

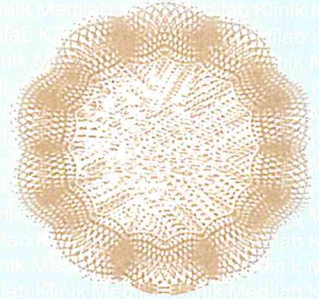


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M • KLINIK MEDILAB

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
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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00003/003/I/ISP/22

254

PERSONAL DATA

Name : YUDITHIA BALO TARIGAS
 Birthday/Gender/Emp. ID : 4 November 1998 / Female / ISP21261
 Father's Name : EKWINO KALIMAN
 Address : JL TIBAN 2 BLOK B1 NO 9, BATAM
 Occupation : DOCUMENT CONTROL
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



YUDITHIA BALO

MEDICAL HISTORY

| | | | | | | | | |
|---------------------|------------------------------|--|----------------------|------------------------------|--|--------------|------------------------------|--|
| 1. Hypertension | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 4. Allergic Rhinitis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 7. Surgery | Yes <input type="checkbox"/> | No <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 : 40 Kg | Height : 157 Cm | 3. Cardiovascular System | Yes/Abnormal | No/Normal |
| BMI : 16.23 | | a. Blood Pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | Systolic / Diastolic : 130 / 88 mm Hg | | |
| 1. Vision | Yes/Abnormal | No/Normal | | |
| a. Distant Vision | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| (Should be at least 6/12 in both eyes with or without glasses) | | | | |
| b. Near Vision | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| (Should be at least J2 in both eyes with or without glasses) | | | | |
| c. Colour Vision | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| d. Any Organic Eye Disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 2. Hearing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| (Unable to hear ordinary conversation at 2 m) | | | | |
| | | 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"/> |
| | | Pulse : 87 / min | | |

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 type="checkbox"/> | <input checked="" type="checkbox"/> |

OTHER TEST

(Report Enclosed)

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

Remarks: Underweight BMI:16.23 R63.6, External Hemorrhoid K64.4 <= 0.5cm

CERTIFICATION

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

ADVICE :

High Protein, Calorie & Fiber Diet

Authentic Signature

Date of Exam : 24 January 2022



DR. TOSYARNA BR DALIMUNTHE



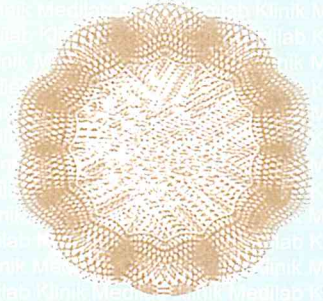
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YUDITHIA BALO

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 | 5.3 | 10 ³ /mm ³ | M: 3.8 - 10.6 | F: 3.6 - 11.0 |
| RBC | 4.76 | 10 ⁶ /mm ³ | M: 4.4 - 5.9 | F: 3.8 - 5.2 |
| ESR | 3 | mm/hr | M: 0 - 10 | F: 0 - 20 |
| HCT | 36.0 | % | M: 40 - 52 | F: 35 - 47 |
| PLT | 346 | 10 ³ /mm ³ | 150 - 440 | |
| Differential Count | | | | |
| - LYM | 32.0 | % | 25 - 40 | |
| - MON | 6.8 | % | 2 - 8 | |
| - GRA | 61.2 | % | 43 - 76 | |
| Indicator of Infection | | | | |
| - Neutrofil Lymphocyte Ratio (NLR) | 1.91 | % | > 3.13 Cautious | 6 - 9 Suspicious > 9 Perilous |
| - Absolute Lymphocyte Count (ALC) | 1696 | % | < 1500 Cautious | < 1100 Suspicious < 500 Perilous |

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 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 : 24 January 2022



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Pencegahan Haemorhoid

- Minum air minimum 8 gelas perhari
- Makanan tinggi serat, cereal, buah dan sayur
- Hindari duduk terlalu lama terutama di tempat panas
- Hindari makanan minuman yang dapat mengiritasi seperti makanan pedas, dan alkohol
- Hindari minuman yang dapat mengganggu BAB seperti tea dan kopi
- Olah raga rutin
- Hindari menahan BAB (Buang Air Besar)
- Duduk terlalu lama di toilet (sambil membaca)
- BAB pada waktu yang tepat, misal setiap bangun tidur setelah minum segelas besar air putih