

HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 00024/005/II/ISP/21

168



PERSONAL DATA

Name : SAURIDA SIBARANI
Birthday/Gender/Emp. ID : 5 April 1993 / Female /
Father's Name : LONGGAK SIBARANI
Address : PERUM BAMBU KUNING BLOK B26 NO 2 BATU AJI, BATAM
Occupation : DOCUMENT CONTROLLER
Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, 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 : 50 Kg
BMI : 20.81

Height : 155 Cm

	Yes/Abnormal	No/Normal
3. Cardiovascular System		
a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Systolic / Diastolic : 128 / 83 mm Hg		
Pulse : 87 / min		
b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Varicose Veins	<input checked="" type="checkbox"/>	<input 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"/>

	Yes/Abnormal	No/Normal
1. Vision		
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 checked="" 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)		

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: Bilateral Varicose Grade 1 I83.9

CERTIFICATION

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

ADVICE :
Legs Exercise

Authentic Signature



Date of Exam : 10 February 2021



DR. RINDI NURSA'ADAH SAGALA



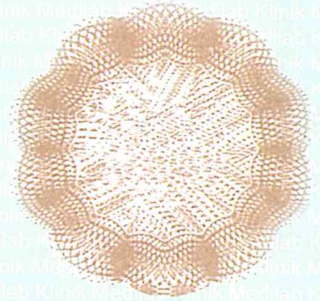
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KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	12.5	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	9.1	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	4.28	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	15	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	38.0	%	M: 40 - 52	F: 35 - 47	
PLT	261	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	29.5	%	25 - 40		
- MON	7.0	%	2 - 8		
- GRA	63.5	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	2.15	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2685	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.010
- 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 : 10 February 2021



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

Pencegahan Varices

Untuk Pekerja Berdiri

- Olah Raga dengan berjalan kaki secara teratur minimal 30 menit per hari
- Relaksasi kaki sesering mungkin :
 - Lipat kaki kanan dan kiri bergantian
 - Jinjit
 - Remaskan jari-jari kaki didalam sepatu
 - Topanglah berat badan dari satu kaki ke kaki lain setiap beberapa menit sekali
- Gunakan Kaos kaki/Stocking elastis
- Tinggikan Kaki dengan Bantal Sewaktu Berbaring / Tidur selama \pm 20 menit
- Hindari Pemakaian Korset (pakaian dalam yang ketat)
- Hindari menyilangkan kaki saat duduk
- Menjaga berat badan agar ideal
- Hindari pemakaian sepatu hak tinggi