



Management System
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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
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HEALTH SCREENING REPORT

Preemployment Physical Examination

275

CONFIDENTIAL

No. Medical Record : 
00024/001/IX/ISP/22

PERSONAL DATA

Name : VIRA NUR RAHMAH
Birthday/Gender/Emp. ID : 29 April 2000 / Female /
Father's Name : SALMAN
Address : PERUM GMP TG SENGKUANG BATU AMPAR, BATAM
Occupation : DOCUMENT CONTROL
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 checked="" type="checkbox"/>	<input 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

	Yes/Abnormal	No/Normal		Yes/Abnormal	No/Normal
Weight : 52 Kg			3. Cardiovascular System		
BMI : 20.83			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision			Systolic / Diastolic : 132 / 85 mm Hg		
a. Distant Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pulse : 81 / min		
(Should be at least 6/12 in both eyes with or without glasses)			b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input checked="" type="checkbox"/>	<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)			4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			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. Pregnancy Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Other Laboratory Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Remarks: Medical History: Surgery Z40

Myopia H52.1 R:6/48, L:6/48 MOM, Bilateral Varicose Grade 1 I83.9, E.N.T: Right Tonsil J03 T1, Blood Count: ESR R70.0 40 mm/hr MIE

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"/>

CERTIFICATION

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

ADVICE :

Wear Glasses, Legs Exercise, Avoid Cool & Spicy Food

Authentic Signature



DR. REZGA AGNELA VALBETRI

Date of Exam : 20 September 2022



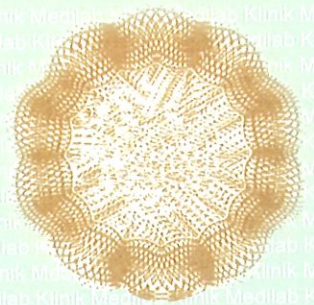


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VIRA NUR RAHM

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	12.6	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	7.5	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	3.96	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	*	40 mm/hr	M: 0 - 10 F: 0 - 20
HCT	36.9	%	M: 40 - 52 F: 35 - 47
PLT	302	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	26.6	%	25 - 40
- MON	4.3	%	2 - 8
- GRA	69.1	%	43 - 76

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.020
- Glucosaa	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 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 : 20 September 2022



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