



RUMAH SAKIT SANTA ELISABETH

Jalan Anggrek Blok II Telp. (0778) 457357 Fax. (0778) 422473 Batam - 29441

SURAT KETERANGAN

Dengan ini diberitahukan bahwa :

Nama : Lamhot M. Sidabutar
Sex & Tgl. lahir : Laki - Laki, 32 th.
Alamat : _____
Tanda bukti diri : _____

telah berobat* / ~~dirawat-inap~~ / ~~melahirkan~~* di Rumah Sakit Santa Elisabeth Batam

pada hari Selasa tgl. 16/3/2024 pkl. 18.30

Dx = HIL (S) reponible

Farum : Hernia Repair

Demikianlah agar yang berkepentingan maklum.

ND: font mi pasien mank
dpt bekerja spt biasa (driver)

Batam, 16/3/2024
a.n. Direktur

Dr. I. Ariyan Tambunan, S.P.

* Coret yang tidak perlu

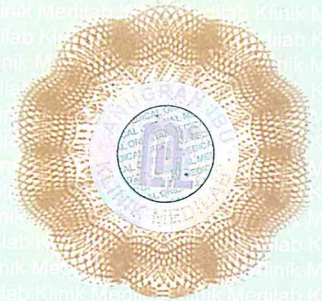


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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Preemployment Physical Examination

207

CONFIDENTIAL

No. Medical Record : 
00027/002/IX/RP/20

PERSONAL DATA

Name : LAMHOT M SIDABUTAR
 Birthday/Gender/Emp. ID : 9 October 1988 / Male / 19131
 Father's Name : HERBET SIDABUTAR
 Address : BENGKONG INDAH ATAS NO 5, BATAM
 Occupation : DRIVER CUM RIGGER
 Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



MEDICAL HISTORY

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

CLINICAL EXAMINATION

Weight : 81 Kg	Height : 164 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 30.11		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 118 / 75 mm Hg		
		Pulse : 70 / min		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input checked="" type="checkbox"/>	<input 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 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 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. Audiometry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Spirometry	<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: Obese E66, Myopia H52.1 R:6/15, L:6/15 MOM, Lipoma on the Left Arm R22, Suspect Left Inguinal Hernia K40.9, Blood Count: Monocytosis D72.821 10.0%

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, Wear Glasses, Avoid Manual Handling

*NOTE: RECOMMENDATION FROM SURGEON IS ATTACHED

Authentic Signature



Date of Exam : 10 September 2020



DR. REZGA AGNELA VALBETRI



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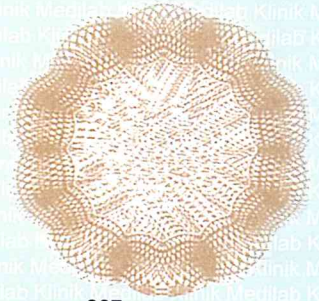


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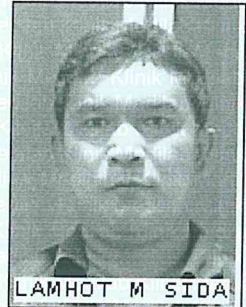
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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	16.1	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	7.6	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.11	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	4	mm/hr	M: 0 - 10	F: 0 - 20
HCT	45.2	%	M: 40 - 52	F: 35 - 47
PLT	249	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	35.2	%	25 - 40	
- MON	* 10.0	%	2 - 8	
- GRA	54.8	%	43 - 76	
Indicator of Infection				
- Neutrofil Lymphocyte Ratio (NLR)	1.55	%	> 3.13 Cautious	6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	2675	%	< 1500 Cautious	< 1100 Suspicious < 500 Perilous

URINE FEME

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

X-RAY REPORT

Chest PA:
 Show no Abnormalitis.
 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 : 10 September 2020



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