



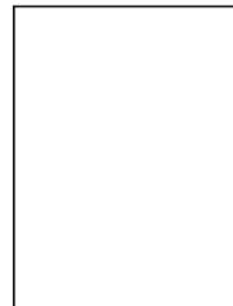
INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN
TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : HERDIANSYAH MUSTAFFA
Jenis Kelamin
Gender / Sex : PRIA / MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : BANDUNG / OCTOBER 18, 2002
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.



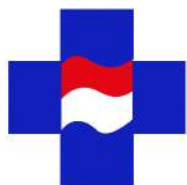
HERDIANSYAH MUSTAFFA

Jakarta, 01 July 2025



[Signature]
dr. Widha Puji Ismayawati
Examination

Date Of Examination, July 01, 2025
Expiration Of Validity, July 01, 2027



MEDICAL EXAMINATION REPORT

COMPANY/AGENT	: PRIVATE		
MCU NO.	: 0728/MCUIIS_CW/PVT/I/25		
NAME	: HERDIANSYAH MUSTAFFA		
SEX	: PRIA/MALE		DATE EXAMINE : 01/07/2025
PLACE & DATE OF BIRTH	: BANDUNG, 18 OCTOBER 2002		NATIONALITY : INDONESIA
MAILING ADDRESS OF EXAMINEE	: JL. HEBRAS 5 NO. 29 RT.010/RW012 KEL. RANCAEKEK KENCANA, KEC. RANCAEKEK. JAWA BARAT		PASSPORT : X 5602682
DUTY	: AB		

MEDICAL HISTORY (EXAMINEE PERSONAL DECLARATION)		PHISICAL EXAMINATION				
	Yes / No	HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	<u>No</u>	175 cm	80 kg	120/80 mmHg	83 X/ min	19 X / min
2. ALLERGIC HISTORY	<u>No</u>					
3. AMPUTATION	<u>No</u>					
4. BLOOD DISORDER	<u>No</u>					
5. BALANCE PROBLEM	<u>No</u>					
6. BACK OR JOINT PROBLEM	<u>No</u>					
7. COLOUR BLINDNESS	<u>No</u>					
8. CANCER	<u>No</u>					
9. DIABETES	<u>No</u>					
10. DIGESTIVE DISORDER	<u>No</u>					
11. DEPRESION	<u>No</u>					
12. EPILEPSY	<u>No</u>					
13. EYE / VISION PROBLEM	<u>No</u>					
14. EAR PROBLEM	<u>No</u>					
15. FRACTURE	<u>No</u>					
16. GENITAL DISORDER	<u>No</u>					
17. HEART SURGERY	<u>No</u>					
18. HEART DISEASE	<u>No</u>					
19. HIGH BLOOD PRESSURE	<u>No</u>					
20. HERNIA	<u>No</u>					
21. INFECTIOUS DISEASE	<u>No</u>					
22. KIDNEY PROBLEM	<u>No</u>					
23. LUNG DISEASE	<u>No</u>					
24. LIVER PROBLEM	<u>No</u>					
25. LOST OF MEMORY	<u>No</u>					
26. NARCOTIC HISTORY	<u>No</u>					
27. NEUROLOGICAL DISEASE	<u>No</u>					
28. OPERATION / SURGERY	<u>No</u>					
29. PSY CHIATRIC PRBLEM	<u>No</u>					
30. RESTRICTED MOBILITY	<u>No</u>					
31. SKIN PROBLEM	<u>No</u>					
32. SLEEP PROBLEM	<u>No</u>					
33. THYROID PROBLEM	<u>No</u>					
34. TUBERCULOSIS	<u>No</u>					
		VISION	WITHOUT	WITH	COLOR VISION (ISIHARA'S METHOD)	
		Right Eye	6/7,5		NORMAL	
		Left Eye	6/10			
		Both Eye	6/10			
		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		HEARING		If abnormal , give details		
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		Normal Right Ear Yes Left Ear Yes		NIL		