Cert. No: 09900360073

OFFSHORE AND REMOTE ONSHORE MEDICAL FITNESS CERTIFICATE

A: Personnel Data

Full Name:	Ahmad B Zainal			DOB:	4 Jun 1979
ID No:	790604115175	Tel No:		Occupation:	MANAGER
Date:	5 Oct 2023	Company:			

B: Type of Examination

Initial/ Renewal

C: Type of Evaluation

- [x] G General Work (Other than specific job)
- [ ] S1 Catering Crew
- [ ] S2 Confined Space Worker
- [ ] S3 Crane Operators
- [ ] S4 Electrical Worker
- [ ] S5 Emergency Response Team (ERT)
- [ ] S6 Respirator Protective Equipment User
- [ ] S7 Working at Height
- [ ] V1 Visitor

D: Fitness to Work Status

The above personnel has been assessed in accordance to the "Guidelines on Medical Assessment of Fitness to work for Offshore & Remote Onshore Workers" issued by Malaysia Petroleum Management and the fitness to work status for evaluation listed in Section C is/are as follows.

- [x] 1. Fit with no restrictions. Valid until (dd/mm/yy) **5 Oct 2025**
- [ ] 2(a). Fit with Validity Restriction Only (dd/mm/yy)
- [ ] 2(b). Fit with Task Restriction. Valid until (dd/mm/yy)

The employee is fit for above work but should avoid the following tasks:

- [ ] Work near moving machinery or sharp edges
- [ ] Operate motor vehicles or heavy machinery
- [ ] Use a respirator
- [ ] Repetitive twisting of valves or wrenches
- [ ] These task restrictions are Permanent
- [ ] Working at height
- [ ] Pull push carry weight over ..... KG
- [ ] Others (Specify): .....
- [ ] These task restrictions are Temporary

CANCEL PRINT CERTIFICATE

- [ ] 3. Not Fit To Work

E: Approved Medical Examiner's Details

MPM AME Name: AISAM BAKAR BAKAR
MPM AME No: MPM AME099
Address: Lot 9, Pt 188 Pusat Niaga Paka Dungun
Tel: 098278009 **Date:** 8 Oct 2023

NOTE: MPM does not recognize this physical form as reference of medical fitness status for OSP card issuance.

☐ Repetitive twisting of valves or wrenches

☐ These task restrictions are Permanent ☐ These task restrictions are Temporary

CANCEL PRINT CERTIFICATE

☐ 3. Not Fit To Work

E: Approved Medical Examiner's Details

MPM AME Name:	AISAM BAKAR BAKAR		
MPM AME No:	MPM AME099		
Address:	Lot 9, Pt 188 Pusat Niaga Paka Dungun		
Tel:	098278009	**Date:**	8 Oct 2023

NOTE: MPM does not recognize this physical form as reference of medical fitness status for OSP card issuance.

Revision 4.0

FORM C – OFFSHORE AND REMOTE ONSHORE MEDICAL ASSESSMENT FORM

SECTION 1 – TO BE COMPLETED BY EMPLOYEE (PERSONAL INFORMATION, HEALTH DECLARATION AND CONSENT)

A. Worker Details

Name	AHMAD BIN JAINAL	NRIC / Passport	790604 - 11 - 5175
		Age	44
Company & Address	RIA SOLUTIONS SDN BHD	Occupation	ROPE ACCESS MANAGER
		Race	MALAY
Date of examination	05 OCT 2023		
Place of examination	KLINIK BESTARI SDN BHD	Sex	Male ☑ Female ☐
Name & Address of personal physician			

List your last 3 jobs 1. OFFICE JOB 2. _____ 3. _____

B. Type of examination ☑ Initial/Renewal ☐ Return to work

C. Type of Evaluation for Offshore & Remote Onshore (As per Employer Letter/Instruction)

- ☑ G General work (*Other than Job Specific*)
- ☐ S1 Catering Crew
- ☐ S2 Confined Space Worker
- ☐ S3 Crane Operators
- ☐ S4 Electrical Worker
- ☐ S5 Emergency Response Team (ERT)
- ☐ S6 Respirator Protective Equipment User
- ☐ S7 Working at Height
- ☐ V1 Visitor

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MPM AME
099

Note: MPM AME shall enter the FTW Status into MPM E-Reporting System (MySDS) and retained a record for future reference.

DO YOU HAVE OR HAVE YOU HAD : (Tick 'Yes' or 'No')

Description	Y	N	Description	Y	N	Description	Y	N
1.Sinus trouble		/	22.Cancer		/	**Have you ever been:-**		
2.Neck swelling / gland		/	23.Heart disease		/	43.Rejected for employment or insurance		/
3.Difficulty in vision		/	24.Rheumatic fever		/	44.Awarded benefits for Industrial injury/ illness		/
4.Any ear discharge		/	25.Abnormal heartbeat		/	45.Treated for problem of mental condition		/
5.Bronchial Asthma / Bronchitis		/	26.High blood pressure		/	46.Treated for problem of alcohol or drug		/
6.Hay fever / Other allergy		/	27.Stroke		/	47.Exposed to toxic substances or noise		/
7.Any skin trouble		/	28.Serious chest pain		/	**WOMAN ONLY, Have you ever had:-**		
8.Tuberculosis		/	29.Any blood disease		/	48.Abnormal Pap smear		
9.Coughed / Vomited blood		/	30.Painful passage of urine		/	49.Any gynecological condition / treatment		
10.Severe abdominal pain		/	31.Blood in urine		/	50.Are you pregnant		
11.Stomach Ulcer		/	32.Diabetes		/	**Will you be doing any of these specific activities;**		
12.Recurrent indigestion		/	33.Headache / Migraine		/	51.Crane Operators		/
13.Jaundice or hepatitis		/	34.Dizziness / fainting		/	52.Users of Breathing Apparatus		/
14.Gall Bladder disease		/	35.Epilepsy		/	53.Catering Crew		/
15.Marked change in bowel habits		/	36.Joint/spinal trouble		/	54.Confine Space Entry		/
16.Blood in stools (motions)		/	37.Surgical operation		/	55.Working at Height		/
17.Dental Problem		/	38.Serious accident / injury		/	**Social History**		
18.Piles (Haemorroid)		/	39.Tropical disease		/	56.Do you smoke?		/
19.Hernia		/	40.Fear of heights		/	57. History of drug abuse		/
20.Varicose Veins		/	41. Fear of being enclosed in a small space		/	58.Do you drink alcohol? If yes, amount per week?		/
21.Lump in breast / arm pit		/	42. Are you currently taking Any medication?		/	59. Have you been medical disembarked from offshore within the past 2 years? If yes, please specify:		/
						60. Other illness not mentioned above. If yes, please specify:		/

Have any of your family members suffered from the following?

61.Diabetes			64.Heart Disease			67.Hypertension		
62.Tuberculosis			65.Epilepsy			68.Stroke		
63.Bronchial Asthma			66.Cancer			69.Blood Disease		

I hereby certify that the above information is correct to the best of my knowledge. I understand that voluntary non-disclosure of any information required above is a breach of PETRONAS fitness to work requirements and may result in disciplinary action against me. I further agree to give consent to the examining medical professionals to disclose the results of this medical questionnaire and associated medical examination details to PETRONAS, Petroleum Arrangement Contractor (PAC) and my Employer for managing all matters related to my Fitness to Work Offshore and/or Remote Onshore Worksite.

Signature:

Name: AHMAD BIN JAINAL

Date: 05 OCT 2023

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Note: MPM AME shall enter the FTW Status into MPM E-Reporting System (MySDS) and retained a record for future reference.

SECTION 2 – FOR USE BY EXAMINING DOCTOR

HEIGHT (Meter)	WEIGHT (Kilogram)	BMI (Kg/m²)	BLOOD PRESSURE	PULSE	VISION	Distant		Near		COLOUR VISION	BLOOD GROUP
					Corrected						
1.71	55	18.9	101/66	61	Uncorrected	6/6	6/9	J1	J1	DBRMNR	O+ve

N	A	DESCRIPTION	MEDICAL EXAMINATION – Detail of findings
✓		1. Eyes & Pupils	
✓		2. Ear/Nose/Throat	
✓		3. Teeth & Gum	
✓		4. Mouth	
✓		5. Respiratory	
✓		6. Cardiovascular System	
✓		7. Abdomen	
✓		8. Hernial Orifices	
✓		9. Extremities	
✓		10. Musculo-skeletal	
✓		11. Skin & Varicose Veins	
✓		12. Neurological	
✓		13. Breasts	
✓		14. Anus & Rectum	
✓		15. Genito-Urinary Systems	
✓		16. Others	

N	A	TEST	INVESTIGATION FINDINGS
✓		1. Complete Blood Count	
✓		2. BUSE	
✓		3. Serum Creatinine	
	✓	4. Fasting Serum Lipid	mild hyperlipid
✓		5 Fasting Blood Sugar (HBA1c if indicated)	
✓		6. Urinalysis	
✓		▪ Urine Drugs a. Amphetamine b. Benzodiazepines c. Cannabis d. MDMA e. Opiates f. Cocaine	
✓		8. Audiometry	
✓		9. Chest X-ray	
✓		10. ECG (40 years and above or clinically indicated	
✓		11. Spirometry (if clinically indicated)	
✓		12. Others HBsAg	Neg — PPS — 4.9%

N = Normal A = Abnormal

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Valid Until
5/10/2035

Note: MPM AME shall enter the FTW Status into MPM E-Reporting System (MySDS) and retained a record for future reference.

KLINIK BESTARI SDN BHD
LOT 9, PT188 BANGUNAN 2 TINGKAT, PUSAT NIAGA PAKA,23100 PAKA, DUNGUN, TERENGGANU
TEL: 09-827 6688 / 09-827 8007 / 09-827 8009 Email : klinikbestari@gmail.com

ID No: C 3215

STEP 1: ID (To be completed by Collector)

Donor name : AHMAD BIN ZAINAL
Donor NRIC/ID No.: 790604-11-5175 Donor Photo ID verified : ☑ Yes ☐ No
Collection site name & address: KLINIK BESTARI SDN BHD
Reason for test : ☑ Pre-employment / Pre-placement ☐ Random ☐ Reasonable suspicion/Cause ☐ Other:
Company / Employer name: RIA SOLUTIONS SDN BHD DER name: DER Tel. No.:
MRO name & address (leave blank if not determined yet):

STEP 2: SPECIMEN COLLECTION (To be completed by Collector)

☐ Non-observed first specimen ☐ Non-observed second specimen (shy bladder) ☐ Observed second specimen (invalid 1st specimen)

Collector: Instruct donor to collect urine. Affix bottle seal & date the seal. Instruct donor to initial the seal.

STEP 3: DONOR'S STATEMENT (To be completed by the Donor)

I certify that I have provided my urine specimen to the Collector, that I have not adulterated it in any manner; the specimen bottle used was sealed in a tamper-evident seal in my presence; and that the information provided in this form and on the label affixed to the specimen is correct.

Signature of donor | 05 / 10 / 2023 Date (*day/month/year*) | AHMAD BIN ZAINAL Donor's Name

Donor's Tel. No.: (019)- 9131484 Date of birth : 46.1979 (*day/month/year*)

STEP 4: SPECIMEN VALIDITY AND POCT RESULTS (To be completed by Collector)

Refer to temperature strip, colour chart and test strips

Test Kit Lot. No.: 02111197
Test Kit Expiry date: 31/10/2023

Urine volume:

Sufficient	✓	≥ 30 mL
Insufficient		< 30 mL

Specimen Validity:

Temperature (°C)	✓	32 - 38(°C)
Oxidant	✓	Negative
Specific Gravity	✓	1.003 – 1.025
pH	✓	4.0 – 9.0
Nitrite	✓	< 20mg/dL
Glutaraldehyde	✓	Negative
Creatinine	✓	20 – 100mg/dL

POCT Results: Indicate tests required below (*)

Drugs/Metabolite	*	Negative
AMPHETAMINES	*	✓
BENZODIAZEPINES	*	✓
CANNABINOIDS(THC)	*	✓
OPIATES (MOR)	*	✓
MDMA	*	✓
COCAINE	*	✓
BARBITURATES	*	✓
METHADONE	*	✓
OXYCODONE	*	✓
METAMPHETAMINES	*	✓
PHENCYCLIDINE	*	✓
PROPOXYPHENE	*	✓
OTHERS:		

Remarks (if any):

I certify that I have conducted point of collection testing on the above named individual in accordance with the procedures established by the Company Policy, and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

Signature of collector | 05 / 10 / 2023 Date (*day/month/year*) | NURUL KASILA BT KASIM Collector's Name

If specimen is valid and POCT results negative, discard the sample and report negative results to DER. Do not proceed to step 4. Otherwise, remark your observations, package the urine specimen and send it to the laboratory for confirmatory testing.

STEP 5:Send Sample to laboratory for confirmatory test (To be completed by the Collector)

I certify that the specimen given to me by the donor identified in this form was collected, labelled, sealed and released to the delivery service in accordance with the Company Drug and Alcohol Policy and Procedures.

Specimen bottle(s) released to: (name of courier service)

Signature of collector | /_____/_____ Date(*day/month/year*) | _____(am/pm) Time | Collector's Name

STEP 6: ACCESSIONING (To be completed by test facility)

Primary specimen bottle seal integrity : ☐ Seal intact ☐ Seal not intact
(*If seal not intact, enter remarks in Step 7*)

Laboratory :

Signature of accessioner | /_____/_____ Date (*day/month/year*) | Accessioner's Name

STEP 7: CONFIRMATORT TEST REPORT (To be completed by test facility)

☐ Negative ☐ Rejected for Testing ☐ Adulterated ☐ Substituted ☐ Invalid result

☐ **Positive for:** ☐ Amphetamines ☐ Cocaine ☐ Benzodiazepine ☐ MDMA ☐ Cannabinoids ☐ Opiates ☐ Other:

Remarks (if any):

Signature of Certifying Technician/Scientist | /_____/_____ Date (*day/month/year*) | Certifying Technician/Scientist's Name

DRUG TESTING CHAIN OF CUSTODY FORM

KLINIK BESTARI SDN BHD

Alcohol & Drug Test Form EXXON

CONSENT

I consent to this request for a breathalyzer test, urine and or blood specimen, I understand the chemical analysis in these specimen will be conducted by trained medical personnel and by a quality laboratory and that the result of such analysis will be evaluated by the medical department of any person designated by the company, the purpose of the medical chemical analysis is to determine or rule and the presence of alcohol in breath, alcohol or drug in my urine. I authorized the medical department in release the result of the test to appropriate management on a need to know basic.

I have listed below all medications take in the last two weeks including prescription and non-prescription medications. (Note: whenever possible please print the prescription drug name directly from the label. This information may be critical in interpreting last result).

Medication (indicate (p) for prescription) ((NP) non prescription)	Source	Tel No.
.....	.....	.....
.....	.....	.....
.....	.....	.....

Name: AHMAD BIN ZAINAL

Passport / I.C No.: 790604-11-5175

Tel No.: .....

Company: .....

Name of witness: NURUL KASILA KASIM

I/C No.: 900102-11-5858 Designation: .....

Date: 05 OCT 2023 Signature: .....

ON – SITE TEST REPORT

Employee' Name: .....

Passport / I.C No.: .....

Employer's Name: .....

Reason for Test

✓	Random		Periodic
	Pre-employment		Return-To-Duty
	Post-Accident		Reasonable Suspicion

Collection Date : 05 OCT 2023 Time : 08.30 a.m

Test Kit No. : D211197 Expiry Date : 31/10/23

RESULT

Alcohol (Breathalyzer)	negative	✓	positive		0.02%
Opiates	negative	✓	positive		300ng/ml
Cannabis	negative	✓	positive		20ng/ml
Amphetamines	negative	✓	positive		500ng/ml
MDMA	negative	✓	positive		500ng/ml
Benzodiazepines.	negative	✓	positive		300ng/ml
Cocaine	negative	✓	positive		150ng/ml
Barbiturates	negative	✓	positive		300ng/ml
Methadone	negative	✓	positive		500ng/ml
Oxycodone	negative	✓	positive		100ng/ml
Phencyclidine	negative	✓	positive		25ng/ml
Propoxyphene	negative	✓	positive		300ng/ml
OTHER :					

Remarks: Negative MDA

.....

.....

OHD'S Signature and stamp

Date: 05 OCT 2023

KLINIK BESTARI SDN BHD
Occ Health Doctor
DR. AISAM ABU BAKAR
HQ/08/DOC/00/352
O.H.D

PETRONAS MPM AME 099

Lion alcolmeter SD-400

KLINIK BESTARI

Serial No.: 096827D
User Ref No.: 0000

Last Calibration Check:
09.50 01/10/2022

SUBJECT BREATH TEST

Date: 05/10/2023
Time: 09.00 AM
Test No.: 0156

BAC
Mg/100ml
Blank Check : 0
Subject: 0

Subject's Name:

AHMAD BIN ZAINAL

Operator's Name:

NURUL KASILA BINTI KASIM
Location:

KLINIK BESTARI SDN BHD
Subject's Signature:

.....

Operator's signature:

.....

Witness Name:

DR AISAM BIN ABU BAKAR

Witness's signature:

.....

PETRONAS
PETRONAS APPROVED MEDICAL EXAMINER
(TG 018)
DR. AISAM BIN ABU BAKAR
KLINIK BESTARI SDN. BHD.

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BTL-08 Spiro

AHMAD BIN ZAINAL

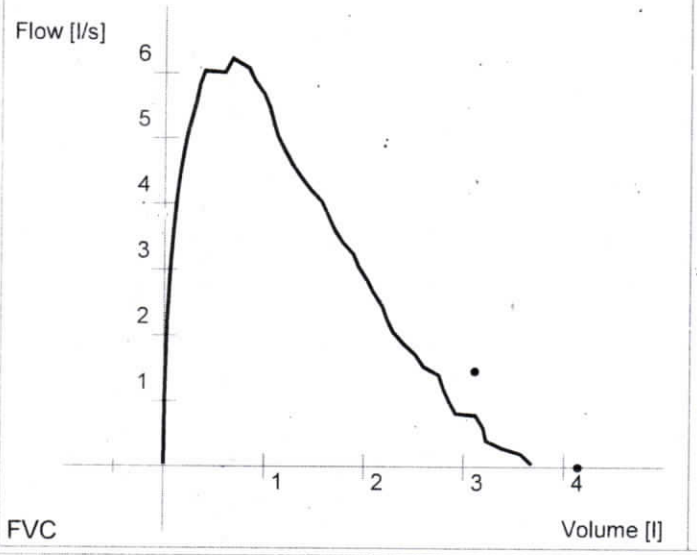
Test Date: 5/10/2023 8:52 AM

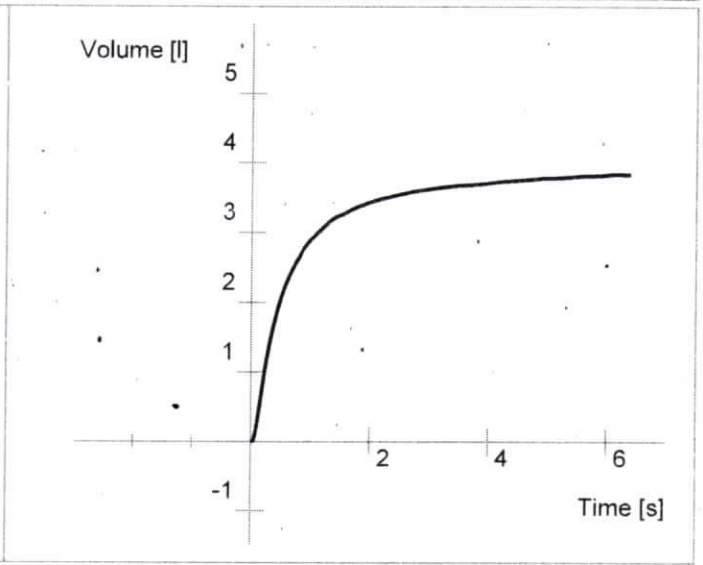
Patient ID: 790604115175

Forced expiration spirometry (FVC Ex)

Physician: DR AISAM BIN ABU BAKAR
Registered to: KLINIK BESTARI
Lot 9, PT 188, Bangunan Dua Tingkat,, Paka, Malaysia

Sex: Male	Date of birth: 4/6/1978 (45.3 Years)	Type: Southeast Asian
Weight: 55 kg	Height: 171 cm	





date/time				5/10/2023 8:52 AM	
medicament				PRE	
parameter	Unit	Pred	LLN	Meas	% Pred
FVC					
FVC	l	4.14	3.24	3.84	93
FEV1	l	3.42	2.67	2.94	86
PEF	l/s	-	-	6.33	-
FEV1/FVC	%	82.62	73.22	76.75	93
MMEF	l/s	3.55	2.13	2.53	71
MEF75	l/s	-	-	5.75	-
MEF50	l/s	-	-	3.13	-
MEF25	l/s	1.47	0.77	0.92	63
Aex	l^2/s	-	-	11.63	-

Interpretation ATS: normal spirometry
Prediction: GLI 2012. Examined according to ATS/ERS 2005 recommendations.
Repeatability: -FVC -FEV1 -ACC3, Acceptability: +EV 0.076l +TEX 6.4s -Plateau

PETRONAS
PETRONAS APPROVED MEDICAL EXAMINER
(TG 018)
DR. AISAM BIN ABU BAKAR
KLINIK BESTARI SDN. BHD.

Calibration: 5/10/2023/003000037849 Signature:

ATP: 29/1013/64 [°C/mbar/%]

BTL CardioPoint 2.41.474.0 | FW: 104 | SpiroDiag: 9.16.12.26

Printed: 5/10/2023

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BORANG SOAL SELIDIK BAGI UJIAN AUDIOMETRIK

Tarikh: 5 OCT 2023

NAMA : AHMAD BIN JAINAL
JANTINA : L
UMUR :
TARIKH LAHIR : 04/06/1979
NO IC/PASSPORT : 790604-11-5175

NO. PEKERJA :
SYARIKAT : RIA SOLUTIONS (M) SDN BHD.
JAWATAN : ROPE ACCESS MANAGER.
BAHAGIAN : MANAGEMENT
NO. TEL : 019-9131484

AMARAN: *Jangan melakukan ujian audiometrik bagi pekerja dengan keadaan kesihatan yang boleh menjejaskan keputusan ujian (Contoh: selsema, kepeningan, telinga berdesing dll.).*

Sila tandakan √ mana-mana yang berkenaan.

1. Adakah anda terdedah kepada bising kuat dalam masa 14 jam sebelum ujian pada hari ini?
   YA ☐ TIDAK ☑

AMARAN: *Jika "YA", sila batalkan dan jadualkan semula ujian dengan nasihat untuk mengelakkan bising kuat selama 14 jam sebelum ujian.*

2. Pernahkah anda menghadapi sebarang penyakit yang menjejaskan pendengaran anda (cth: infeksi, telinga berdesing, cecair drpd telinga dsb.)?
   YA ☐ TIDAK ☑
   Jika YA, sila jelaskan: _____

3. Pernahkah anda menjalani pembedahan telinga atau pembedahan besar lain yang menjejaskan pendengaran anda?
   YA ☐ TIDAK ☑
   Jika YA, sila jelaskan: _____

4. Pernahkah anda mengambil ubat-ubatan (tablet atau suntikan) yang menjejaskan pendengaran anda?
   YA ☐ TIDAK ☑
   Jika YA, sila jelaskan: _____

5. Pernahkah anda terdedah kepada bising kuat (cth: gergaji berantai, mercun, letupan, tembakan, motorsikal)?
   YA ☐ TIDAK ☑
   Jika YA, jenisnya: _____
   dan seberapa kerap: _____

6. Sejarah keluarga dengan kehilangan/gangguan pendengaran?
   YA ☐ TIDAK ☑
   Jika YA, sila jelaskan: _____

7. Adakah anda mengikuti kelab malam atau konsert?
   TIDAK PERNAH ☑ SEKALI SETAHUN ☐
   LEBIH DARIPADA SEKALI SETAHUN ☐

8. Adakah anda menggunakan alat stereo peribadi (cth: walkman/ ipod)?
   TIDAK PERNAH ☐
   KURANG DRP. 2JAM SEMINGGU ☑
   LEBIH DRP. 2JAM SEMINGGU ☐

9. Adakah anda bermain alat muzik yang berbunyi kuat?
   YA ☐ TIDAK ☑
   Jika YA, sila jelaskan: _____

10. Pernahkah anda bekerja di tempat yang bising di masa lampau (pekerjaan di mana anda mengalami kesukaran berkomunikasi disebabkan kebisingan)
    YA ☐ TIDAK ☑
    Jika YA, sila jelaskan: _____

11. Adakah anda memakai pelindung pendengaran dari (PHP) pada ketika itu (merujuk kepada S10)?
    YA ☐ TIDAK ☑
    Jika YA, jenis PHP: _____

12. Pernahkan anda menjalani ujian audiometrik sebelum ini?
    YA ☐ TIDAK ☑
    Jika YA, sila jelaskan: _____
    Dan dimana: _____

NOTA: *Jawapan "YA" bagi S2-S6, "LEBIH DARIPADA SEKALI SETAHUN" bagi S7, "LEBIH DRP. 2JAM SEMINGGU" bagi S8, "MUZIK ROCK/ ORKESTRASIMFONI" bagi S9 dan kepentingannya boleh memberikan petunjuk tentang bagaimana keputusan ujian akan ditafsirkan. Soalan 10, 11 dan 12 bertujuan untuk mencerminkan kecurigaan gangguan pendengaran sedia ada dan pengetahuan pekerja berkenaan ujian audiometrik.*

Pemeriksaan telinga	Kanan	Kiri
1. Visual examination	N	N
2. Rinne & Weber		

AMARAN: Pengujian audiometrik hendaklah dibatalkan dan dijadualkan semula jika pemeriksaan telinga secara visual menunjukkan keabnormalan yang signifikan (cth: cecair drp telinga, serumen berlebihan, sumbatan lelilin dll). Rujukan doctor bagi penanganan selanjutnya mungkin perlu sebelum mengulangi ujian.

NOTA: Sila maklumkan dengan jelas prosedur pengujian audiometrik kepada pekerja. Borang ini perlu diketepikan bersama laporan audiometrik untuk semakan OHD.

[Disesuaikan daripada: Annex A drp ISO 389-9:2009 (E)]

MEDICAL HISTORY

1. Personal Exposure Monitoring: - dB(A)
2. Current Illness (Symptoms): YES / NO
   If YES, please specify: -
3. Smoking (Pack-years): YES / NO
   If YES, please specify: _____

AUDIOMETER INFORMATION	
Audiometer JKJ Approval No.	JKKP PUA 35/13
Date of last calibration	17/1/2023
	☑ BASELINE ☐ ANNUAL ☐ RE-TEST ☐ OTHERS:

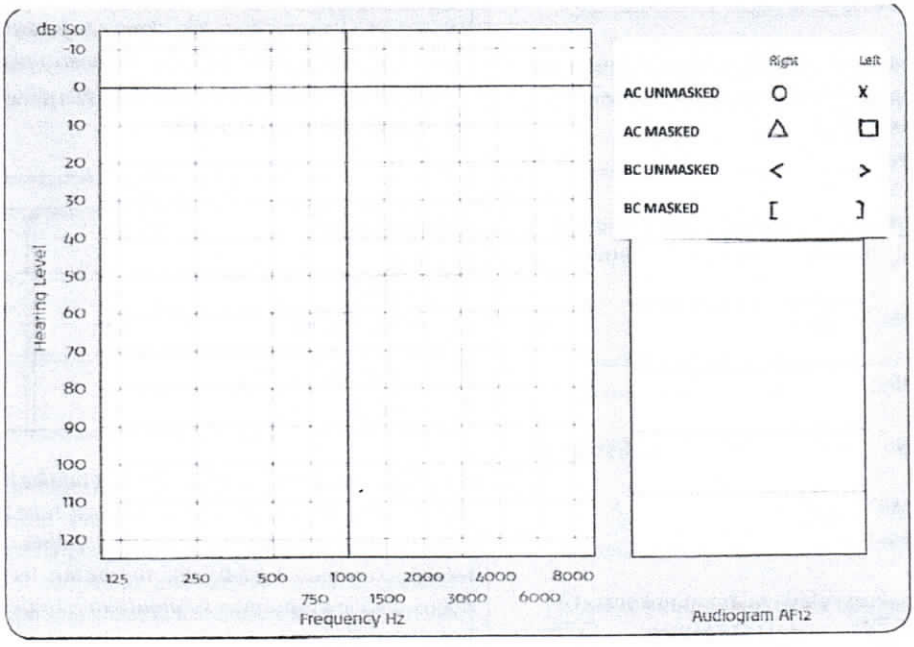
AUDIOMETRIC TEST RESULTS

RIGHT EAR (R)

TEST			Frequency (Hz) 0.5K	1K	2K	3K	4K	6K	8K	HI AVG (0.5+1+2+3)	STS AVG (2+3+4)	AVG (0.5+1+2)
Hearing Level (dB)	AC		15	20	15	20	15	25	15			
	BC	UNMASKED										
		MASKED										

LEFT EAR (L)

TEST			Frequency (Hz) 0.5K	1K	2K	3K	4K	6K	8K	HI AVG (0.5+1+2+3)	STS AVG (2+3+4)	AVG (0.5+1+2)
Hearing Level (dB)	AC		20	25	25	30	25	15	15			
	BC	UNMASKED										
		MASKED										



AUDIOMETRIC TESTER

Signature : [signature]

Tester's name : AMIS

PETRONAS APPROVED MEDICAL EXAMINER
(TG 018)
DR. AISAM BIN ABU BAKAR
KLINIK BESTARI SDN. BHD.

Doctor's Signature,

[signature]

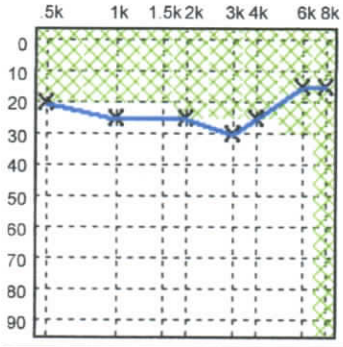
(DR. AISAM BIN ABU BAKAR)

Klinik Bestari Sdn Bhd

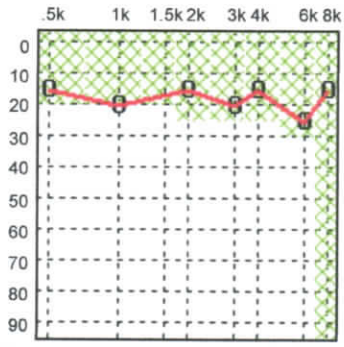
Graphic Audiogram Analysis

Name: AHMAD ZAINAL
ID / Passport No: 790604115175
DOB: 04/06/1979
Date: 05/10/2023 Audiogram no: 1

Audiometer model: AD226
Calibration date: 17/03/2022
Operator: NURUL KASILA KASIM
DOSH approval no JKKPPUA 35/13



Left



Right **Baseline Test** **Date: 05/10/2023**

% Loss

Left	Right	Binaural
6.5	1.2	3.5

	.5k	1k	1.5k	2k	3k	4k	6k	8k
Left	20	25	--	25	30	25	15	15
Right	15	20	--	15	20	15	25	15

Total Loss incured from first test to last test

Left	0	0	--	0	0	0	0	0
Right	0	0	--	0	0	0	0	0

Malaysian Standards

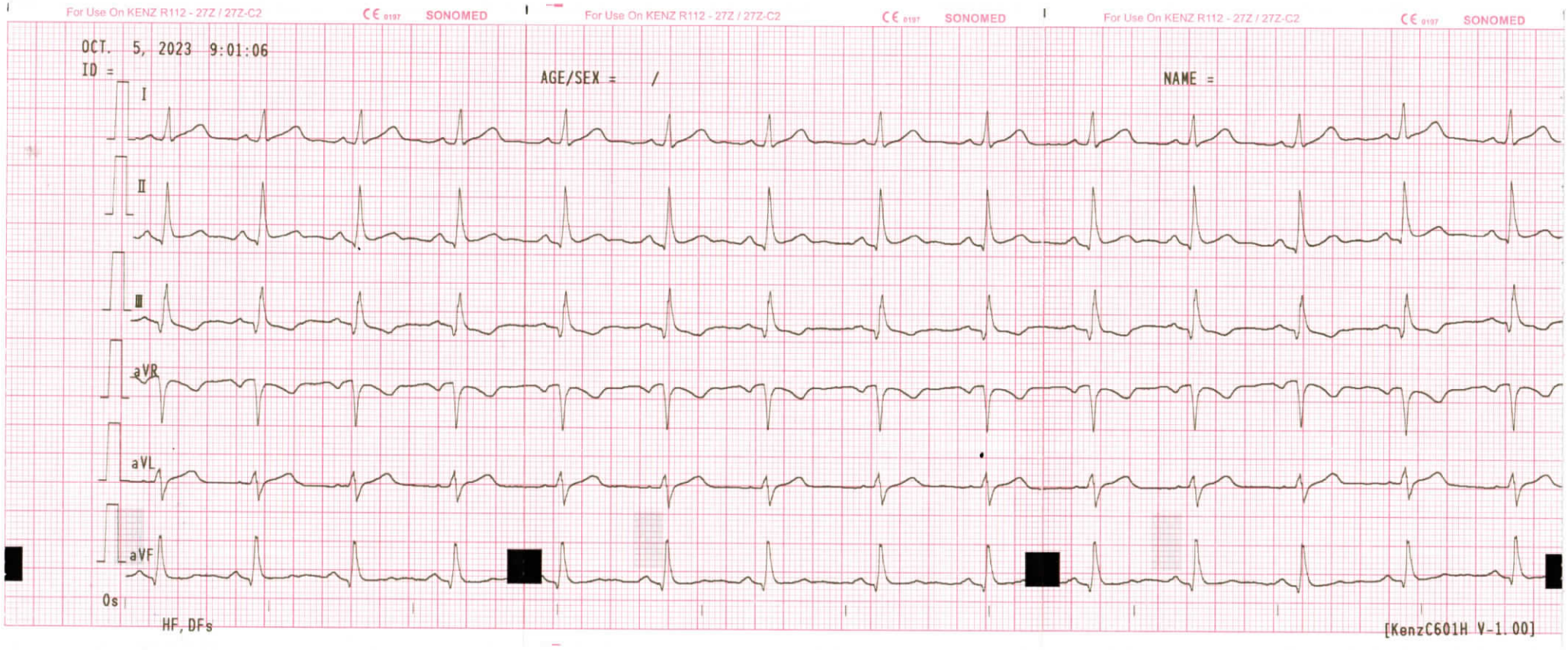
(a) OSH (Noise Exposure) Reg.: 2019 HI= Current test thresholds averaged over 0.5,1,2,3 kHz >= 25 dB either ear
(b) OSH (Noise Exposure) Reg. 2019: STS = Shift from baseline thresholds averaged over 2,3,4 kHz >= 10 dB either ear
(c) O&G Fitness to work: Fail = Current test threshold averaged over 0.5,1,2 kHz > 35 dB in the better ear

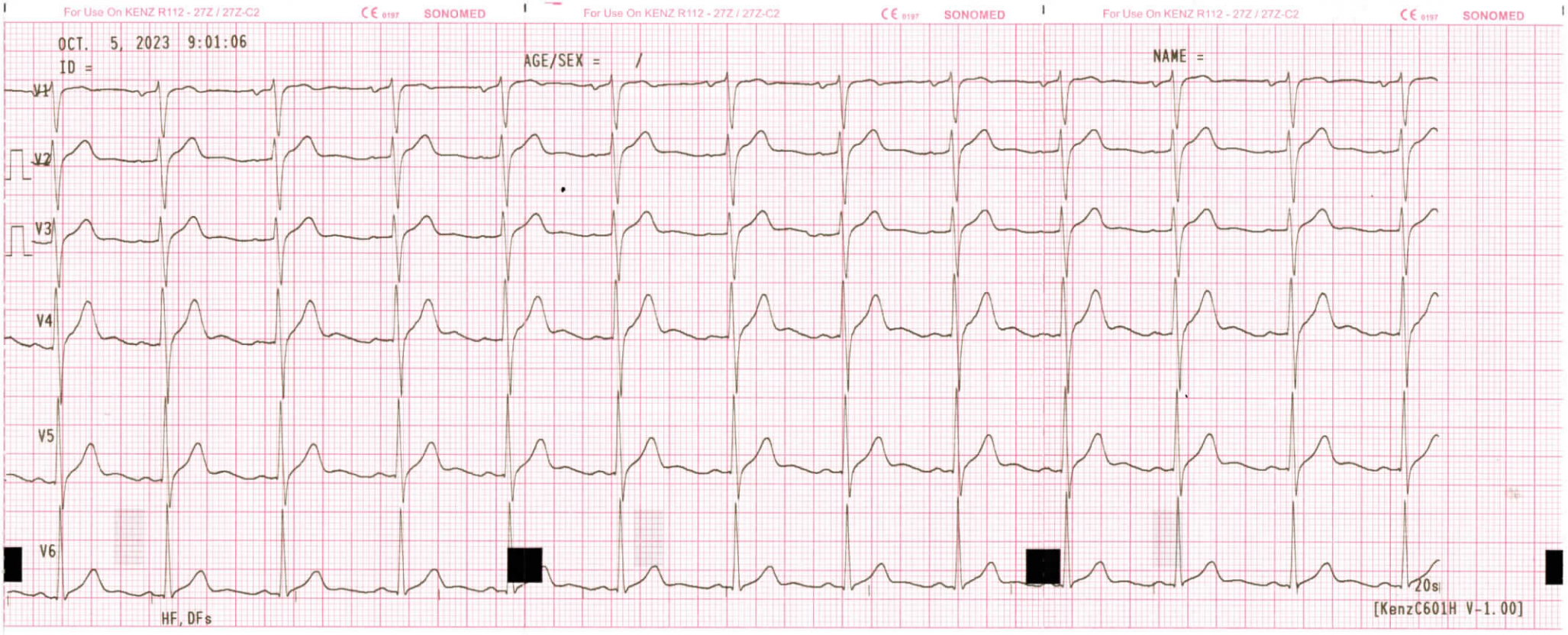
	Left ear		Right ear	
(a) OSH Hearing Impairment	Impairment	25dB	Normal	17dB
(b) Standard Threshold Shift	NA	STSL	NA	STSR
(c) O&G Fitness to work		23dB	Pass	16dB

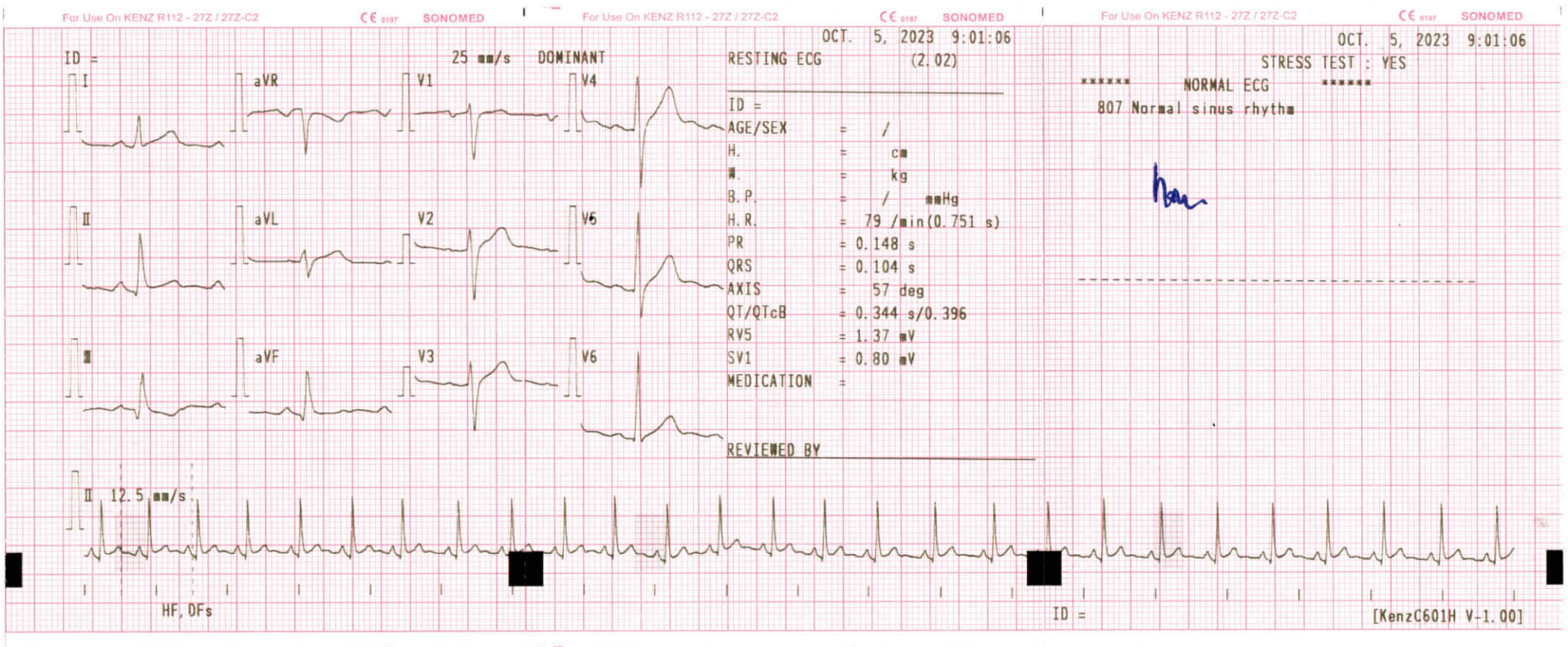
Number of tests: 1

Not enough data to provide full assessment (needs min 2 tests)

PETRONAS
PETRONAS APPROVED MEDICAL EXAMINER
(TG 018)
DR. AISAM BIN ABU BAKAR
KLINIK BESTARI SDN. BHD.


For Use On KENZ R112 - 27Z / 27Z-C2
CE 0197 SONOMED
For Use On KENZ R112 - 27Z / 27Z-C2
CE 0197 SONOMED
For Use On KENZ R112 - 27Z / 27Z-C2
CE 0197 SONOMED
OCT. 5, 2023 9:01:06
ID =
AGE/SEX = /
NAME =
I
II
III
aVR
aVL
aVF
0s
HF, DFs
[KenzC601H V-1.00]


For Use On KENZ R112 - 27Z / 27Z-C2
CE 0197 SONOMED
For Use On KENZ R112 - 27Z / 27Z-C2
CE 0197 SONOMED
For Use On KENZ R112 - 27Z / 27Z-C2
CE 0197 SONOMED
OCT. 5, 2023 9:01:06
ID =
AGE/SEX = /
NAME =
V1
V2
V3
V4
V5
V6
20s
HF, DFs
[KenzC601H V-1.00]


For Use On KENZ R112 - 27Z / 27Z-C2
CE 0197 SONOMED
ID =
25 mm/s DOMINANT
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II 12.5 mm/s
HF, DFs
OCT. 5, 2023 9:01:06
RESTING ECG (2.02)
ID =
AGE/SEX = /
H. = cm
W. = kg
B.P. = / mmHg
H.R. = 79 /min(0.751 s)
PR = 0.148 s
QRS = 0.104 s
AXIS = 57 deg
QT/QTcB = 0.344 s/0.396
RV5 = 1.37 mV
SV1 = 0.80 mV
MEDICATION =
REVIEWED BY
OCT. 5, 2023 9:01:06
STRESS TEST : YES
****** NORMAL ECG ******
807 Normal sinus rhythm
ID =
[KenzC601H V-1.00]

KLINIK BESTARI SDN BHD

LAPORAN X RAY DADA / CHEST X RAY REPORT

MAKLUMAT PEMOHON

NAMA	AHMAD BIN JAINAL					NO X RAY	3330
NO K/P	790604 - 11 - 5175					TARIKH	05 OCT 2023
UMUR				LELAKI	/	BANGSA	M
TINGGI :	CM	BERAT : KG	JANTINA	PEREMPUAN		NO ID	0010

KEPUTUSAN LAPORAN X RAY

	NORMAL	ABNORMAL	DETAIL OF ABNORMALITY
THORACIC CAGE	/		
HEART SHAPE AND SIZE	/		
LUNGS FIEDS	/		
MEDIASTINUM AND HILA	/		
PLEURALS/HEMIDIAPHRAGAMAS/COSTOPHRENIC ANGELS	/		
	YES	NO	DETAILS OF ABNORMALITY
FOCAL LESION (e.g.PTB OLD/ NEW) MALIGNANCY		/	
OTHER ABNORMALITIES		/	

IMPRESSION :

NORMAL

TANDATANGAN DOKTOR :

.....

DR. AISAM BIN ABU BAKAR

NAMA:

TARIKH: 05 OCT 2023

KELULUSAN & COP RASMI KLINIK

KLINIK BESTARI SDN BHD
1082466-M MMC No : 32953
Ground & 1st Floor, Lot 9, Pt 188,
Pusat Niaga Paka, 23100 Dungun, Terengganu
Tel : 09-8276688 / 09-8278009

Dr. Aisam Bin Abu Bakar (AME)
M.B.B.S.(UM). PgDOH(UKM)
HQ/08/DOC/00/352

Premier Integrated Labs

Laboratory Report

Name	: **AHMAD BIN ZAINAL**			**Branch**	: Kerteh Lab
Malaysia New IC	: 790604115175	**Lab No**	: KTL23046408	**Collected**	: 05.10.2023 14:24:14
DOB	: 04.06.1979	**MRN**	: 790604115175	**Received**	: 05.10.2023 14:24:23
Age/Gender	: 44 y 4 m 1 d / Male	**Location**	: Kerteh Lab	**Reported**	: 05.10.2023 20:09
		Reference	:	**Page No**	: 1 / 5

Requester : **DR AISAM ABU BAKAR**
KLINIK MEDIC BISTARI SDN. BHD
LOT 9, PT 188, BANGUNAN 2 TINGKAT, PUSAT NIAGA PAKA, PAKA, 23100 DUNGUN, TERENGGANU23100

TEST	RESULT	FLAG	UNIT	REFERENCE RANGE
HAEMATOLOGY				
Full Blood Count				
Haemoglobin	14.9		g/dL	(13.0 - 18.0)
Red Blood Cell	4.83		x10^12/L	(4.50 - 6.50)
Red Cell Distribution Width	**14.6**	*	%	(<14.3)
Packed Cell Volume	42		%	(40 - 54)
Mean Cell Volume	86		fL	(76 - 96)
Mean Cell Haemoglobin	31		pg	(28 - 34)
Mean Corpuscular Hb Concentration	36		g/dL	(30 - 36)
White Blood Cell	7.5		x10^9/L	(4.0 - 11.0)
Neutrophils (%)	**33.8**	*	%	(40.0 - 75.0)
Lymphocytes (%)	**49.4**	*	%	(20.0 - 45.0)
Monocytes (%)	9.3		%	(2.0 - 10.0)
Eosinophils (%)	**6.7**	*	%	(0.0 - 6.0)
Basophils (%)	0.8		%	(0.0 - 1.0)
Neutrophils (Absolute Value)	2.5		x10^9/L	(2.0 - 7.5)
Lymphocytes (Absolute Value)	3.7		x10^9/L	(1.5 - 4.5)
Monocytes (Absolute Value)	0.7		x10^9/L	(0.2 - 0.8)
Eosinophils (Absolute Value)	**0.50**	*	x10^9/L	(0.04 - 0.40)
Basophils (Absolute Value)	0.1		x10^9/L	
Platelet	232		x10^9/L	(150 - 400)
Erythrocyte Sedimentation Rate	<1		mm/hr	(<31)

Peripheral Blood Film (PBF)

Peripheral Blood Film :

Red cells : anisocytosis, ovalocytosis+++, stomatocytes++, few macro-ovalocytes with normochromic picture. Normal RBC,Hb and PCV value.
White cells : relative neutropenia, lymphocytosis and mild eosinophilia
Platelets : adequate number.

COMMENT:
Blood film shows : 1. marked ovalocytosis-?hereditary ovalocytosis-SouthEast Asia Type.
2. relative neutropenia, lymphocytosis and mild eosinophilia-?infection/allergy/reactive/some underlying causes.
3. Other cells parameters appear normal.

Premier Integrated Labs

Laboratory Report

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Requester : **DR AISAM ABU BAKAR**
KLINIK MEDIC BISTARI SDN. BHD
LOT 9, PT 188, BANGUNAN 2 TINGKAT, PUSAT NIAGA PAKA, PAKA, 23100 DUNGUN, TERENGGANU23100

TEST	RESULT	FLAG	UNIT	REFERENCE RANGE
BLOOD BANK				
Blood Group (ABO & Rh)	O Rh (D) Positive			
BIOCHEMISTRY				
Liver Function Test				
Total Protein	73		g/L	(64 - 83)
Albumin	44		g/L	(35 - 50)
Globulin	29		g/L	(20 - 39)
Albumin-Globulin Ratio	1.52			
Alkaline Phosphatase	110		U/L	(50 - 116)
Aspartate Transaminase	28		U/L	(0 - 34)
Alanine Transaminase	33		U/L	(0 - 55)
Gamma-Glutamyl Transferase	**81**	*	U/L	(12 - 64)
Bilirubin, Total	13.8		umol/L	(3.4 - 20.5)

Premier Integrated Labs

Laboratory Report

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		Reference	:	**Page No**	: 3 / 5

Requester : **DR AISAM ABU BAKAR**
KLINIK MEDIC BISTARI SDN. BHD
LOT 9, PT 188, BANGUNAN 2 TINGKAT, PUSAT NIAGA PAKA, PAKA, 23100 DUNGUN, TERENGGANU23100

TEST	RESULT	FLAG	UNIT	REFERENCE RANGE
Renal Function Profile				
Sodium	139		mmol/L	(136 - 146)
Potassium	4.6		mmol/L	(3.5 - 5.1)
Chloride	105		mmol/L	(96 - 109)
Urea Nitrogen	4.8		mmol/L	(2.1 - 7.1)
Creatinine	92		umol/L	(53 - 115)
Estimated - GFR (CKD-EPI)	**87**	*	ml/min/1.73m2	(>90)
Note: eGFR multiply by 1.159 if African American.				
Uric Acid	0.34		mmol/L	(0.22 - 0.45)
Glucose	5.0		mmol/L	(3.9 - 6.0)

Interpretation:

Category	Fasting	Random
Normal	3.9 - 6.0	3.9 - 7.7
IFG (Prediabetes)**	6.1 - 6.9	7.8 - 11.0
Indeterminate**		>=11.1
T2DM	>=7.0	

IFG: Impaired fasting glucose; T2DM: Type 2 Diabetes Mellitus
**OGTT is recommended

Ref: 2020 Clinical Practice Guidelines for the Management of Type 2 Diabetes Mellitus_6th edition.
MOH/P/PAK/447.20(GU)-e

Premier Integrated Labs

Laboratory Report

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Requester : **DR AISAM ABU BAKAR**
KLINIK MEDIC BISTARI SDN. BHD
LOT 9, PT 188, BANGUNAN 2 TINGKAT, PUSAT NIAGA PAKA, PAKA, 23100 DUNGUN, TERENGGANU23100

TEST	RESULT	FLAG	UNIT	REFERENCE RANGE
Glycated Haemoglobin (HBA1C)				
HbA1c, NGSP unit	4.4		%	(0 - 6.5)
HbA1c, SI unit	25		mmol/mol	

(Method: Ion exchange HPLC)

Diagnostic Values of HbA1c in Malaysian Adults

HbA1c (NGSP) %	HbA1c (IFCC) mmol/mol	
< 5.7	< 39	Normal
5.7-6.2	39-44	*Prediabetes (IFG or IGT)
≥ 6.3	≥ 45	T2DM

IFG: Impaired fasting glucose; IGT: Impaired Glucose Tolerance;
OGTT: Oral Glucose Tolerance Test; T2DM: Type 2 Diabetes Mellitus
*Recommend OGTT for HbA1c levels 5.7-6.2%

Individualised HbA1c Target for Known Diabetes

HbA1c (NGSP) %	HbA1c (IFCC) mmol/mol	
≤ 6.5	≤ 48	A: Tight target range for young, newly diagnosed diabetes without hypoglycaemia.
6.6-7.0	49-53	B: Target range for all other individuals not in category A or C.
7.1-8.0	54-64	C: Target range for diabetes and comorbidities, short life expectancy and/or prone to hypoglycaemia.

Source: 2020 Clinical Practice Guidelines for the Management of Type 2 Diabetes Mellitus (6th Edition). Kuala Lumpur: Joint Publication of the Ministry of Health Malaysia, Academy of Medicine Malaysia, Malaysian Endocrine & Metabolic Society and Diabetes Malaysia.

Calcium	2.25	mmol/L	(2.10 - 2.55)
Adjusted Calcium	2.17	mmol/L	(2.10 - 2.55)
Phosphate	0.83	mmol/L	(0.74 - 1.52)

Premier Integrated Labs

Laboratory Report

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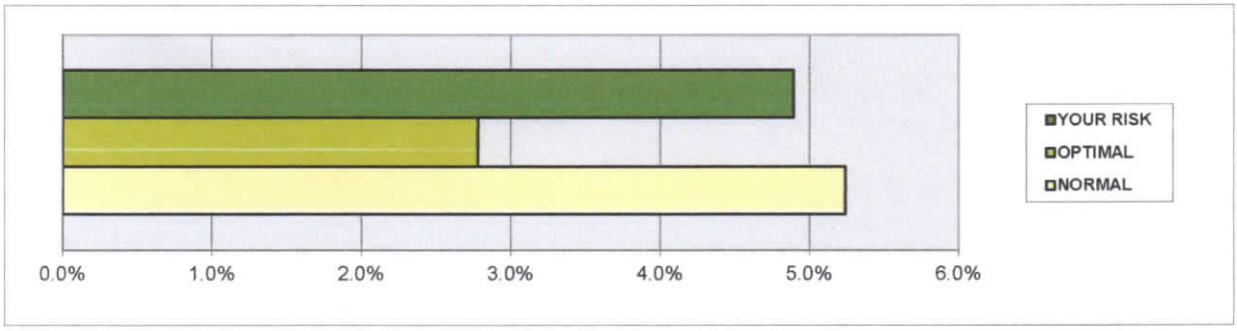
Requester : **DR AISAM ABU BAKAR**
KLINIK MEDIC BISTARI SDN. BHD
LOT 9, PT 188, BANGUNAN 2 TINGKAT, PUSAT NIAGA PAKA, PAKA, 23100 DUNGUN, TERENGGANU23100

TEST	RESULT	FLAG	UNIT	REFERENCE RANGE
Lipid Profile				
Cholesterol, Total	**5.5**	*	mmol/L	(<5.2)
Cholesterol, HDL	**1.0**	*	mmol/L	(>1)
Cholesterol, Non-HDL	**4.5**	*	mmol/L	(<3.4)
Cholesterol, LDL	**3.7**	*	mmol/L	(<2.6)
Triglycerides	**1.7**	*	mmol/L	(<1.7)
Cholesterol/HDL Ratio	**5.5**	*		(<3.5)
FEME				
Urine FEME				
Appearance	Clear			
Colour	Yellow			
pH	7.0			(5.0 - 8.0)
Urine Specific Gravity	1.020			(1.005 - 1.030)
Urine Nitrite	Negative			
Urine Protein	Trace			
Urine Glucose	Negative			
Urine Ketone	Negative			
Urine Urobilinogen	16.0		umol/L	(0 - 17.0)
Urine Bilirubin	Negative			
Urine Blood	Negative			
Urine Leucocytes	Negative			
Red Blood Cell	Nil		/uL	(<4)
White Blood Cell	Nil		/uL	(<7)
Epithelial Cell	Nil		/uL	
Crystal	Nil			
Cast	Nil			
Bacteria	Nil			
Mucus	Nil			
Other	Nil			

Test(s) requested: ZHBA1,SYBP
Specimen Received: EDTAB,PLSF,S,U

ELECTRONIC VALIDATED REPORT. NO SIGNATURE REQUIRED.

From The Framingham Heart Study		Enter Values Here
General CVD Risk Prediction		
Risk Factor	**Units**	**(Type Over Placeholder Values in Each Cell)**
Sex	male (m) or female (f)	M
Age	years	44
Systolic Blood Pressure	mmHg	101.0
Treatment for Hypertension	yes (y) or no (n)	N
Smoking	yes (y) or no (n)	N
Diabetes	yes (y) or no (n)	N
HDL	mg/dL	38
Total Cholesterol	mg/dL	212
Your 10-Year Risk (The risk score shown is derived on the basis of an equation. Other print products, use a point-based system to calculate a risk score that approximates the equation-based one.)		4.9%
Your Heart/Vascular Age		43



Calculator prepared by R.B. D'Agostino and M.J. Pencina based on a publication by D'Agostino et al. in Circula