



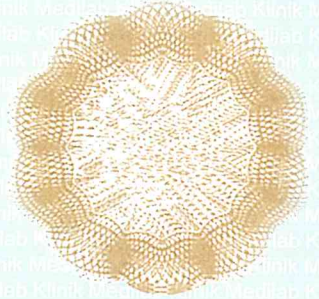
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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

Periodic Health Examination

255

CONFIDENTIAL

No. Medical Record : 
00004/004/I/ISP/22

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, BATAM
 Occupation : DOCUMENT CONTROL
 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 : 55 Kg Height : 156 Cm
 BMI : 22.60

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Systolic / Diastolic : 128 / 76 mm Hg		
Pulse : 80 / min		
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. 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 checked="" type="checkbox"/>
2. Spirometry	<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: Myopia H52.1 R:6/9, L:6/7.5 MIM, Blood Count: Monocytosis D72.821 10.3%

CERTIFICATION

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

ADVICE :

Authentic Signature

DR. TOSYARNA BR DALIMUNTHE

Date of Exam : 24 January 2022





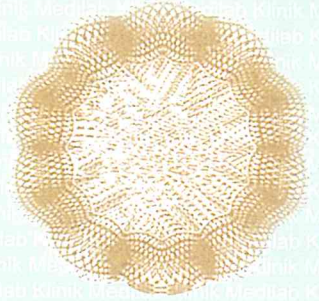
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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	11.8	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	10.3	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	4.23	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	10	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	35.5	%	M: 40 - 52	F: 35 - 47	
PLT	259	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	27.2	%	25 - 40		
- MON	* 10.3	%	2 - 8		
- GRA	62.5	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	2.29	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2802	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.010
- Glucosaa	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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