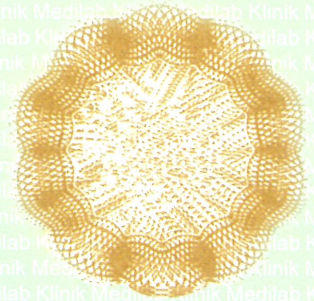




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HEALTH SCREENING REPORT

Preemployment Physical Examination

251

CONFIDENTIAL

No. Medical Record : 
00107/001/XII/ISP/21

PERSONAL DATA

Name : CAHYONO
Birthday/Gender/Emp. ID : 5 July 1987 / Male /
Father's Name : ROIS
Address : GESYA RESIDENCE BATAM CENTER, BATAM
Occupation : WEB PROGRAMMER
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



CAHYONO

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 : 68 Kg | Height : 169 Cm | 3. Cardiovascular System | Yes/Abnormal | No/Normal | |
| BMI : 23.80 | | a. Blood Pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | Systolic / Diastolic : 135 / 82 mm Hg | | | |
| | | Pulse : 82 / min | | | |
| 1. Vision | Yes/Abnormal | No/Normal | | | |
| a. Distant Vision | <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. Heart Disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (Should be at least 6/12 in both eyes with or without glasses) | | | c. Varicose Veins | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Near Vision | <input type="checkbox"/> | <input type="checkbox"/> | 4. Respiratory System | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (Should be at least J2 in both eyes with or without glasses) | | | 5. Skin-Chronic Disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Colour Vision | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Abdomen | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Any Organic Eye Disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Locomotor/Neurological | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Hearing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Endocrine disorders | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (Unable to hear ordinary conversation at 2 m) | | | 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 checked="" type="checkbox"/> |
| 2. Spirometry | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. ECG (if indicated) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Chest X-Ray | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Remarks: External Hemorrhoid K64.4 <= 0.5cm, Blood Count: ESR R70.0 23 mm/hr MIE, Monocytosis D72.821 8.6%

CERTIFICATION

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

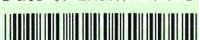
ADVICE :

High Fiber Diet

Authentic Signature



Date of Exam : 7 December 2021



DR. RINDI NURSA'ADAH SAGALA



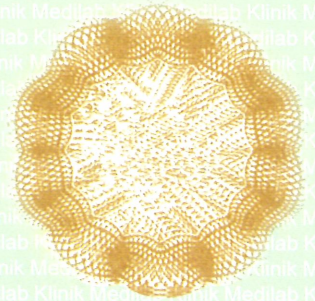
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


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LABORATORY REPORT

BLOOD COUNT

| Test Name | Result | Unit | Reference Range |
|------------------------------------|--------|----------------------------------|--|
| HGB | 15.0 | gr/dl | M: 13.2 - 17.3 F: 11.7 - 15.5 |
| WBC | 9.0 | 10 ³ /mm ³ | M: 3.8 - 10.6 F: 3.6 - 11.0 |
| RBC | 5.13 | 10 ⁶ /mm ³ | M: 4.4 - 5.9 F: 3.8 - 5.2 |
| ESR | * 23 | mm/hr | M: 0 - 10 F: 0 - 20 |
| HCT | 44.2 | % | M: 40 - 52 F: 35 - 47 |
| PLT | 366 | 10 ³ /mm ³ | 150 - 440 |
| Differential Count | | | |
| - LYM | 28.0 | % | 25 - 40 |
| - MON | * 8.6 | % | 2 - 8 |
| - GRA | 63.4 | % | 43 - 76 |
| Indicator of Infection | | | |
| - Neutrofil Lymphocyte Ratio (NLR) | 2.26 | % | > 3.13 Cautious 6 - 9 Suspicious > 9 Perilous |
| - Absolute Lymphocyte Count (ALC) | 2520 | % | < 1500 Cautious < 1100 Suspicious < 500 Perilous |

URINE FEME

| Macroscopy | Result |
|--------------------|----------|
| - pH | 5 |
| - Specific Gravity | 1.010 |
| - Glucosaa | 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 : 7 December 2021



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