

HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00031/016/XII/RP/17

151

PERSONAL DATA

Name : USDIN
Birthday/Gender/Emp. ID : 17 August 1977 / Male /
Father's Name : TAMBOK
Address : BT MERAH, 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 : 66 Kg Height : 161 Cm
BMI : 25.46

	Yes/Abnormal	No/Normal
1. Vision		
a. Distant Vision (Should be at least 6/12 in both eyes with or without glasses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision (Should be at least J2 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing (Unable to hear ordinary conversation at 2 m)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes/Abnormal	No/Normal
3. Cardiovascular System		
a. Blood Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Systolic / Diastolic : 151 / 95 mm Hg		
Pulse : 82 / min		
b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Locomotor/Neurological	<input type="checkbox"/>	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Overweight E66, Hypertension I10 151/95 mmHg Stage I, E.N.T: Right Ear Cerumen H61.21, Blood Count: Monocytosis D72.821 8.1%

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, Low Salt Diet, Ear Hygiene

Authentic Signature

DR. SISKA ADAYATI

Date of Exam : 15 December 2017

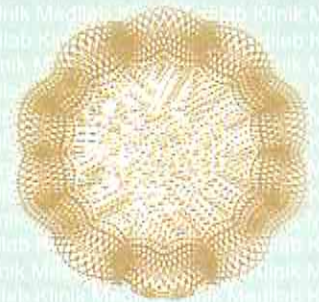




KLINIK MEDILAB

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



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00031/016/XII/RP/17

151

PERSONAL DATA

Name : USDIN
Birthday/Gender/Emp. ID : 17 August 1977 / Male /
Father's Name : TAMBOK
Address : BT MERAH, 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	14.5	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	8.5	10 ³ / mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.67	10 ⁶ / mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	2	mm/hr	M: 0 - 10	F: 0 - 20
HCT	43.4	%	M: 40 - 52	F: 35 - 47
PLT	258	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	38.2	%	25 - 40	
- MON	* 8.1	%	2 - 8	
- GRA	53.7	%	43 - 76	

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 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 : 15 December 2017



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