SURAT KETERANGAN
TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama *Name*	: MUHAMMAD ALWAN NUR
Jenis Kelamin *Gender/Sex*	: PRIA/MALE
Tempat / Tanggal Lahir *Place / Date Of Birth*	: BASTEM / 10 MARCH 2002
Perusahaan *Company*	: PT. TOWER MARITIME SERVICES
Jabatan *Occupation*	: 3RD 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.

Jakarta, 30 October 2026

MUHAMMAD ALWAN NUR

dr. Widha Puji Ismayawati
Examination

Date Of Examination, October 30, 2026
Expiration Of Validity, October 30, 2028

INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP

ISO 9001:2015 KEMNAKER

MEDICAL EXAMINATION REPORT

COMPANY	: PT. TOWER MARITIME SERVICES		
MCU NO.	: WRKS-82-96-05		
NAME	: MUHAMMAD ALWAN NUR		
SEX	: PRIA/MALE	**DATE EXAMINE**	: 30 Oct 2026
PLACE & DATE OF BIRTH	: BASTEM, 10 March 2002	**NATIONALITY**	: INDONESIA
MAILING ADDRESS OF EXAMINE	: JL. DAHLIA RAYA LR. PMDS NO.11 KECAMATAN WARA, KELURAHAN TOMPOTIKKA, KOTA PALOPO. PROVINSI SULAWESI SELATAN		
DUTY	: CHIEF ENGINEER	**PASSPORT**	: E 0788897

MEDICAL HISTORY
(EXAMINE PERSONAL DECLARATION)

	Yes / No
1. ALCOHOL HISTORY	No
2. ALLERGIC HISTORY	No
3. AMPUTATION	No
4. BLOOD DISORDER	No
5. BALANCE PROBLEM	No
6. BACK OR JOINT PROBLEM	No
7. COLOUR BLINDNESS	No
8. CANCER	No
9. DIABETES	No
10. DIGESTIVE DISORDER	No
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. NEUROGICAL 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	Yes

PHYSICAL EXAMINATION

HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
165 cm	54 kg	19.8 kg/m^2	112/73 mmHg	73 X/min	20 X/min

VISION	WITHOUT	WITH	COLOR VISION (ISIHARA'S METHOD)
Right Eye	20/20		NORMAL
Left Eye	20/20		
Both Eye	20/20		

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

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

HEARING

NORMAL

Right Ear	Yes
Left Ear	Yes

If abnormal, give details

Website https : //www.indosehat2003.com

Jl. Warakas VII Gg. 8 No. 72
Tanjung Priok - Jakarta Utara
Telp. (021) 4393 5857
Email : info@indosehat2003.co.id

HASIL PEMERIKSAAN LABORATORIUM
REPORT LABORATORY RESULT

No. Rekam Medis *Medical Record No.*	: **WRKS-82-96-05**	**Perusahaan** *Company*	: PT. TOWER MARITIME SERVICES
Nama Pasien *Patient Name*	: **MUHAMMAD ALWAN NUR**	**Kewarganegaraan** *Nationality*	: **INDONESIA**
Jenis Kelamin *Gender / Sex*	: **PRIA/MALE**	**Tanggal Pemeriksaan** *Cellection Date*	: 30 **Oct 2026**
Tanggal Lahir / Umur *Date of Birth / Age*	: **10 March 2002 / 24 Years Old**	**Nomor Induk Kependudukan** *ID Number*	: **7373011003030001**

Jenis Pemeriksaan *Laboratory Parameter*	**Hasil** *Result*	**Nilai Rujukan** *Ref. Range*	**Satuan** *Unit*
HAEMATOLOGY			
Haemoglobin	18.2	Male : 13.2 - 17.3 Female : 11.7 - 15.5	g/dL
Haemotocrit	54.4	Male : 40 - 52 Female : 35 - 47	%
Red Blood Cell	5.87	Male : 4.4 - 5.9 Female : 3.8 - 5.2	10^6/ul
White Blood Cell	11.7	4.0 - 10.0	10^3/uL
Platelet	256	150 - 450	10^3/uL
MCV	92.7	80 - 100	fL
MCH	31	26 - 34	pg
MCHC	33.5	32 - 36	g/dL
Differential Count			
Basophil	-	0 - 1	%
Eosinophil	3	2 - 3	%
Stab	8	3 - 5	%
Neutrophil	59	40 - 70	%
Lymphocytes	26	20 - 40	%
Monocytes	4	2 - 8	%
ESR	12	Male : 0 - 15 Female : 0 - 20	mm/hr
Blood Type & Rhesus	O+		

HASIL PEMERIKSAAN LABORATORIUM
REPORT LABORATORY RESULT

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Nama Pasien *Patient Name*	: **MUHAMMAD ALWAN NUR**	**Kewarganegaraan** *Nationality*	: **INDONESIA**
Jenis Kelamin *Gender / Sex*	: **PRIA/MALE**	**Tanggal Pemeriksaan** *Cellection Date*	: 30 **Oct 2026**
Tanggal Lahir / Umur *Date of Birth / Age*	: **10 March 2002 / 24 Years Old**	**Nomor Induk Kependudukan** *ID Number*	: **7373011003030001**

Jenis Pemeriksaan *Laboratory Parameter*	**Hasil** *Result*	**Nilai Rujukan** *Ref. Range*	**Satuan** *Unit*
BLOOD CHEMISTRY			
BLOOD GLUCOSE			
Random Blood Glucose	99	< 200	mg/dL
Fasting Blood Glucose	-	70 - 100	mg/dL
Blood 2 Hours Postprandial Glucose	-	70 - 140	mg/dL
HbA1c	-	< 6.5	%

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Nama Pasien *Patient Name*	: **MUHAMMAD ALWAN NUR**	**Kewarganegaraan** *Nationality*	: **INDONESIA**
Jenis Kelamin *Gender / Sex*	: **PRIA/MALE**	**Tanggal Pemeriksaan** *Cellection Date*	: **30 Oct 2026**
Tanggal Lahir / Umur *Date of Birth / Age*	: **10 March 2002 / 24 Years Old**	**Nomor Induk Kependudukan** *ID Number*	: **7373011003030001**

Jenis Pemeriksaan *Laboratory Parameter*	Hasil *Result*	Nilai Rujukan *Ref. Range*	Satuan *Unit*
IMUNOSEROLOGY			
HBsAg	-	Non Reactive	
HBeAg	-	Non Reactive	
VDRL	Non Reactive	Non Reactive	
HIV	Non Reactive	Non Reactive	
TPHA Rapid	-	Non Reactive	
TPHA	-	Non Reactive	
Anti-HAV			
Anti-HAV IgG	-	Non Reactive	
Anti-HAV IgM	-	Non Reactive	
Anti-HCV	-	Non Reactive	
Helicobacter Pylori IgG	-	Negative	
IGRA Quantiferon-TB	-	Negative	
Tuberculosis (TB)			
Tuberculosis IgG	-	Negative	
Tuberculosis IgM	-	Negative	
MALARIA			
Plasmodium Falciparum	-	Negative	
Plasmodium Vivax	-	Negative	

HASIL PEMERIKSAAN LABORATORIUM
REPORT LABORATORY RESULT

No. Rekam Medis *Medical Record No.*	: **WRKS-82-96-05**	**Perusahaan** *Company*	: PT. TOWER MARITIME SERVICES
Nama Pasien *Patient Name*	: **MUHAMMAD ALWAN NUR**	**Kewarganegaraan** *Nationality*	: **INDONESIA**
Jenis Kelamin *Gender / Sex*	: **PRIA/MALE**	**Tanggal Pemeriksaan** *Cellection Date*	: **30 Oct 2026**
Tanggal Lahir / Umur *Date of Birth / Age*	: **10 March 2002 / 24 Years Old**	**Nomor Induk Kependudukan** *ID Number*	: **7373011003030001**

Jenis Pemeriksaan *Laboratory Parameter*	**Hasil** *Result*	**Nilai Rujukan** *Ref. Range*	**Satuan** *Unit*
URINE			
Physcal Examination			
Colour	Yellow	Yellow	
Transparency	Clear	Clear	
pH	6.5	4.8 - 7.5	
Specific Gravity	1.015	1.002 - 1.030	
Chemical Examination			
Protein Urine	Negative	Negative	mg/dL
Glucose Urine	Negative	Negative	mg/dL
Ketone	Negative	Negative	mg/dL
Nitrit Urine	Negative	Negative	mg/dL
Urobilinogen	Negative	Negative	mg/dL
Bilirubin Urine	Negative	Negative	mg/dL
Blood Urine	Negative	Negative	/uL
Mikroskopis Urine			
Epithelial Cell	4	0 - 5	hpf
W.B.C	1	0 - 3	hpf
R.B.C	2	0 - 2	hpf
Bacteria	Negative	Negative	hpf
Crystals	Negative	Negative	hpf
Pus Cell	Negative	Negative	hpf
Cast	Negative	Negative	
Others	Negative		

SERTIFIKASI NARKOBA DAN ALKOHOL
CERTIFICATION DRUGS AND ALCOHOL

No. Rekam Medis *Medical Record No.*	: **WRKS-82-96-05**	**Perusahaan** *Company*	: PT. TOWER MARITIME SERVICES
Nama Pasien *Patient Name*	: **MUHAMMAD ALWAN NUR**	**Kewarganegaraan** *Nationality*	: **INDONESIA**
Jenis Kelamin *Gender / Sex*	: **PRIA/MALE**	**Tanggal Pemeriksaan** *Cellection Date*	: 30 **Oct 2026**
Tanggal Lahir / Umur *Date of Birth / Age*	: **10 March 2002 / 24 Years Old**	**Nomor Induk Kependudukan** *ID Number*	: **7373011003030001**

Telah diperiksa keberadaan obat-obatan berikut dan alkohol dalam urin menggunakan metode Adsorben/Kromatografi Imunoassay Kompetitif dan ditemukan :
Was examined for the presence of the following drugs and alcohol in the urine using the competitive immunoassay / chromatography Adsorbent method and was found :

Jenis Pemeriksaan *Laboratory Parameter*	Hasil *Result*	Nilai Rujukan *Ref. Range*	Satuan *Unit*
NARKOBA / DRUG			
Mariyuana/Cannabis (THC)	Negative	Negative	
Benzodiazepine (BZO)	Negative	Negative	
Coccaine (COC)	Negative	Negative	
Morphine/Opiate (MOP)	Negative	Negative	
Amphetamine (AMP)	Negative	Negative	
Metamphetamine (METH)	Negative	Negative	
Carisoprodol (CAR)	-	Negative	
Methylenedioxymethamphetamine (MDMA)	-	Negative	
Phencyclidine (PCP)	-	Negative	
Methadone (MTD)	-	Negative	
ALCOHOL	Negative	Negative	