



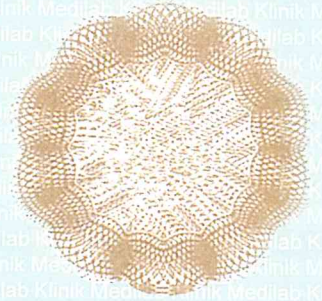
Management System
ISO 9001:2015

www.tuv.com
ID 9105042627

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, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00013/002/VIII/RP/19

177

PERSONAL DATA

Name : FITRIA ANDIYANI
Birthday/Gender/Emp. ID : 9 February 1997 / Female /
Father's Name : ASEP HENDRO
Address : PERUM FANINDO BLOK O NO 10, BATAM
Occupation :
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 : 81 Kg	Height : 161 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 31.24		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 103 / 82 mm Hg		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			9. Mental State	<input 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. Pregnancy Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. 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 Aided R:6/9, L:6/9 MIM, Bilateral Varicose Grade 1 I83.9, Retained Dental Root K08.3 1, E.N.T: Right Tonsil J03 T1, Tinea Cruris B35.6, Blood Count: Leucocytosis D72.829 14.1*10³/mm³ MIE, ESR R70.0 50 mm/hr MIE, Lymphocytopenia D72.810 20.8%

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, Legs Exercise, Teeth & Skin Hygiene, Avoid Cool & Spicy Food

Authentic Signature

Date of Exam : 8 August 2019



DR. REZGA AGNELA VALBETRI

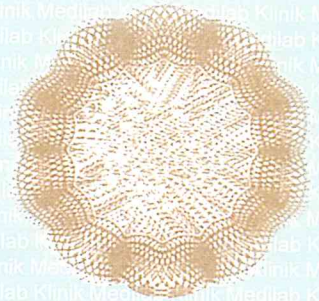


Management System
ISO 9001:2015
www.tuv.com
ID 9105042627

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, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Preemployment Physical Examination

177

CONFIDENTIAL

No. Medical Record : 
00013/002/VIII/RP/19

PERSONAL DATA

Name : FITRIA ANDIYANI
 Birthday/Gender/Emp. ID : 9 February 1997 / Female /
 Father's Name : ASEP HENDRO
 Address : PERUM FANINDO BLOK O NO 10, BATAM
 Occupation :
 Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT
 Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, BATAM



LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	12.0	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	*	14.1 10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC		4.92 10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	*	50 mm/hr	M: 0 - 10	F: 0 - 20
HCT		39.4 %	M: 40 - 52	F: 35 - 47
PLT		334 10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	*	20.8 %	25 - 40	
- MON		5.3 %	2 - 8	
- GRA		73.9 %	43 - 76	

URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.010
- Glucososa	Negative
- Protein	Negative
- Ketones	Negative
- Bilirubin	Negative
- Urobilinogen	Normal
- Nitrit	Negative
- Blood	Negative
- Leucocytes	Negative

Pregnancy Test 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 : 8 August 2019



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