



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00028/013/XII/17

148

PERSONAL DATA

Name : YOHANES BOLI KILOK
Birthday/Gender/Emp. ID : 27 July 1972 / Male / 07010
Father's Name : PAULUS LABA
Address : TIBAN HOUSING, BATAM
Occupation :



YOHANES BOLI

Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM

MEDICAL HISTORY

	Yes	No		Yes	No		Yes	No
1. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Allergic Rhinitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Bronchial Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Peptic Ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Echolalia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Bloody Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CLINICAL EXAMINATION

Weight : 71 Kg	Height : 160 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 27.73		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 139 / 82 mm Hg		
		Pulse : 79 / min		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			c. Varicose Veins	<input checked="" type="checkbox"/>
b. Near Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input checked="" type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)			5. Skin-Chronic Disease	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			9. Mental State	<input checked="" type="checkbox"/>

LABORATORY TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Blood Count	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Urine Feme	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Other Laboratory Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometri	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Spirometri	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. ECG (if indicated)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Overweight E66, Myopia H52.1 R:6/12, L:6/7.5 MIM, Mur-mur Grade 1-2, Blood Count: Monocytosis D72.821 8.6%, Urine Feme: Glycossuria +++ R81 Severe

CERTIFICATION

I certify that I have examined the abovenamed person. In my opinion, this person is FIT WITH NOTE for duties mentioned above.

ADVICE :

Regular Exercise and Reduce Weight, Low Sugar Diet, Consultation to Company Doctor

Authentic Signature

Date of Exam : 14 December 2017



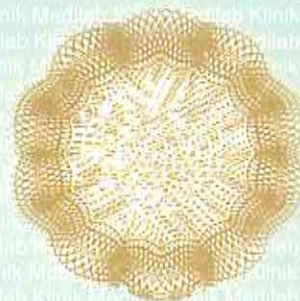
DR. EBIIET YUDI SANTOKO



M • KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372022, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com



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YOHANES BOLI

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	15.3	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	10.5	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.42	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	2	mm/hr	M: 0 - 10	F: 0 - 20
HCT	45.9	%	M: 40 - 52	F: 35 - 47
PLT	417	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	31.2	%	25 - 40	
- MON	*	8.6 %	2 - 8	
- GRA	60.2	%	43 - 76	

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.015
- Glucossa	* Positive
- Protein	Negative
- Ketones	Negative
- Bilirubin	Negative
- Urobilinogen	Normal
- Nitrit	Negative
- Blood	Negative
- Leucocytes	Negative

X-RAY REPORT

Chest PA:

Show no Abnormalities.

There is no evidence of pulmonary tuberculosis or other pulmonary,pleural or mediastinal lesions.

The size,shape and position of the heart are within limits of normal variations.

Bony structures of the thorax show no abnormalities.

Date of Exam : 14 December 2017



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