INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP

SURAT KETERANGAN
TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama *Name*	: YUSRIZAL ODE
Jenis Kelamin *Gender/Sex*	: PRIA/MALE
Tempat / Tanggal Lahir *Place / Date Of Birth*	: JIKOHAY / 08 MARCH 2000
Perusahaan *Company*	: PRIVATE
Jabatan *Occupation*	: AB

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, 14 July 2025

YUSRIZAL ODE

dr. Widha Puji Ismayawati
Examination

Date Of Examination, July 14, 2025
Expiration Of Validity, July 14, 2027

Website https : //www.indosehat2003.com
Jl. Warakas VII Gg. 8 No. 72
Tanjung Priok - Jakarta Utara
Telp. (021) 4393 5857
Email : info@indosehat2003.co.id

INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP

ISO 9001:2015 · BPJS Kesehatan · KEMNAKER

MEDICAL EXAMINATION REPORT

COMPANY	: PRIVATE		
MCU NO.	: 0564/MCUIS_CW/PVT/I/25		
NAME	: YUSRIZAL ODE		
SEX	: PRIA/MALE	**DATE EXAMINE**	: 14/07/2025
PLACE & DATE OF BIRTH	: JIKOHAY, 08 MARCH 2000	**NATIONALITY**	: INDONESIA
MAILING ADDRESS OF EXAMINE	: DUSUN TAHOKU, DESA HILA KEC. LEIHITU KAB. MALUKU TENGAH		
DUTY	: AB	**PASSPORT**	: X 4854616

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
168 cm	58 kg	20.5 kg/m^2	120/80 mmHg	80 X/min	20 X/min

VISION	WITHOUT	WITH	COLOR VISION (ISIHARA'S METHOD)
Right Eye	6/6		NORMAL
Left Eye	6/7,5		
Both Eye	6/6		

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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