



**GRAND MEDICA
INDONESIA**

PERSONAL DATA

No. MCU : 1855/GMI-MCU/VII/2019
No. Badge : ,-
N a m a : **SUHERMAN, Tn.**
U m u r : 39 tahun
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**
Jabatan : **Asst. Inspector**
Tgl Pemeriksaan : 15/07/2019
Alamat : Jl. Prajamukti III Blok.1C No.69 RT.25

18/5



PT. INSPEKTINDO SINERGI PERSADA

HEALTH AND MEDICAL SURVEILLANCE TAHUN 2019



NAMA : SUHERMAN
TANGGAL LAHIR : 06-05-1980
JENIS KELAMIN : Laki-laki
S/N :
IGG :
DEPT/SERVICE :
LOKASI KERJA :

JENIS PEMERIKSAAN : Pre-employment
 Annual
 Pre-retirement

Medical Department

HEALTH SURVEILLANCE

Isilah formulir ini dengan sebenarnya dan selengkap-lengkapny. Apabila ada hal-hal yang kurang dipahami segera hubungi dokter atau perawat.

IDENTITAS PEGAWAI

- 1. Posisi : Asst. Inspector
- 2. Golongan Darah : A / B / AB / O Rhesus : + / -
- 3. Status : (1) Belum kawin (2) Kawin (3) Janda (4) Duda (5) Cerai
- 4. Jumlah anak : Anak laki-laki Orang, Anak Perempuan orang
- 5. Alamat sekarang : Perum. KORPRI
dl. Praga Mukti III Blok 1C No. 69 RT. 025
..... Telpon /HP ... 081350220291
- 6. No. Extension Telpon. : Kantor : Kamar (untuk lapangan)

HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN

| No | Posisi | Masa Kerja | Lama pekerjaan dalam jam/hari | | | | |
|----|--------|------------|-------------------------------|------|-------|---------|----------|
| | | | Bulan | Debu | Kimia | Radiasi | Penyakit |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

HANYA UNTUK KARYAWAN RIWAYAT PEKERJAAN

Tuliskan lama kerja pada masing-masing tempat kerja yang sesuai dengan posisi anda. Jumlah jam harus sesuai dengan lama kerja dalam sehari.

- 1. Office : 2 jam/hari
- 2. Warehouse : - jam/hari
- 3. Workshop : 6 jam/hari
- 4. Process area : 12 jam/hari
- 5. Well/Offshore : 12 jam/hari

PETUNJUK PENGISIAN : ISILAH NOMOR YANG SESUAI DENGAN JAWABAN ANDA PADA KOTAK JAWABAN YANG TELAH TERSEDIA DI SAMPING KANAN. JANGAN MELINGKARI ATAU MENCORET PILIHAN JAWABAN

RIWAYAT KESEHATAN

1. Selama 1 tahun terakhir ini, apakah anda pernah sakit :

- a. Tekanan darah tinggi : 1. Ya 2. Tidak
- b. Tekanan darah rendah : 1. Ya 2. Tidak
- c. Jantung : 1. Ya 2. Tidak
- d. Stroke : 1. Ya 2. Tidak
- e. Kencing Manis : 1. Ya 2. Tidak

| | | | |
|---------------------------|-------|----------|-------------------------------------|
| f. Timbul benjolan/tumor | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| g. Ayan / Gangguan syaraf | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| h. Asma | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| i. Batu ginjal | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| j. Alergi | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| k. Thypus | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| l. TBC | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| m. Malaria | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| n. Penyakit kelamin | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| o. Kuning / Hepatitis | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| p. Gangguan jiwa | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| q. Takut pada ketinggian | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| r. Mata | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| s. Hidung | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| t. Telinga | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| u. Gigi / mulut | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| v. Lambung | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| w. Wasir | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| x. Kulit | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| y. Sendi - sendi | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| z. Kandungan | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |

RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

1. Dalam satu tahun terakhir apakah Anda pernah mengalami kecelakaan akibat kerja ?

| | | |
|-------|----------|-------------------------------------|
| 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
|-------|----------|-------------------------------------|

Bila tidak, langsung ke no. 6
2. Bila YA, berapa kali dalam setahun terakhir Anda mengalami kecelakaan ?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|
3. Apakah Anda perlu mendapatkan perawatan di rumah sakit karena kecelakaan tersebut ?

| | | |
|-------|----------|--------------------------|
| 1. Ya | 2. Tidak | <input type="checkbox"/> |
|-------|----------|--------------------------|
4. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan akibat kecelakaan tersebut ?

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|
5. Apakah timbul gangguan fungsi maupun kecacatan setelah sembuh ?

| | | |
|-------|----------|--------------------------|
| 1. Ya | 2. Tidak | <input type="checkbox"/> |
|-------|----------|--------------------------|
6. Dalam satu tahun terakhir apakah Anda pernah dirawat di rumah sakit ?

| | | |
|-------|----------|-------------------------------------|
| 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
|-------|----------|-------------------------------------|

Bila tidak, langsung ke no. 8
7. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|
8. Apakah Anda menderita penyakit yang dikontrol terus menerus selama satu tahun terakhir ?

| | | |
|-------|----------|-------------------------------------|
| 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
|-------|----------|-------------------------------------|

KEBIASAAN MEROKOK

1. Apakah anda pernah merokok ?
2. Sejak umur berapa Anda mulai merokok untuk pertama kalinya ?
3. Apakah saat ini Anda merokok ?
4. Berapa banyak rokok yang Anda isap setiap harinya ?
5. Jenis rokok apa yang Anda isap ? (DITULIS MEREK)
6. Seberapa sering Anda menghisap dalam-dalam asap rokok ?
7. Berapa menit sehabis bangun tidur Anda mulai merokok?
8. Apakah Anda lebih banyak merokok dalam jam pertama di pagi hari ?
9. Apakah sulit untuk tidak merokok di tempat yang dilarang merokok ?
10. Apakah Anda tetap merokok di saat Anda sedang sakit ?
11. Dalam satu hari, rokok manakah yang sulit di lewatkan ?
Dari no. 11 langsung ke pertanyaan alkohol
12. Apakah anda ingin berhenti merokok?
13. Bila Ya, apakah Anda bersedia untuk mengikuti program Berhenti Merokok?
14. Sudah berapa lama Anda berhenti merokok ? (tahun)

1. Ya 2. Tidak 1
- Bila tidak, langsung ke alkohol*
- 3 1
1. Ya, setiap hari 1
2. Ya, tidak setiap hari
3. Tidak - bila tidak langsung ke no. 14
- 1 6
1. Kadar nikotin rendah 1
2. Kadar nikotin sedang
3. Kadar nikotin tinggi
1. Tidak pernah 2
2. Kadang-kadang
3. Selalu
- 9 0
1. Ya 2. Tidak 1
1. Ya 2. Tidak 2
1. Ya 2. Tidak 2
1. Rokok pertama di pagi 1
2. Rokok lainnya
1. Ya 2. Tidak
1. Ya 2. Tidak
- Langsung ke pertanyaan alkohol*
-

KONSUMSI ALKOHOL

1. Apakah Anda pernah minum minuman beralkohol ?
2. Apakah Anda minum minuman beralkohol dalam 12 bulan terakhir ?
3. Apakah Anda minum minuman beralkohol dalam 4 minggu terakhir ?
4. Berapa kali Anda minum minuman beralkohol dalam sebulan ?
5. Berapa banyak minuman beralkohol yang Anda habiskan tiap kalinya ? (diperkirakan dalam satuan cc)

1. Ya 2. Tidak 2
- Bila tidak, langsung ke olahraga*
1. Ya 2. Tidak 2
- Bila tidak, langsung ke olahraga*
1. Ya 2. Tidak 2
- Bila tidak, langsung ke olahraga*

AKTIFITAS FISIK DAN OLAHRAGA

1. Berapa banyak waktu yang Anda habiskan untuk duduk setiap harinya ? (dalam menit, dan termasuk waktu yang dihabiskan untuk duduk di tempat kerja maupun di waktu luang)
2. Berapa kali Anda berolahraga dalam sebulan ?
3. Berapa lama waktu yang Anda habiskan untuk berolahraga tiap kalinya ? (dalam menit)
4. Bagaimana intensitas olahraga yang Anda lakukan ?

1 2 0

2 X

1 2 0

1. Ringan 4. Berat 1
2. Sedang 5. Sangat berat
3. Cukup berat

POLA KONSUMSI BAHAN MAKANAN

- 1. Berapa hari dalam seminggu biasanya Anda makan buah-buahan ?
- 2. Berapa hari dalam seminggu biasanya Anda makan sayur-sayuran ?

RIWAYAT PENYAKIT KELUARGA

- 1. Apakah ada diantara Ayah/Ibu Anda menderita penyakit berikut
 - a. Tekanan darah tinggi 1. Ya 2. Tidak
 - b. Penyakit jantung 1. Ya 2. Tidak
 - c. Stroke 1. Ya 2. Tidak
 - d. Kencing manis 1. Ya 2. Tidak
 - e. Kanker 1. Ya 2. Tidak
 - f. Alergi 1. Ya 2. Tidak
 - g. Asma 1. Ya 2. Tidak
- 2. Apakah ada saudara kandung Anda menderita penyakit berikut
 - a. Tekanan darah tinggi 1. Ya 2. Tidak
 - b. Penyakit jantung 1. Ya 2. Tidak
 - c. Stroke 1. Ya 2. Tidak
 - d. Kencing manis 1. Ya 2. Tidak
 - e. Kanker 1. Ya 2. Tidak
 - f. Alergi 1. Ya 2. Tidak
 - g. Asma 1. Ya 2. Tidak
- 3. Di antara Ayah/Ibu/Saudara Kandung Anda, apakah ada yang meninggal karena penyakit-peryakit di atas pada usia kurang dari 45 tahun untuk laki-laki dan 55 tahun untuk perempuan ? 1. Ya 2. Tidak

UNTUK KARYAWAN WANITA

- 1. Apakah saat ini Anda sedang hamil ? 1. Ya 2. Tidak
- 2. Berapa bulan umur kehamilan Anda saat ini ?
- 3. Berapa jumlah kehamilan yang pernah Anda alami (termasuk kehamilan kali ini) ?
- 4. Berapa jumlah keguguran yang pernah Anda alami ?
- 5. Kapan hari pertama haid terakhir Anda ? / /
- 6. Berapa umur Anda pada saat haid pertama ?
- 7. Berapa banyak pada saat Anda haid ? 1. Banyak 2. Sedikit
- 8. Apakah dalam satu tahun terakhir pola haid Anda teratur ? 1. Ya 2. Tidak
- 9. Apakah ada rasa sakit yang berhubungan dengan haid ? 1. Ya 2. Tidak
- 10. Apakah Anda sering menderita keputihan ? 1. Ya 2. Tidak

Bila tidak, langsung ke no. 3

KELUARGA BERENCANA

1. Apakah keluarga Anda mengikut keluarga berencana ?

1. Ya 2. Tidak 2

Bila tidak langsung ke Vaksinasi

2. Bila YA, metode KB apa yang Anda gunakan ?

1. Kondom 5. IUD 1

2. Pil 6. Vasektomi

3. Suntik 7. Tubektomi

4. Susuk 8. Lainnya

RIWAYAT VAKSINASI

1. Apakah anda pernah mendapatkan vaksinasi tetanus ?

1. Ya 3. Tidak tahu 3

2. Tidak

2. Apakah Anda pernah mendapatkn vaksinasi hepatitis ?

1. Ya 3. Tidak tahu 3

2. Tidak

DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?


1. Ya 2. Tidak 1

2. Kapan Anda melakukan donor darah terakhir ?

/ /

Formulir tersebut di atas telah saya isi dengan benar dan sesungguhnya.

Balikpapan, ^{15 Juli} 15 Juli 2019
Nama dan tanda tangan karyawan


(SUHERMAN)

MEDICAL CHECK UP – 2019

PHYSICAL EXAMINATION

| | | | | | |
|-------------|---------|------------|--|-------------|--|
| NAME | Suheman | S/N | | DEPT | |
|-------------|---------|------------|--|-------------|--|

I. VITAL SIGN

| | | | | | | | |
|-------------------------|----------|------------|--------|-------------|--------|-------|-------|
| Blood Pressure (supine) | 180 / 80 | Pulse | 78 x/m | Respiration | 18 x/m | Temp. | 36 °C |
| Weight (W) | 60 kg | Height (H) | 169 cm | BMI | 21.0 | Waist | 81 cm |

(*) BMI = W / H² (Underweight = <18, Normal 18-25, Overweight 25-30, Obese > 30)

II. PHYSICAL EXAMINATION

| No | PHYSICAL | A = ABNORMAL | N = NORMAL | A | N | Describe abnormalities in detail (circle words of importance and explain) |
|----|--------------------|---|---|---|---|--|
| 1 | GENERAL APPEARANCE | Appearance age/Nutritional/Development/ Mental & emotional status/Posture/Gait/Speech | | | ✓ | |
| 2 | HEAD / SCALP | Size/Shape/Tender over sinuses/Hair/Eruption/ Masses/Bruit | | | ✓ | |
| 3 | EYES | Conjunctiva / Sclera / Cornea / Pupils / Ptosis / Tension / Eye lid / Bruit / Reflex / Range of Movement | | | ✓ | |
| 4 | EARS | Ext. canal / Membran perforation /Discharge/ Tophi / Hearing problem/Mastoids | | | ✓ | |
| 5 | NOSE / SINUSES | Septum /obstruction / Turbinate / Discharges | | | ✓ | |
| 6 | MOUTH / THROAT | Odor / Lips / Tongue / Tonsils / Gums / Pharynx | | | ✓ | |
| 7 | TEETH | Caries © Filling (F), Missing (M), Radix © | | ✓ | | kalkulus, karies |
| 8 | NECK | Adenopathi / Thyroid / Carotids / Trachea / Veins / Mass / Spine / Motion /Bruit | | | ✓ | |
| 9 | BACK / SPINE | Kyphosis / Scoliosis / Lordosis / Mobility / CVA / Bone / Tenderness/Other deformities | | | ✓ | |
| 10 | THORAX | Symmetry / Movement / Contour / Tender | | | ✓ | |
| 11 | BREAST | Size / Consistency / Nipples / Areola / Discharge / Palpable mass / Tenderness / Nodes / Scars | | | ✓ | |
| 12 | HEART | Rate / Rhythm / Apical / Impulse / Trifls / Quality of sound / Intensity / Splitting / Extra sound / Murmurs | | | ✓ | |
| 13 | CHEST / LUNG | Excursion / Dullness or Hyper-resonance of percussion / Quality of breath sound / Rales / Wheezing / Ronchi / Bruit | | | ✓ | |
| 14 | ABDOMEN | Bowel sounds / Appearance / Liver / Spleen / Masses / Hernias / Murmur / Contour / Tenderness / Bruit/Nodes | | | ✓ | |
| 15 | GROIN | Hernia / Inguinal nodes / Femoral pulses | | | ✓ | |
| 16 | GENITAL | MALE | Penis / Testis / Scrotum epididymis / Varicocele / Scars / Discharge / Circumcised / Piercing | | ✓ | |
| | | FEMALE | Vuiva / Vagina / Cervix / Uterus / Adnexae / Rectocele / Bartholini gland / Urethra / Discharge | | ✓ | |
| 17 | EXTREMITIES | Deformity / Clubbing / Cyanosis/ Edema / Nail / Periheral pulses / Calf tenderness/Joints for swelling / ROM | | | ✓ | |
| 18 | JOINTS | ROM / Swelling / Inflammation / Deformity | | | ✓ | |
| 19 | SKIN | Color / Birthmark / Scars / Tattoos / Texture / Rash / Eczema / ulcers / Piercing | | | ✓ | |
| 20 | NEUROLOGICAL | Reflexes / Cranial nerve / Tremor /Paralysis / Motoric / Sensor (touch, prick, vibrate) / Coordination / Romberg | | | ✓ | |
| 21 | MUSCULAR SYSTEM | Strength / Wasting / Development | | | ✓ | |
| 22 | RECTAL EXAM. | Sphincter tonus/Hemorrhoids/ Fissure/Masses/Prostate | | | ✓ | |

SUPPORTIVE INVESTIGATIONS

I. VISION

| Vision | Unaided | | With Spectacles | | Night vision (if available) | Colour Blindness |
|------------------------------|---------|-------|-----------------|-------|-----------------------------|---|
| | Left | Right | Left | Right | | |
| Distant | 20/30 | 20/30 | | | | <input checked="" type="checkbox"/> Normal |
| Near | 20/30 | 20/30 | | | | <input type="checkbox"/> Red - Green Absent |
| Visual fields (Normal > 70°) | | | Left | 85 | Right | 85 |

II. LABORATORIUM SUMMARY

See attached result

| | |
|--|----------------------------|
| <input type="checkbox"/> Normal | COMMENT: cholesterol p 213 |
| <input checked="" type="checkbox"/> Abnormal | |

III. CHEST X-RAY

See attached result

| | | |
|-----------------------------|--------|--|
| Pneumoconiosis | Yes | <input checked="" type="checkbox"/> No |
| If Yes - ILO Classification | | |
| Evidence of TB | Yes | <input checked="" type="checkbox"/> No |
| Other Abnormalities | | |
| COMMENT | Normal | |

IV. ECG (Optional for over 35 years of age) Sinus rhythm

See attached result

| | |
|--|---------------------|
| Normal <input checked="" type="checkbox"/> | Abnormal (specify): |
|--|---------------------|

V. TREADMILL (Optional for over 30 years of age) Negative ischaemic response

See attached result

| | |
|--|---------------------|
| Normal <input checked="" type="checkbox"/> | Abnormal (specify): |
|--|---------------------|

VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease,) Normal

| Test | Observed | Predicted | % Prediction | |
|---------|----------|-----------|--------------|---|
| VC | | | | % |
| FVC | | | 109 | % |
| FEV1 | | | 101 | % |
| FEV/FVC | | | 97 | % |

VII. AUDIOMETRY (Optional for noise exposure, previous hearing problem,)

See attached result

| | | |
|--|---|--|
| CONCLUSION | Change since last audiometric examination | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Normal | If Yes, what change : | |
| <input type="checkbox"/> Abnormal | Recommended action : | |
| | Refer to safety department: | <input type="checkbox"/> Yes / <input type="checkbox"/> No |



JAKARTA CARDIOVASCULAR SCORE

Name : SUHERMAN, Tn. Age (Years) : 39
 MCU No. : 1855/GMI-MCU/VII/2019 Job : Asst. Inspector
 Date : 15/07/2019 Company : PT. INSPEKTINDO SINERGI PERSADA

| RISK FACTOR | | SCORE | RESULT | POINT |
|----------------------------|----------------------|-------|--------------------------------------|----------|
| Sex | Female | 0 | Laki-Laki | 1 |
| | Male | 1 | | |
| Age | 25-34 | -4 | 39 | -3 |
| | 35-39 | -3 | | |
| | 40-44 | -2 | | |
| | 45-49 | 0 | | |
| | 50-54 | 1 | | |
| | 55-59 | 2 | | |
| | 60-64 | 3 | | |
| Blood Pressure | Normal | 0 | 120/80 | 0 |
| | High Normal | 1 | | |
| | Grade 1 Hypertension | 2 | | |
| | Grade 2 Hypertension | 3 | | |
| | Grade 3 Hypertension | 4 | | |
| BMI (Kg/m2) | 13,79-25,99 | 0 | 21,0 | 0 |
| | 26,00-29,99 | 1 | | |
| | 30,00-35,58 | 2 | | |
| Smoke | Never | 0 | Ya | 4 |
| | Ex Smoker | 3 | | |
| | Smoker | 4 | | |
| Diabetes Mellitus | No | 0 | Tidak | 0 |
| | Yes | 2 | | |
| Physical Exercise/Activity | No | 2 | Ringan | 1 |
| | Low | 1 | | |
| | Medium | 0 | | |
| | High | -3 | | |
| TOTAL SCORE | | | | 3 |
| CONCLUSION : | | | MODERATE RISK (CV10 = 10-20%) | |

NOTES :

Blood Pressure : Normal (<130/<85), High - Normal (130-139/85-89), Grade 1 Hypertension (140-159/90-99), Grade 2 Hypertension (160-179/100-109), Grade 3 Hypertension (>180/>110)

RISK LEVEL :

▶ -7 to 1 → Low Risk (CV10 < 10%). ▶ 2 to 4 → Moderate Risk (CV10 = 10-20%). ▶ ≥ 5 → High Risk (CV10 > 20%)



HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. (Lab. Number) : 1855 /GMI-MCU/VII/2019

Data Pasien (Patient Detail)

| | | | | |
|-----------------------------------|---------------------------------|---|---------------|--------------------------|
| Nama (Name) : | Tn. SUHERMAN / M | Umur (Age) : | 39 | Tahun (Years old) |
| Pekerjaan (Job Position) : | ASST. INSPECTOR | Dokter (Doctor) : | Dr. Hendra AZ | |
| Perusahaan (Company) : | PT. INSPEKTINDO SINERGI PERSADA | Tgl Pemeriksaan (Date of Analysis) : | 15 Juli 2019 | |

| HEMATOLOGY | Hasil / Result | Nilai Normal / Normal Value |
|----------------------|----------------|---|
| Hemoglobine (Hgb) | 15,7 | (F:12,0-16,0 g/dL, M:13,0-18,0 g/dL) |
| Hematocrit (Hct) | 47 | (F: 35 - 45%, M: 40 - 50 %) |
| Erythrocyt (RBC) | 5,2 | (F:3,8-5,5x10 ⁶ sel/mm ³ , M:4,4-5,6x10 ⁶ sel/mm ³) |
| Leucocyt (WBC) | 8,5 | (4,0 - 10,0/mm ³) |
| Differential Count | | |
| Basophile | 0 | 0 - 2% |
| Eosinophile | 2 | 0 - 6% |
| Stab | 2 | 0 - 12% |
| Segmen | 61 | 36 - 73% |
| Lymphocyte | 29 | 15% - 45% |
| Monocyte | 6 | 0 - 11% |
| MCV | 90 | 80 - 100 fL |
| MCH | 28 | 28-34 pg/sel |
| MCHC | 36 | 32-36 g/dL |
| Thrombocyt | 254 | (140 - 440 x 10 ³ /mm ³) |
| Blood Group / Rhesus | O/+ | A B O + / - |

| BLOOD CHEMISTRY | Hasil / Result | Nilai Normal / Normal Value |
|-------------------|----------------|--|
| Glucose Fasting | 68 | 70-110 mg/dl |
| Cholesterol total | 213 | Normal : <200mg/dL Borderline :200-240 Tinggi > 240 mg/dl |
| Triglycerides | 70 | Normal < 150 mg/dL Borderline 150 -199 mg/dL Tinggi 200 -499 mg/dL |
| Uric Acid | 5,6 | (Dewasa M :3,5 - 7,2 mg/dL) (Dewasa F : 2,6 6,0 mg/ dL) |
| Creatinine | 1,2 | 0.8 - 1.4 mg/dL |
| Ureum | 21 | 10 - 50 mg/ dL |
| SGOT / AST | 16 | M : s/d 37 U/L F : s/d31 U/ L |
| SGPT / ALT | 12 | M : s/d 40 U/L F : s/d 35 U/ L |

| URINALYSIS | Hasil / Result | Nilai Normal / Normal Value |
|---------------|----------------|-----------------------------|
| MACROS | | |
| Colour | Kuning | Jernih |
| Spec.Grav | 1,010 | 1,003 - 1,035 |
| pH | 7,0 | 4,5 - 8 |
| Protein | Negative | < 7,5 mg/dl, 0,075 g/l |
| Glucose | Negative | < 0,018 mg/dl, < 5 mmol/L |
| Leucocyt | Negative | < 9 Leu/μ L |
| Ketone | Negative | < 2,5 mg/dl, 0,25 mmol /dl |
| Urobilin | Negative | <0,2 mg/dl, <3,5 μmol/dl |
| Bilirubin | Negative | <0,4 mg/dl, <2,5 μmol/L |
| Nitrite | Negative | < 0,05 mg/dl |
| Blood | Negative | < 0,018 mg/dl, < 5 ery/μl |

Penanggung Jawab
Laboratorium,

Dr. Hendra AZ
**Laboratorium
GRAND Medica**

Analisis Laboratorium

Syamsiar Am. Ak





Nomor Pasien : 1855
(Patient Number)

Nomor Film : 1855
(Film Number)

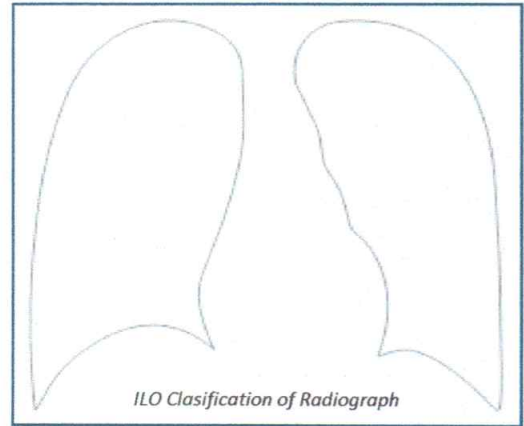
Data Pasien (Patient Detail)

Nama : SUHERMAN, Tn.
(Name)
Umur : 39 Tahun
(Age) (years old)
Jenis Kelamin : Male
(Gender)

Perusahaan : PT. INSPEKTINDO SINERGI PERSADA
(Company)
Pekerjaan : ASST. INSPECTOR
(Occupation)
Tgl Pemeriksaan : 15 Juli 2019
(Date of Analysis)

Rincian Pemeriksaan (Examination Detail)

Jenis Pemeriksaan : Thorax
(Type of Examination)
Posisi Penyinaran : PA
(Exposure Position)
Kondisi Penyinaran : kV : -
(Exposure Condition) mAs : -



Interpretasi Foto Thorak oleh Spesialis Radiologi
(Chest X-ray Interpretation by the Radiologist)

Penjelasan Keadaan Abnormal
(Comment on Abnormalities)

- Kelainan Tulang dan/atau Jaringan Lunak?**
(Skeleton and/or Soft Tissue Abnormalities)
- Kelainan Bayangan Jantung?**
(Abnormal heart shadows)
- Kelainan Hilus dan/atau Kelenjar Limfa?**
(Abnormal hilar and/or lymphatic gland)
- Kelainan Diafragma dan Sudut Costophrenic?**
(Abnormal Diaphragms and Costophrenic angles)
- Kelainan Paru-paru?**
(Abnormal Lung Fields)
- Gambaran Lainnya dari Lesi TBC?**
(Any evidence of tubercular lesions)
- Gambaran Abnormal Lainnya?**
(Detail of Other Abnormalities)

| | |
|----|-------|
| No | Yes → |
| No | Yes → |
| No | Yes → |
| No | Yes → |
| No | Yes → |
| No | Yes → |
| No | Yes → |

Kesimpulan Spesialis Radiologi (Radiologist Conclusion)

Foto Thorax Normal

dr. Abd. Haris, Sp. Rad.
(Radiologist signature)



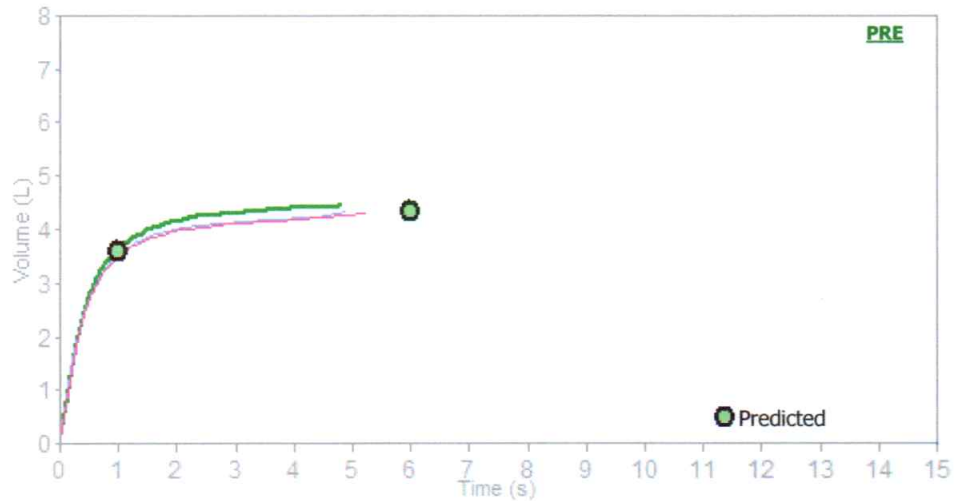
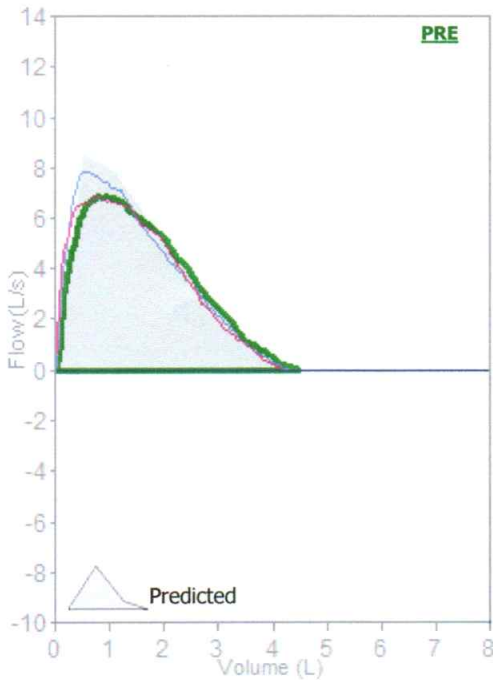
Pulmonary Function Test Results



**GRAND MEDICA
INDONESIA**

Visit date 7/15/2019

| | | | |
|---------------|-------------|------------|-------|
| Patient code | 1855.150719 | Age | 39 |
| Surname | SUHERMAN | Gender | Male |
| Name | SUHERMAN | Height, cm | 169 |
| Date of birth | 5/6/1980 | Weight, kg | 60 |
| Ethnic group | Oriental | BMI | 21.01 |
| Smoke | Smoker | Pack-Year | 0 |
| Patient group | | | |



Quality Control Grade: B Variability: FEV1=0.06L (1.68%), FVC=0.14L (3.23%)
4 Acceptable trials

Interpretation

Normal Spirometry



PRE Trial date 7/15/2019 10:40:40 AM

| Parameters | LLN | Pred | PRE # 1 | %Pred | Z-score | PRE # 2 | PRE # 3 | POST#1 | %Pred | %Chg |
|-------------|------|------|---------|-------|---------|---------|---------|--------|-------|------|
| FVC L | 3.27 | 4.32 | 4.48 | 104 | 0.25 | 4.34 | 4.29 | | | |
| FEV1 L | 2.72 | 3.59 | 3.63 | 101 | 0.09 | 3.57 | 3.51 | | | |
| FEV1/FVC % | 73.5 | 83.6 | 81.0 | 97 | -0.42 | 82.3 | 81.8 | | | |
| PEF L/s | 5.11 | 8.53 | 6.90 | 81 | -0.78 | 7.95 | 6.91 | | | |
| ELA Years | | 39 | 39 | 100 | | 40 | 42 | | | |
| FEF2575 L/s | 2.07 | 3.85 | 3.69 | 96 | -0.15 | 3.59 | 3.55 | | | |
| FET s | | 6.00 | 4.78 | 80 | | 4.91 | 5.24 | | | |
| FIVC L | 3.27 | 4.32 | | | | | | | | |
| FEV1/VC % | 73.5 | 83.6 | | | | | | | | |

BTPS 1.073 29 °C (84.2 °F) - Predicted Knudson

Conclusion / Medical report

Fungsi Paru Paru dalam batas normal

Signature   **Grand
MEDICA INDONESIA**
Dr. Hendra AZ.

Instrument used
Spirobank II new S/N Y04391
Last calibration check 7/15/2019 8:19:20 AM



Patient Data

| | | | |
|------------|----------|------------|---------------------------------|
| ID Number | 1855 | Gender | Laki-laki |
| First Name | SUHERMAN | Occupation | Asst. Inspector |
| Last Name | SUHERMAN | Company | PT. Inspektindo Sinergi Persada |
| Age | 39 Yo. | Test Date | Senin, 15 Juli 2019 |

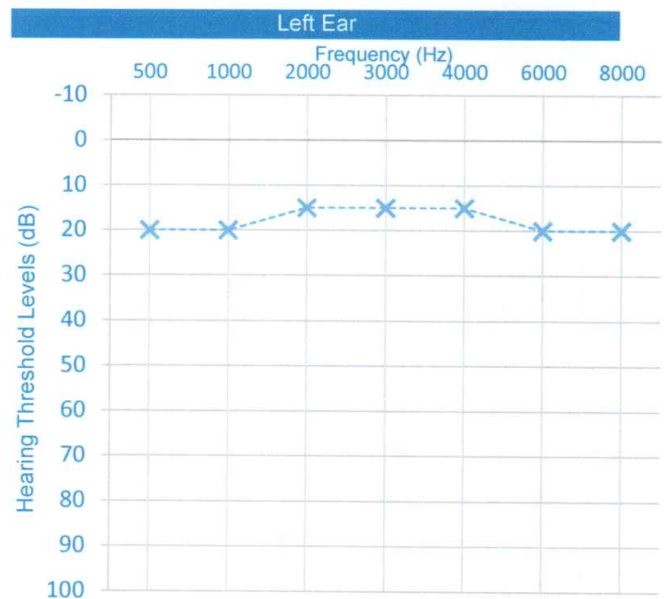
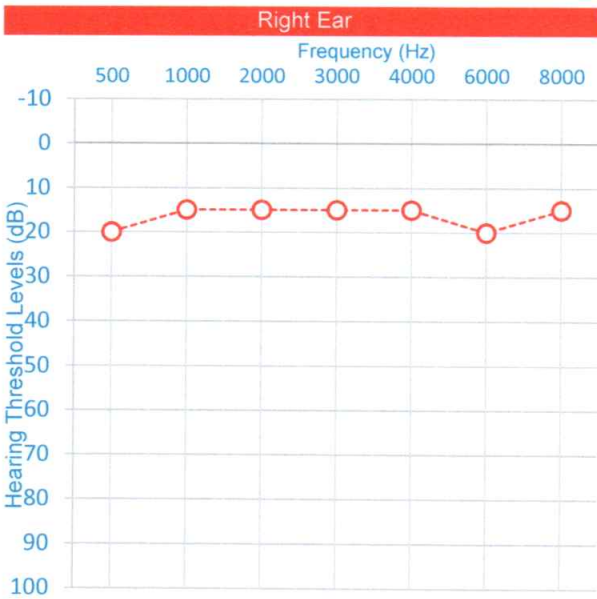
Occupational Noise Exposure

| | | | |
|-------------------|----------------------------------|----------------------------|---------------------------------|
| Present | Type of work: Asst. Inspector | Period of work: 6 Years | Hearing Protection Worn: Yes |
| Previous | 1) - 2) - | - | - |
| Military Services | <input type="checkbox"/> | | |

Otological History / Symptoms

- | | |
|--|---|
| <input type="checkbox"/> Serious Head Injury | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Broken Ear Drum | <input type="checkbox"/> Pressure/Fullness |
| <input type="checkbox"/> Ear Surgery | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Decrease Hearing | <input type="checkbox"/> Exposure to Loud Blast |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Medication |

Detail:



O = Right Air Conduction; < = Right Bone Conduction

X = Left Air Conduction > = Left Bone Conduction

Test Detail

Test Location: Sound Booth Other
 Technician: **Retivia Apriyani Amd.Kep**
 Hours Away from Noise: < 14 hours 14 - 24 hours > 24 hours

Right Ear Observation and Test Result

Left Ear Observation and Test Result

| Canal | Normal | HTL | Canal | Normal | HTL | | | | | | | | | | | | |
|------------|----------------|-------|----------|--------|------|------|------|------|------------|----------------|------|------|------|------|------|------|------|
| Ear Drum | Normal | RIGHT | Ear Drum | Normal | LEFT | | | | | | | | | | | | |
| Conduction | Frequency (Hz) | | | | | | | EAR | Conduction | Frequency (Hz) | | | | | | | EAR |
| | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 | | | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 | |
| Air | 20 | 15 | 15 | 15 | 15 | 20 | 15 | 15,0 | Air | 20 | 20 | 15 | 15 | 15 | 20 | 20 | 15,0 |
| Bone | | | | | | | | 0,0 | Bone | | | | | | | | 0,0 |

Conclusion / Medical Report

Right Ear : Fungsi pendengaran dalam batas normal.

Left Ear : Fungsi pendengaran dalam batas normal.

Signature

dr. Hendra A.Z.

Instrument used
 SIBELSOUND 400

Standard
 OSHA





Patient Data

| | | | | | |
|-------------|---------------------|-------------|------------------------|--------------|-------|
| ID Number | 1855 | | | | |
| Name | SUHERMAN, Tn | Company | PT. Inspektindo | | |
| Gender | Male | Occupation | Asst. Inspector | | |
| DOB / Age | 06 May 1980 | ' / 39 Yo. | Test Date | 15 July 2019 | |
| Height (cm) | 169 | Weight (kg) | 60 | BMI | 21.01 |

Pre-exercise Test

| | | | | |
|-----------------|------------------|-------|--|--|
| Indication | Medical Check Up | | | |
| Pre-exercise BP | 120/80 | mmHg | | |
| Heart Rate | 57 | bpm | | |
| Respiration | 16 | x/mnt | | |
| Resting ECG | <i>REG12</i> | | | |

Exercise Test Summary

| | | | | |
|--------------------|-----------|-------|-------------------|-----------------|
| Exercise Time | 10:18 | mm:ss | End Stage | 4 |
| Max Heart Rate | 161 | bpm | Target Heart Rate | 154 bpm |
| Max Blood Pressure | 130/80 | mmHg | Max Heart Rate | 104,5 % |
| Aerobic Capacity | <i>12</i> | METS. | VO2 Max | 35.29 ml/kg/min |

Reason Of End

Fatigue Dyspnoe Angina Dizziness
 ST- T segment changes Maximum HR reach

ST- T segment changes

No changes ST-segment depression 0,5 - 1 mm
 Upsloping Significant changes (ST-segment depression > 1 mm)

Abnormal Lead :

Classification of Physical Fitness

Low Fair Average Good High

Blood Pressure Response


Normal Response Hipertensive Response

Functional Classification

Clas I Clas II Clas III

Conclusion / Medical Report

*Negative behavior responses
fit to work*



Recommendation :

Cardiologist Signature: *dr. ACHMAD YUSRI, SpJP*
 SPESIALIS JANTUNG DAN PEMBULUH DARAH Instrument Used: CONTEC 8000S S/N 140203027



15-07-2019 10:16:37

ID : 1855
Name : Suherman
Age : 39 Years
Department: PT. Inspektindo

Gender : Male

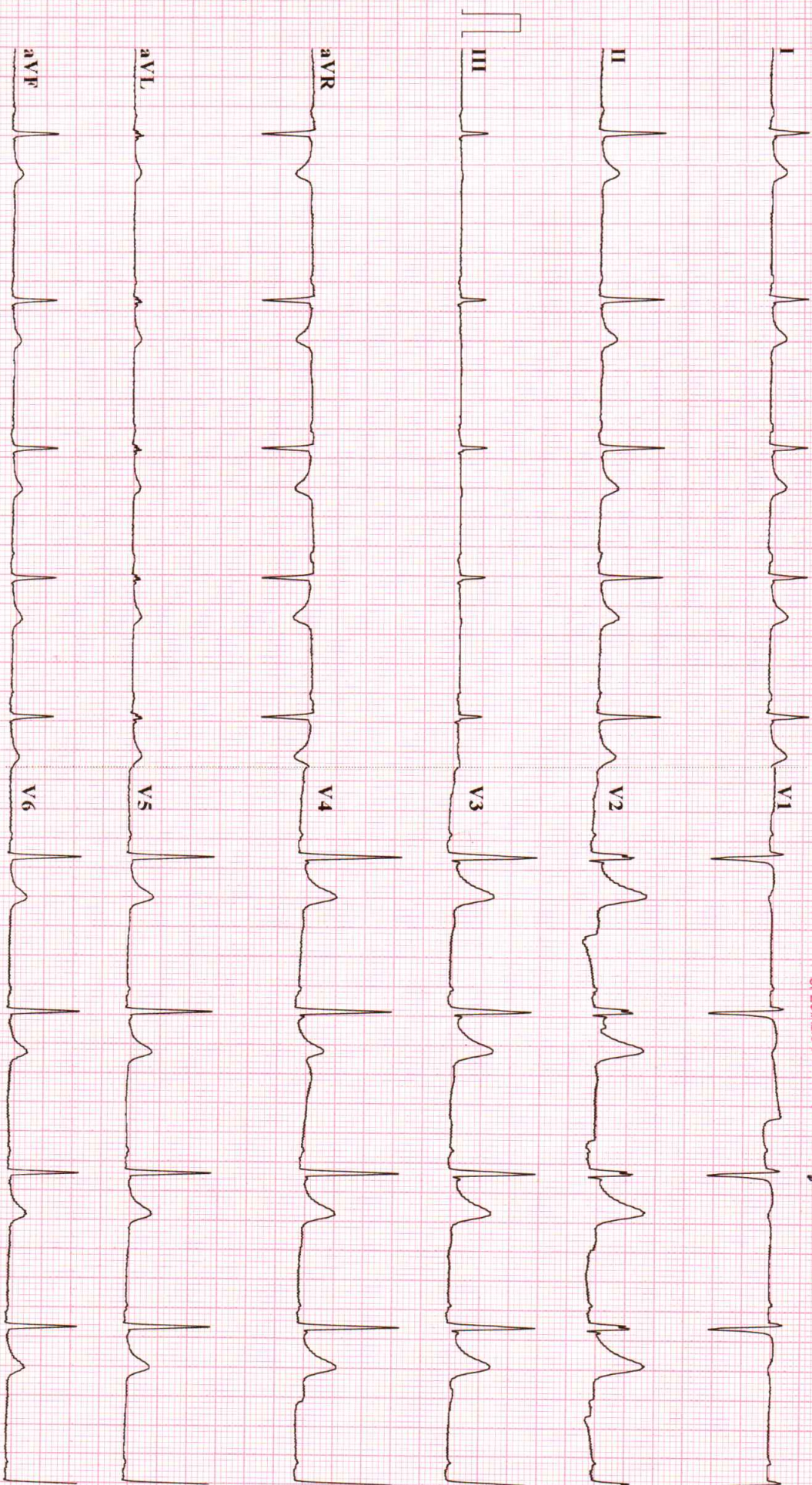
| | | |
|--------------|---------------|-----|
| HR | : 57 | BPM |
| P Dur | : 99 | ms |
| PR int | : 158 | ms |
| QRS Dur | : 96 | ms |
| QT/QTc int | : 403/395 | ms |
| P/QRS/T axis | : 0/47/30 | ° |
| RV5/SV1 amp | : 1.556/1.104 | mV |
| RV5+SV1 amp | : 2.660 | mV |
| RV6/SV2 amp | : 1.291/0.000 | mV |

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

NSR

Technician : Rentivia.A.Amd.Kep
Report Confirmed by:

dr. ACHMAD YUSRI, SpJP
SPESIALIS JANTUNG DAN PEMBULUH DARAH



0.67-100Hz AC50 25mm/s 10mm/mV 2*5s SE-12 V1.82 SEMIP V1.5



Grand Medica Indonesia Stress Exercise Report

ID:1855

Section:

Name: Suherman

Sex: Male

Age: 39

Exam Time: 2019-07-15 11:30

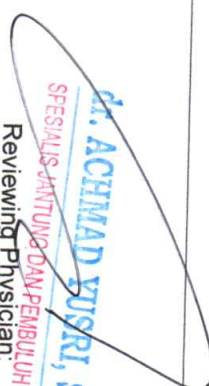
DOB: 1980-05-06 Race: Oriental Race Indications: MCU
 Height: 169.00 cm Weight: 60.00 kg
 Smoking Diabetic History of MI
 Hypertension Hyperlipidemia Family History
 Address: _____ Medications: _____
 Telephone: _____

| Stage Name | HR(bpm) | BP(mmHg) | Protocol Name: | Summary | Result | Max Values | ST Segment | |
|------------|---------|----------|---|---|--|--|--|----------------------------|
| PRE-EXE | 74 | 120/80 | BRUCE | Target HR: 154 bpm Exercise Time: 10:18 mm:ss Max Speed: 6.8 km/h Max Grade: 16.0 % Exceed +/-100uV Leads: I III III aVL aVR aVF V1 V2 V3 V4 V5 V6 DUKE Score: --- | HR: 161 bpm Target HR: 104.5 % METS: 13.5 METs HR*BP: 14145.0 bpm*mmHg SYS: 130.0 mmHg DIA: 80.0 mmHg | 08:20 08:20 09:30 07:40 10:17 00:04 | Max Elevation: 0.87 mV Max Depression: -0.42 mV Max Elevation Change: 0.82 mV Max Depression Change: -0.52 mV | V6 V6 V3 V6 V3 |
| EXE1 | 92 | 120/80 | | | | | | |
| EXE2 | 113 | 120/80 | | | | | | |
| EXE3 | 150 | 125/80 | | | | | | |
| EXE4 | 145 | ---/--- | | | | | | |
| REC1 | 145 | 130/80 | | | | | | |
| | | | Arrhythmia Total Beats: 1161 Abnormal Beats: 38 Total V: 18 Total S: 20 V Pairs: 0 S Pairs: 0 V Run: 0 S Run: 0 V bigeminal: 0 S bigeminal: 1 V trigeminal: 0 S trigeminal: 0 Total Long: 0 | | Reason for End : Symptoms: | | | |

Conclusions:

Negative Ischemic Response

Operator:


Dr. Achmad Yusri, SpJP
 SPESIALIS ANGIN DADA PEMBUAH DARAH
 Reviewing Physician



Grand Medica Indonesia Stress Exercise Report

Average QRS

ID:1855

Section:

Name: Suherman

Sex: Male

Age: 39

Exam Time: 2019-07-15 11:30

| Time:00:20 | Time:03:20 | Time:06:20 | Time:09:20 | Time:09:50 | Time:10:00 |
|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| HR:81 bpm BP:120/80 mmHg | HR:93 bpm BP:120/80 mmHg | HR:114 bpm BP:120/80 mmHg | HR:150 bpm BP:125/80 mmHg | HR:146 bpm BP:125/80 mmHg | HR:145 bpm BP:125/80 mmHg |
| I 0.14 | 0.16 | 0.03 | -0.04 | 0.09 | 0.11 |
| II 23.06 | 23.76 | -57.11 | 158.88 | 55.74 | -16.51 |
| III 0.06 | 0.14 | 0.05 | -0.06 | -0.06 | -0.04 |
| aVR -0.08 | -0.03 | 47.34 | 63.72 | -26.16 | -0.15 |
| aVL -0.10 | -0.15 | -0.04 | 0.05 | -0.02 | -0.03 |
| aVF 18.55 | 0.10 | 52.51 | -61.21 | 43.83 | 6.25 |
| V1 -0.01 | 0.06 | 0.04 | -0.05 | -0.10 | -0.10 |
| V2 0.09 | 0.01 | 62.22 | 62.94 | 20.34 | 0.02 |
| V3 3.95 | 9.73 | 62.22 | 62.94 | 33.06 | 33.97 |
| V4 0.26 | 0.26 | 63.19 | 53.23 | 0.16 | 0.09 |
| V5 30.73 | 0.08 | 35.90 | -0.04 | -0.01 | -0.07 |
| V6 18.60 | 0.03 | 25.28 | -0.03 | -0.07 | -0.07 |
| 20.34 | 50.44 | 50.23 | 41.02 | -0.09 | -0.07 |

Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:1855

Section:

Name: Suherman

Sex: Male

Age: 39

Exam Time: 2019-07-15 11:30

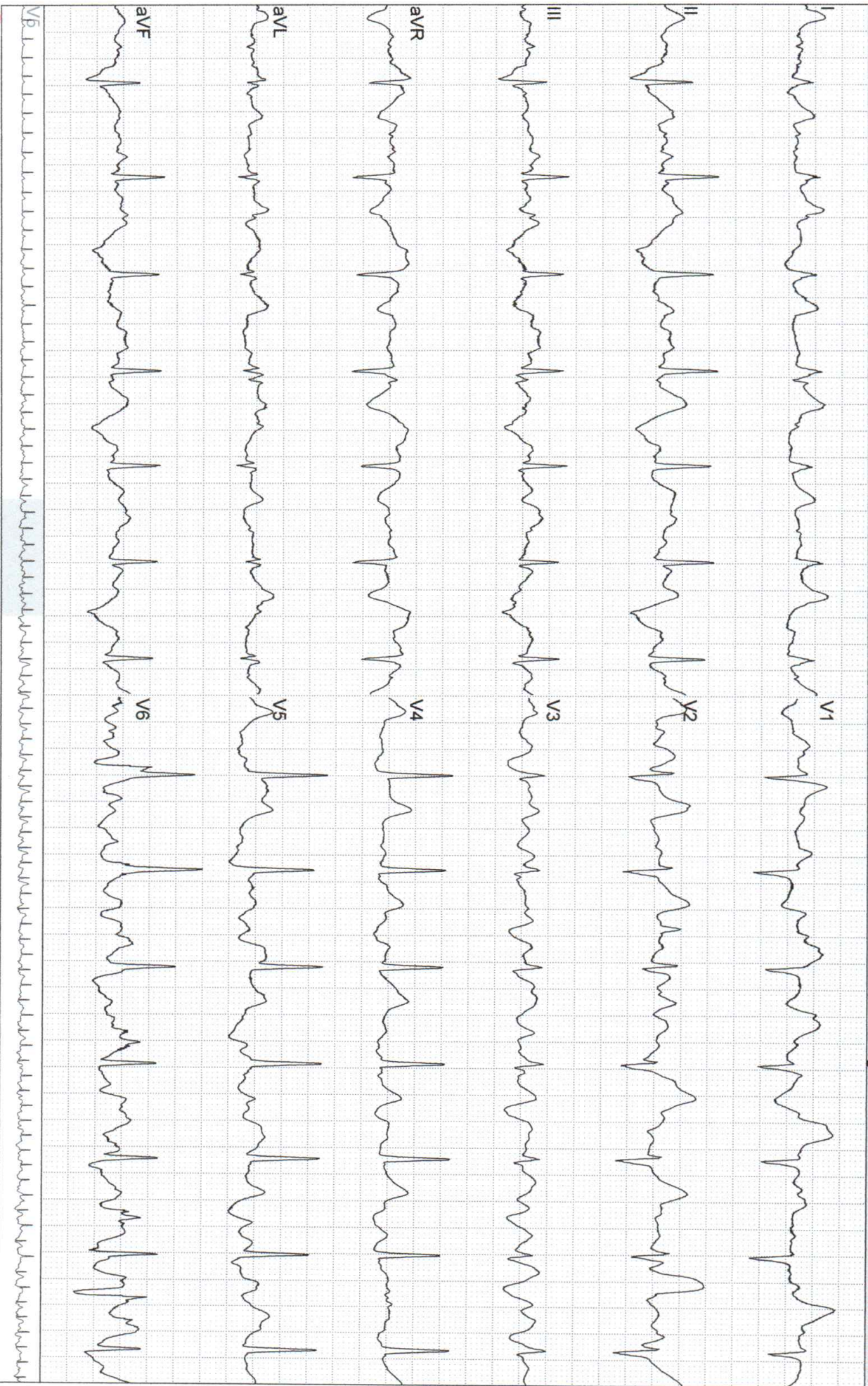
Time: 00:22

Stage: [1 / 6] PRE-EXE 00:22 [0.0 Km/h 0.0 %]

HR: 81 bpm

BP: 120/80 mmHg

10mm/mV 25mm/s

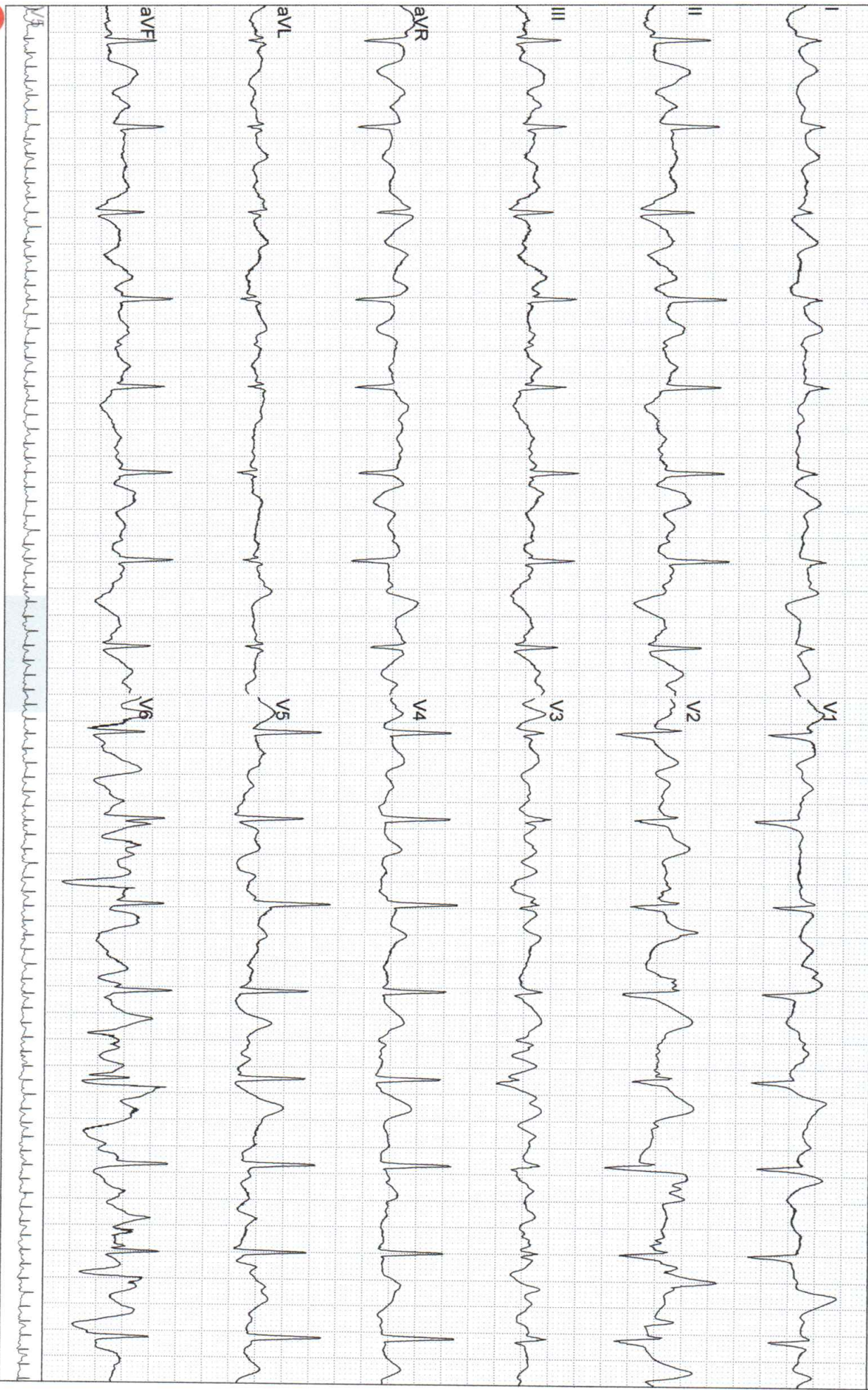


Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID: 1855 Section: Name: Suherman Sex: Male Age: 39 Exam Time: 2019-07-15 11:30

Time: 03:12 Stage: j 2 / 6 | EXE1 02:42 [2.7 Km/h 10.0 %] HR: 92 bpm BP: 120/80 mmHg 10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID: 1855

Section:

Name: Suherman

Sex: Male

Age: 39

Exam Time: 2019-07-15 11:30

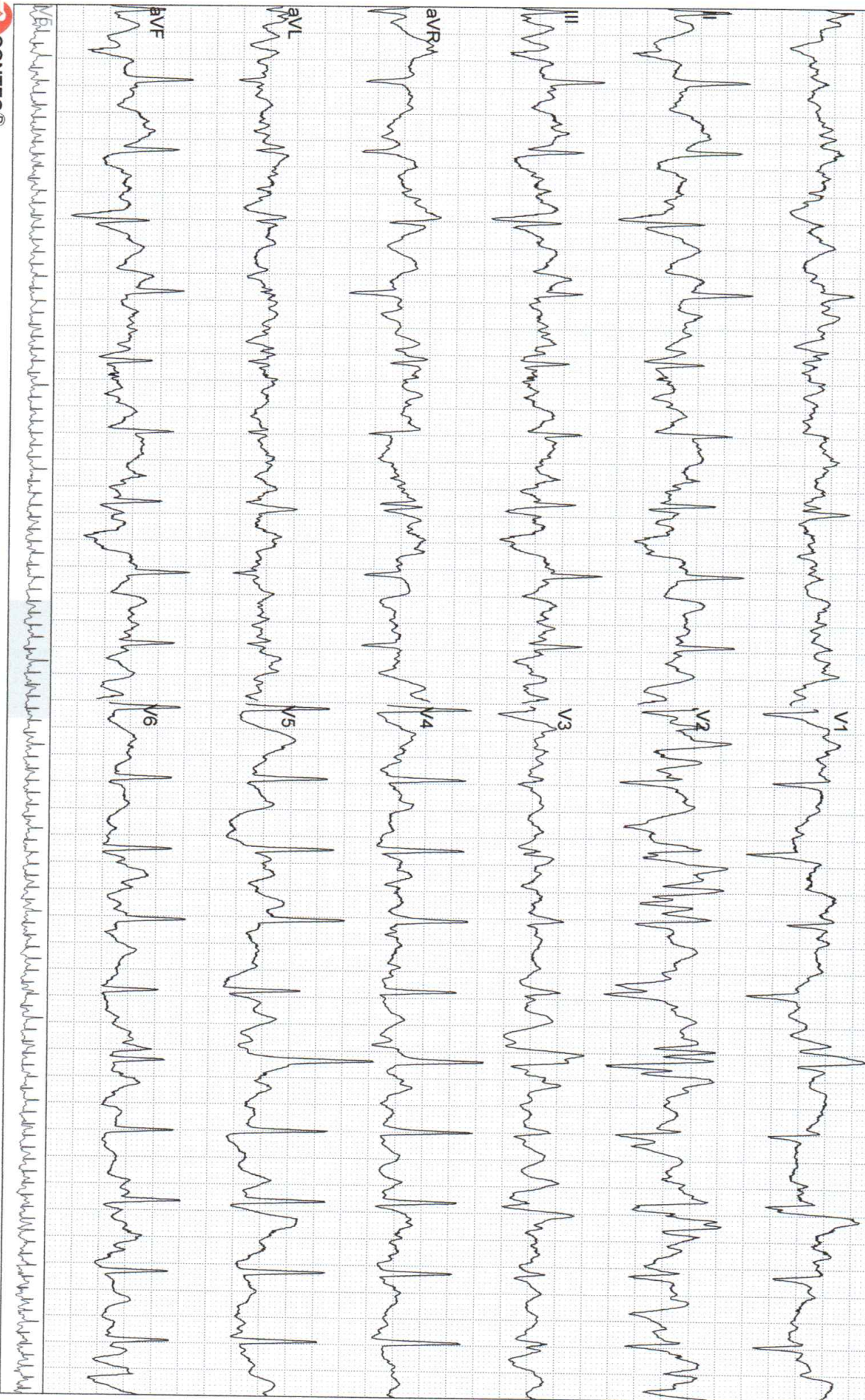
Time: 06:17

Stage: 3 / 6 | EXE2 02:47 [4.0 Km/h 12.0 %]

HR: 113 bpm

BP: 120/80 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID: 1855

Section:

Name: Suherman

Sex: Male

Age: 39

Exam Time: 2019-07-15 11:30

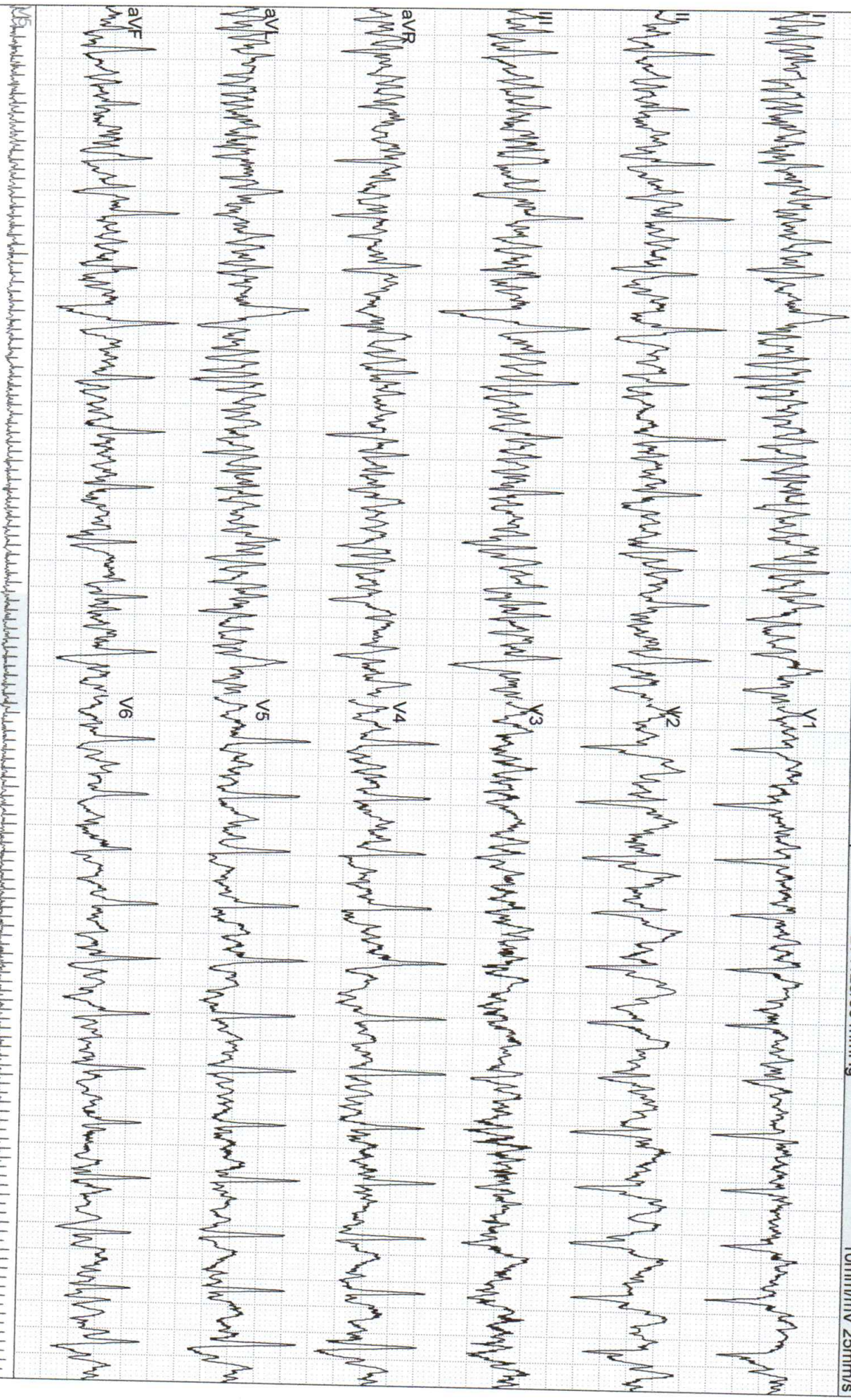
Time: 09:10

Stage: [4 / 6] EXE3 02:40 [5.5 Km/h 14.0 %]

HR: 150 bpm

BP: 125/80 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:1855

Section:

Name:Subherman

Sex:Male

Age:39

Exam Time:2019-07-15 11:30

Time:10:00

Stage:[6 / 6] Recovery 00:00 [0.0 Km/h 0.0 %]

HR:145 bpm

BP:125/80 mmHg

10mm/mV 25mm/s

