

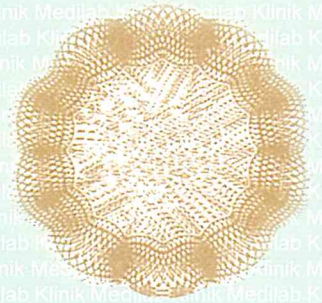


Management System
ISO 9001:2008
www.tuv.com
ID 9105042627



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

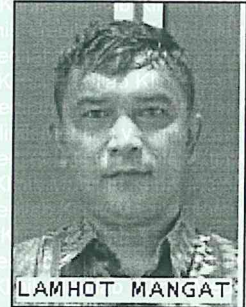
CONFIDENTIAL

No. Medical Record : 
00008/002/VI/19/19

172

PERSONAL DATA

Name : LAMHOT MANGATUR SIDABUTAR
Birthday/Gender/Emp. ID : 9 October 1988 / Male /
Father's Name : HERBET SIDABUTAR
Address : BENGKONG INDAH ATAS BLOK E NO 5, BATAM
Occupation : DRIVER
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 checked="" type="checkbox"/>	<input type="checkbox"/>

CLINICAL EXAMINATION

		Yes/Abnormal	No/Normal			Yes/Abnormal	No/Normal
Weight	: 80 Kg			3. Cardiovascular System			
BMI	: 29.38			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Systolic / Diastolic	: 129 / 71 mm Hg		
				Pulse	: 81 / min		
1. Vision		Yes/Abnormal	No/Normal	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. Distant Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Should be at least 6/12 in both eyes with or without glasses)				4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Near Vision		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Should be at least J2 in both eyes with or without glasses)				6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Colour Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Any Organic Eye Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Mental State	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Unable to hear ordinary conversation at 2 m)							

LABORATORY TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Blood Count	<input type="checkbox"/>	<input checked="" 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. 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: Medical History: Hernia K40

Overweight E66, Myopia H52.1 R:6/9, L:6/9 MIM, Dental Caries K02: 2, Suspect Left Inguinal Hernia K40.9

CERTIFICATION

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

ADVICE :

Regular Exercise and Reduce Weight, Teeth Hygiene, Consultation to Surgeon

Authentic Signature

Date of Exam : 15 June 2019




DR. REZGA AGNELA VALBETRI



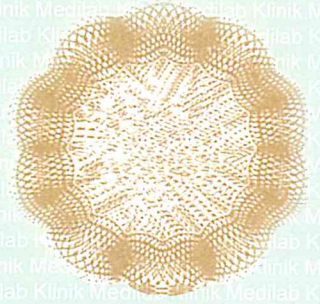
Management System
ISO 9001:2008

www.tuv.com
ID 9105042627



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

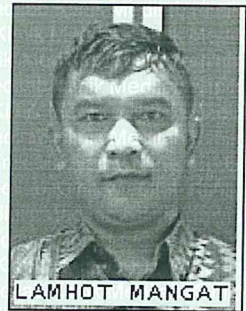
172

CONFIDENTIAL

No. Medical Record : 
00008/002/VI/RP/19

PERSONAL DATA

Name : LAMHOT MANGATUR SIDABUTAR
 Birthday/Gender/Emp. ID : 9 October 1988 / Male /
 Father's Name : HERBET SIDABUTAR
 Address : BENGKONG INDAH ATAS BLOK E NO 5, BATAM
 Occupation : DRIVER
 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	16.1	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	6.5	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	5.46	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	6	mm/hr	M: 0 - 10 F: 0 - 20
HCT	49.0	%	M: 40 - 52 F: 35 - 47
PLT	245	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	36.5	%	25 - 40
- MON	7.5	%	2 - 8
- GRA	56.0	%	43 - 76

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.015
- Glucosasa	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 June 2019



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