

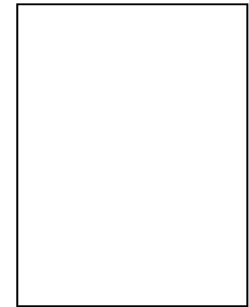
INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN **TO WHOM IT MAY CONCERN**

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : SAHRUL RIZKI
Jenis Kelamin
Gender / Sex : PRIA / MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : BIMA / 06 AUGUST 2006
Perusahaan
Company : PRIVATE
Jabatan
Occupation : MESSMAN



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.



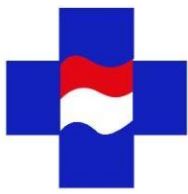
SAHRUL RIZKI



Jakarta, 23 October 2025

dr. Widha Puji Ismayawati
Examination

Date Of Examination, October 23, 2025
Expiration Of Validity, October 23, 2027



MEDICAL EXAMINATION REPORT

COMPANY	: PRIVATE	
MCU NO.	: 2197/MCUIIS_CW/PVT/I /25	
NAME	: SAHRUL RIZKI	
SEX	: PRIA/MALE	DATE EXAMINE : 23/10/2025
PLACE & DATE OF BIRTH	: BIMA / 06 AUGUST 2006	NATIONALITY : INDONESIA
MAILING ADDRESS OF EXAMINE	: DESA RATO. KEC BOLO. KAB BIMA. PROVINSI NUSA TENGGARA BARAT	
DUTY	: MESSMAN	PASSPORT : X 6586239

MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	170 cm	62 kg	21.50 kg/m ²	120/80 mmHg	82 X/min	20 X/min
2. ALLERGIC HISTORY	No						
3. AMPUTATION	No	VISION	WITHOUT	WITH	COLOR VISION (ISIHARA'S METHOD)		
4. BLOOD DISORDER	No						
5. BALANCE PROBLEM	No	Right Eye	6/6		NORMAL		
6. BACK OR JOINT PROBLEM	No	Left Eye	6/6				
7. COLOUR BLINDNESS	No	Both Eye	6/6				
8. CANCER	No	GENERAL APPEARANCE					
9. DIABETES	No	LOOKING HEALTHY					
10. DIGESTIVE DISORDER	No						
11. DEPRESION	No	NORMAL					
12. EPILEPSY	No						
13. EYE / VISION PROBLEM	No	1. EYES		Yes			
14. EAR PROBLEM	No	2. EARS		Yes			
15. FRACTURE	No	3. NOSE		Yes			
16. GENITAL DISORDER	No	4. MOUTH		Yes			
17. HEART SURGERY	No	5. THROAT		Yes			
18. HEART DISEASE	No	6. NECK		Yes			
19. HIGH BLOOD PRESSURE	No	7. THROID		Yes			
20. HERNIA	No	8. LYMP NODE		Yes			
21. INFECTIOUS DISEASE	No	9. LUNGS		Yes			
22. KIDNEY PROBLEM	No	10. HEARTS		Yes			
23. LUNG DISEASE	No	11. ABDOMEN		Yes			
24. LIVER PROBLEM	No	12. UROGENITAL SYSTEM		Yes			
25. LOST OF MEMORY	No	13. UPPER EXTREMITIES		Yes			
26. NARCOTIC HISTORY	No	14. LOWER EXTREMITIES		Yes			
27. NEUROLOGICAL DISEASE	No	15. BACK ABNORMALITY		Yes			
28. OPERATION / SURGERY	No	16. HERNIA		Yes			
29. PSYCHIATRIC PROBLEM	No	17. CENTRAL NERVOUS SYSTEM		Yes			
30. RESTRICTED MOBILITY	No	18. SKIN & NAILS		Yes			
31. SKIN PROBLEM	No	19. SPEECH		Yes			
32. SLEEP PROBLEM	No	20. OTHERS		Yes			
33. THYROID PROBLEM	No						
34. TUBERCULOSIS	No						
35. SMOKING	No						
DENTAL EXAMINATION		HEARING		If abnormal, give details			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		NORMAL					
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		Right Ear	Yes				
• : Filling O : Caries ^ : Root Rest		Left Ear	Yes				
x : Missing V : Prothesa							

