

HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00020/005/XII/RP/17

140

PERSONAL DATA

Name : AGUS PRITANTO
Birthday/Gender/Emp. ID : 11 January 1963 / Male / 7007
Father's Name : WAGIMIN
Address : PATAM ASRI BLOK E NO 4, BATAM
Occupation : DRIVER
Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



AGUS PRITANTO

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

		Yes/Abnormal	No/Normal			Yes/Abnormal	No/Normal
Weight	: 54 Kg			3. Cardiovascular System			
BMI	: 22.18			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1. Vision				Systolic / Diastolic	: 139 / 89 mm Hg		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pulse	: 84 / min		
(Should be at least 6/12 in both eyes with or without glasses)				b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Near Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Should be at least J2 in both eyes with or without glasses)				4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Unable to hear ordinary conversation at 2 m)				8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				9. Mental State	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Remarks: Myopia H52.1 R:6/12, L:6/12 MIM, Chest X-Ray: Infiltrate on Both Perihilar Lungs R91.8 and Blunt in The Left Costophrenicus Angle R09, Blood Count: Leucocytosis D72.829 11.1*10³/mm³ MIE, ESR R70.0 20 mm/hr MIE

CERTIFICATION

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

ADVICE :

Consultation to Company Doctor

Authentic Signature

DR. EBIAT YUDI SANTOKO

Date of Exam : 12 December 2017

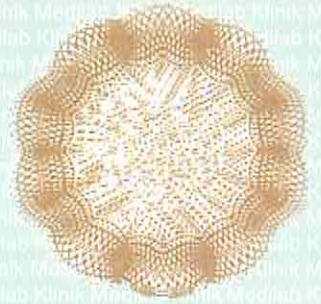




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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	14.8	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	*	11.1 10 ³ / mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC		5.36 10 ⁶ / mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	*	20 mm/hr	M: 0 - 10	F: 0 - 20
HCT		46.0 %	M: 40 - 52	F: 35 - 47
PLT		294 10 ³ /mm ³	150 - 440	
Differential Count				
- LYM		26.1 %	25 - 40	
- MON		5.3 %	2 - 8	
- GRA		68.6 %	43 - 76	

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.015
- Glucosaa	Negative
- Protein	Negative
- Ketones	Negative
- Billirubin	Negative
- Urobilinogen	Normal
- Nitrit	Negative
- Blood	Negative
- Leucocytes	Negative

X-RAY REPORT

Chest PA:
Chest X-Ray: Infiltrate on Both Perihilar Lungs R91.8 and Blunt in The Left Costophrenicus Angle R09

Date of Exam : 12 December 2017



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