



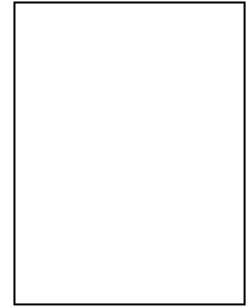
INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN **TO WHOM IT MAY CONCERN**

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : RIO ADHY CHARAKA
Jenis Kelamin
Gender / Sex : PRIA / MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : KLATEN / OCTOBER 12, 1994
Perusahaan
Company : PT. PANCA VIDYA AGUNG
Jabatan
Occupation : SECOND 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.



RIO ADHY CHARAKA



Jakarta, 23 June 2025

dr. Pony Ndaruaji
Examination

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



MEDICAL EXAMINATION REPORT

COMPANY	: PT. PANCA VIDYA AGUNG	
MCU NO.	: CLC-00-88-28	
NAME	: RIO ADHY CHARAKA	
SEX	: PRIA/MALE	DATE EXAMINE : 23 Jun 2025
PLACE & DATE OF BIRTH	: KLATEN / 12 October 1994	NATIONALITY : INDONESIA
MAILING ADDRESS OF EXAMINE	: KEDUNG TUNGKUL RT. 003/007 KEL. MOJOSONGO KEC. JEBRES	
DUTY	: SECOND OFFICER	PASSPORT : E5164343

MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION							
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE		
1. ALCOHOL HISTORY	No	164 cm	80 kg	29.70 kg/m ²	139/89 mmHg	87 X/min	18 X/min		
2. ALLERGIC HISTORY	No								
3. AMPUTATION	No								
4. BLOOD DISORDER	No	VISION	WITHOUT	WITH	COLOR VISION (ISHARA'S METHOD)				
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		NIL					
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									

