

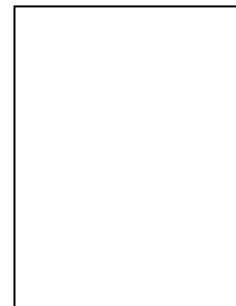
INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN **TO WHOM IT MAY CONCERN**

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : SUWITO
Jenis Kelamin
Gender / Sex : PRIA / MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : NGANJUK / 14 OCTOBER 1973
Perusahaan
Company : PRIVATE
Jabatan
Occupation : OILER



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.



SUWITO

Jakarta, 24 October 2025



dr. Widha Puji Ismayawati
Examination

Date Of Examination, October 24, 2025
Expiration Of Validity, October 24, 2027



MEDICAL EXAMINATION REPORT

COMPANY	: PRIVATE	
MCU NO.	: 3472/MCUIS_CW/PVT/1/25	
NAME	: SUWITO	
SEX	: PRIA/MALE	DATE EXAMINE : 24/10/2025
PLACE & DATE OF BIRTH	: NGANJUK / 14 OCTOBER 1973	NATIONALITY : INDONESIA
MAILING ADDRESS OF EXAMINE	: JL. LAWU NO. 58 RT/RW 01/02, KEL. KRAMAT, KEC. NGANJUK, KAB. NGANJUK, JAWA TIMUR	
DUTY	: OILER	PASSPORT : X 6385455

MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	169 cm	61 kg	21.40 kg/m ²	110/70 mmHg	83 X/min	19 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	20/20		NORMAL		
6. BACK OR JOINT PROBLEM	No	Left Eye	20/20				
7. COLOUR BLINDNESS	No	Both Eye	20/20				
8. CANCER	No	GENERAL APPEARANCE					
9. DIABETES	No	LOOKING HEALTHY					
10. DIGESTIVE DISORDER	No	NORMAL 1. EYESYes 2. EARSYes 3. NOSEYes 4. MOUTHYes 5. THROATYes 6. NECKYes 7. THROIDYes 8. LYMP NODEYes 9. LUNGSYes 10. HEARTSYes 11. ABDOMENYes 12. UROGENITAL SYSTEMYes 13. UPPER EXTREMITIESYes 14. LOWER EXTREMITIESYes 15. BACK ABNORMALITYYes 16. HERNIAYes 17. CENTRAL NERVOUS SYSTEMYes 18. SKIN & NAILSYes 19. SPEECHYes 20. OTHERSYes 					
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. NEUROLOGICAL 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						
DENTAL EXAMINATION							
87654321 12345678 87654321 12345678 • : Filling O : Caries ^ : Root Rest x : Missing V : Prothesa		NORMAL					
		Right Ear	Yes				
		Left Ear	Yes				

