

HEALTH SCREENING REPORT

Periodic Health Examination



129

CONFIDENTIAL

No. Medical Record : 
00009/004/VII/RP/17

PERSONAL DATA

Name : ZAIMAR ISWAN
 Birthday/Gender/Emp. ID : 20 March 1980 / Male / 07009
 Father's Name : ZAINURDAM
 Address : KOMP LOTAS GARDEN BLOK B NO 12A, BATAM
 Occupation : CHIEF SECURITY
 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 : 72 Kg Height : 161 Cm BMI : 28	<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes/Abnormal</th> <th style="width: 20%; text-align: center;">No/Normal</th> </tr> </thead> <tbody> <tr> <td>3. Cardiovascular System</td> <td></td> <td></td> </tr> <tr> <td> a. Blood Pressure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> Systolic / Diastolic : 132 / 73 mm Hg</td> <td></td> <td></td> </tr> <tr> <td> Pulse : 75 / min</td> <td></td> <td></td> </tr> <tr> <td> b. Heart Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> c. Varicose Veins</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>4. Respiratory System</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>5. Skin-Chronic Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>6. Abdomen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>7. Locomotor/Neurological</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>8. Endocrine disorders</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>9. Mental State</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Yes/Abnormal	No/Normal	3. Cardiovascular System			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic / Diastolic : 132 / 73 mm Hg			Pulse : 75 / min			b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes/Abnormal	No/Normal																																						
3. Cardiovascular System																																								
a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
Systolic / Diastolic : 132 / 73 mm Hg																																								
Pulse : 75 / min																																								
b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes/Abnormal</th> <th style="width: 20%; text-align: center;">No/Normal</th> </tr> </thead> <tbody> <tr> <td>1. Vision</td> <td></td> <td></td> </tr> <tr> <td> a. Distant Vision</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> (Should be at least 6/12 in both eyes with or without glasses)</td> <td></td> <td></td> </tr> <tr> <td> b. Near Vision</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> (Should be at least J2 in both eyes with or without glasses)</td> <td></td> <td></td> </tr> <tr> <td> c. Colour Vision</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> d. Any Organic Eye Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>2. Hearing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> (Unable to hear ordinary conversation at 2 m)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes/Abnormal	No/Normal	1. Vision			a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Should be at least 6/12 in both eyes with or without glasses)			b. Near Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(Should be at least J2 in both eyes with or without glasses)			c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Unable to hear ordinary conversation at 2 m)												
	Yes/Abnormal	No/Normal																																						
1. Vision																																								
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
(Should be at least 6/12 in both eyes with or without glasses)																																								
b. Near Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																						
(Should be at least J2 in both eyes with or without glasses)																																								
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
(Unable to hear ordinary conversation at 2 m)																																								

LABORATORY TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Blood Count	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Urine Feme	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Other Laboratory Test	<input type="checkbox"/>	<input checked="" 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, Lipoma on Both Waist R22, Blood Count: ESR R70.0 11 mm/hr MIE, Monocytosis D72.821 8.1%

CERTIFICATION

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

ADVICE :

Regular Exercise and Reduce Weight, Consultation to Company Doctor

Authentic Signature

Date of Exam : 11 July 2017





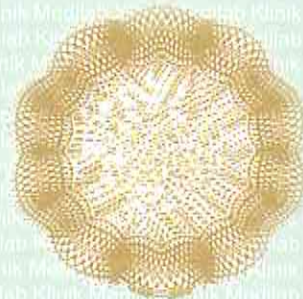
DR. EBIET YUDI SANTOKO



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



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00009/004/VII/RP/17

129

PERSONAL DATA

Name : ZAIMAR ISWAN
Birthday/Gender/Emp. ID : 20 March 1980 / Male / 07009
Father's Name : ZAINURDAM
Address : KOMP LOTAS GARDEN BLOK B NO 12A, BATAM
Occupation : CHIEF SECURITY
Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



ZAIMAR ISWAN

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	15.6	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	8.3	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.51	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	*	11 mm/hr	M: 0 - 10	F: 0 - 20
HCT	43.5	%	M: 40 - 52	F: 35 - 47
PLT	270	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	31.7	%	25 - 40	
- MON	*	8.1	2 - 8	
- GRA	60.2	%	43 - 76	

URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.015
- Glucososa	Negative
- 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 : 11 July 2017

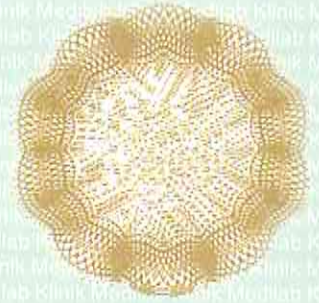


>> Computer Generated Report, No Signature Required. <<



PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Komplek Taman Nlaga 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



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00009/004/VII/RP/17

129

PERSONAL DATA

Name : ZAIMAR ISWAN
Birthday/Gender/Emp. ID : 20 March 1980 / Male / 07009
Father's Name : ZAINURDAM
Address : KOMP LOTAS GARDEN BLOK B NO 12A, BATAM
Occupation : CHIEF SECURITY
Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



ZAIMAR ISWAN

LABORATORY REPORT

Test Name

Result Unit

Reference Range

SEROLOGI

HBsAg : Negative Negative

Date of Exam : 11 July 2017



>> Computer Generated Report, No Signature Required. <<