



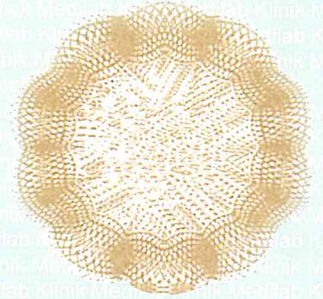
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KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00005/005/1/ISP/22

256

PERSONAL DATA

Name : NURBAITY NIKMATUHASANAH NURYASALAM
Birthday/Gender/Emp. ID : 14 June 1996 / Female /
Father's Name : MUHAIMIN NURYASALAM
Address : KAV BUKIT MELATI BLOK C2 NO 136 SAGULUNG, BATAM
Occupation : ACCOUNTING STAFF
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, 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 : 49 Kg	Height : 156 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 20.13		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 107 / 75 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 78 / min		
(Should be at least 6/12 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	c. Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)	<input type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)	<input checked="" type="checkbox"/>	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 type="checkbox"/>	<input type="checkbox"/>

OTHER TEST

(Report Enclosed)

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

Remarks: Bilateral Varicose Grade 1 I83.9, Blood Count: Anemia D64 11.5 gr/dl MIA, HCT R71.0 34.6% MID, Monocytosis D72.821 8.5%

CERTIFICATION

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

ADVICE :

Legs Exercise

Authentic Signature

Date of Exam : 24 January 2022



DR. TOSYARNA BR DALIMUNTHE

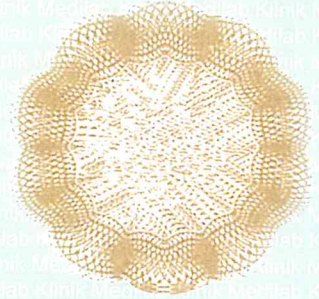


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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	* 11.5	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	6.8	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	3.98	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	10	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	* 34.6	%	M: 40 - 52	F: 35 - 47	
PLT	242	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	38.7	%	25 - 40		
- MON	* 8.5	%	2 - 8		
- GRA	52.8	%	43 - 76		
Indicator of Infection					
- Neutrophil Lymphocyte Ratio (NLR)	1.36	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2632	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.010
- 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 : 24 January 2022



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Pencegahan Varices

Untuk Pekerja Berdiri

- **Olah Raga dengan berjalan kaki secara teratur minimal 30 menit per hari**
- **Relaksasi kaki sesering mungkin :**
 - **Lipat kaki kanan dan kiri bergantian**
 - **Jinjit**
 - **Remaskan jari-jari kaki didalam sepatu**
 - **Topanglah berat badan dari satu kaki ke kaki lain setiap beberapa menit sekali**
- **Gunakan Kaos kaki/Stocking elastis**
- **Tinggikan Kaki dengan Bantal Sewaktu Berbaring / Tidur selama \pm 20 menit**
- **Hindari Pemakaian Korset (pakaian dalam yang ketat)**
- **Hindari menyilangkan kaki saat duduk**
- **Menjaga berat badan agar ideal**
- **Hindari pemakaian sepatu hak tinggi**