



HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00015/003/VIII/RP/16

118



PERSONAL DATA

Name : CHOLIDJAH
Birthday/Gender/Emp. ID : 15 September 1979 / Female /
Father's Name : SUDARTO
Address : JL KH AHMAD DAHLAN GG LUMBA LUMBA NO 19 TG RIAU, BATAM
Occupation : STAFF
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 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

Weight : 71 Kg Height : 159 Cm
BMI : 28

	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 Systolic / Diastolic : 119 / 70 mm Hg Pulse : 74 / min	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. Pregnancy Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Other Laboratory Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER TEST

(Report Enclosed)

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

Remarks: Medical History: Surgery
Over Weight, Blood Count: Mild ESR (30mm/hr)

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

Authentic Signature



Date of Exam : 27 August 2016



DR. ELVIRA WAHIDHANY NASUTION



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CONFIDENTIAL

No. Medical Record : 
00015/003/VIII/16

118

PERSONAL DATA

Name : CHOLIDJAH
Age/Sex/Employee ID : 36 years / Female /
Father's Name : SUDARTO
Address : JL KH AHMAD DAHLAN GG LUMBA LUMBA NO 19 TG RIAU, BATAM
Occupation : STAFF
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	11.8	gr/dl	11.0 - 16.5
WBC	7.5	10 ³ / mm ³	3.5 - 10.0
RBC	4.40	10 ⁶ / mm ³	3.8 - 5.8
ESR	*	30 mm/hr	0 - 20
HCT	36.9	%	35 - 50
PLT	211	10 ³ /mm ³	150 - 390
Differential Count			
- LYM	31.3	%	17 - 48
- MON	7.9	%	4 - 10
- GRA	60.8	%	43 - 76

URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.020
- 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 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 : 27 August 2016



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