---|---|---|---|
| **COMPANY** | : PRIVATE | | |
| **MCU NO.** | : 0126/MCUIS_PW/PVT/I/25 | | |
| **NAME** | : MUH. AGUNG ADRISAH | | |
| **SEX** | : PRIA/MALE | **DATE EXAMINE** | : 11/07/2025 |
| **PLACE & DATE OF BIRTH** | : KASSIKA / 08 SEPTEMBER 2002 | **NATIONALITY** | : INDONESIA |
| **MAILING ADDRESS OF EXAMINE** | : JL. RAJAWALI NO. 13 B, KEC. MARISO, KOTA MAKASSAR, SULAWESI SELATAN | | |
| **DUTY** | : 3RD OFFICER | **PASSPORT** | : X 6110843 |

## MEDICAL HISTORY *(EXAMINE PERSONAL DECLARATION)*

| | Yes / No |
|---|---|
| 1. ALCOHOL HISTORY | No |
| 2. ALLERGIC HISTORY | No |
| 3. AMPUTATION | No |
| 4. BLOOD DISORDER | No |
| 5. BALANCE PROBLEM | No |
| 6. BACK OR JOINT PROBLEM | No |
| 7. COLOUR BLINDNESS | No |
| 8. CANCER | No |
| 9. DIABETES | No |
| 10. DIGESTIVE DISORDER | No |
| 11. DEPRESION | No |
| 12. EPILEPSY | No |
| 13. EYE / VISION PROBLEM | No |
| 14. EAR PROBLEM | No |
| 15. FRACTURE | No |
| 16. GENITAL DISORDER | No |
| 17. HEART SURGERY | No |
| 18. HEART DISEASE | No |
| 19. HIGH BLOOD PRESSURE | No |
| 20. HERNIA | No |
| 21. INFECTIOUS DISEASE | No |
| 22. KIDNEY PROBLEM | No |
| 23. LUNG DISEASE | No |
| 24. LIVER PROBLEM | No |
| 25. LOST OF MEMORY | No |
| 26. NARCOTIC HISTORY | No |
| 27. NEUROGICAL DISEASE | No |
| 28. OPERATION / SURGERY | No |
| 29. PSYCHIATRIC PROBLEM | No |
| 30. RESTRICTED MOBILITY | No |
| 31. SKIN PROBLEM | No |
| 32. SLEEP PROBLEM | No |
| 33. THYROID PROBLEM | No |
| 34. TUBERCULOSIS | No |
| 35. SMOKING | No |

## PHYSICAL EXAMINATION

| HEIGHT | WEIGHT | BMI | BLOOD PRESSURE | PULSE REGULAR | RESPIRATORY RATE |
|---|---|---|---|---|---|
| 160 cm | 80 kg | 31.30 kg/m$^2$ | 110/80 mmHg | 83 X/min | 19 X/min |

| VISION | WITHOUT | WITH |
|---|---|---|
| Right Eye | 6/7.5 | |
| Left Eye | 6/10 | |
| Both Eye | 6/10 | |

**COLOR VISION (ISIHARA'S METHOD)**: NORMAL

**GENERAL APPEARANCE**: LOOKING HEALTHY

NORMAL

| | |
|---|---|
| 1. EYES | Yes |
| 2. EARS | Yes |
| 3. NOSE | Yes |
| 4. MOUTH | Yes |
| 5. THROAT | Yes |
| 6. NECK | Yes |
| 7. THROID | Yes |
| 8. LYMP NODE | Yes |
| 9. LUNGS | Yes |
| 10. HEARTS | Yes |
| 11. ABDOMEN | Yes |
| 12. UROGENITAL SYSTEM | Yes |
| 13. UPPER EXTREMITIES | Yes |
| 14. LOWER EXTREMITIES | Yes |
| 15. BACK ABNORMALITY | Yes |
| 16. HERNIA | Yes |
| 17. CENTRAL NERVOUS SYSTEM | Yes |
| 18. SKIN & NAILS | Yes |
| 19. SPEECH | Yes |
| 20. OTHERS | Yes |

## DENTAL EXAMINATION

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

• : Filling  O : Caries  ^ : Root Rest

x : Missing  V : Prothesa

## HEARING

NORMAL

| | |
|---|---|
| Right Ear | Yes |
| Left Ear | Yes |

**If abnormal, give details**

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