



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 : 
00007/002/VII/RP/17

127

PERSONAL DATA

Name : WIDIANA DANY
Birthday/Gender/Emp. ID : 12 November 1990 / Female / 13086
Father's Name : DANY
Address : TIBAN 3 BLOK B1 NO 1, BATAM
Occupation : ADMIN
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 : 58 Kg	Height : 160 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 23		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 105 / 69 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 80 / min		
(Should be at least 6/12 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<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)	<input type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)	<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 type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometri	<input type="checkbox"/>	<input type="checkbox"/>
2. Spirometri	<input type="checkbox"/>	<input type="checkbox"/>
3. ECG (if indicated)	<input type="checkbox"/>	<input type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Left Varicose I83.9 Grade 1, Blood Count: Anaemia D64 9.3 gr/dl MOA, Erythrocytopenia D75.9 4.15 * 10⁶/mm³ MID, ESR R70.0 12 mm/hr MIE, HCT R71.0 29.7% MOD

CERTIFICATION

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

ADVICE :

Legs Exercise, Anti Anemic Vitamin, Consultation to Company Doctor

Authentic Signature

Date of Exam : 7 July 2017





DR. EBİYET YUDI SANTOKO



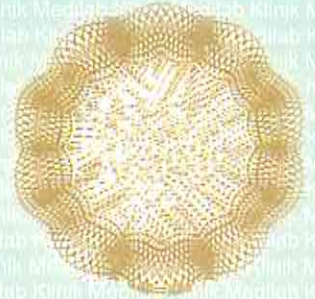
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WIDIANA DANY

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	*	9.3 gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC		6.6 10 ³ / mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC		4.15 10 ⁶ / mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR		12 mm/hr	M: 0 - 10	F: 0 - 20
HCT	*	29.7 %	M: 40 - 52	F: 35 - 47
PLT		310 10 ³ /mm ³	150 - 440	
Differential Count				
- LYM		35.7 %	25 - 40	
- MON		7.3 %	2 - 8	
- GRA		57.0 %	43 - 76	

URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.010
- 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 : 7 July 2017

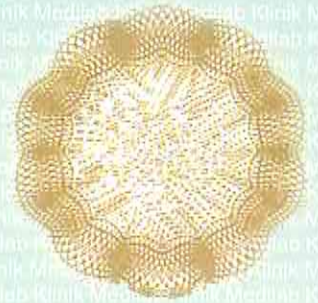


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LABORATORY REPORT

Test Name	Result Unit	Reference Range
SEROLOGI		
HBsAg :	Negative	Negative

Date of Exam : 7 July 2017



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