

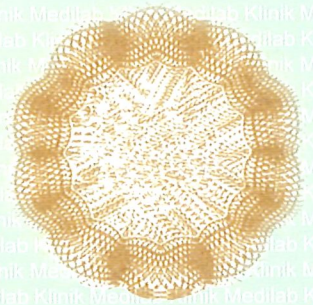


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# M • KLINIK MEDILAB

## 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

261

#### CONFIDENTIAL

No. Medical Record :   
00010/002/II/ISP/22

#### PERSONAL DATA

Name : CHOLIDJAH  
 Birthday/Gender/Emp. ID : 15 September 1979 / Female / ISP16062  
 Father's Name : SUDARTO  
 Address : TANJUNG RIAU SEKUPANG, BATAM  
 Occupation : SALES ADMIN  
 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 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 : 84 Kg	Height : 161 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal	
BMI : 32.41		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		Systolic / Diastolic : 131 / 88 mm Hg			
		Pulse : 89 / min			
1. Vision	Yes/Abnormal	No/Normal			
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Should be at least 6/12 in both eyes with or without glasses )			c. Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Near Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Should be at least J2 in both eyes with or without glasses )			5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )			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 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:** Medical History: Surgery Z40  
 Obese BMI:32.41 E66, Bilateral Varicose Grade 1 I83.9, E.N.T: Left Tonsil J03 T1, Right Tonsil J03 T1, Striae Abdomen, Blood Count: Monocytosis D72.821 9.4%

#### 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, Legs Exercise, Avoid Cool & Spicy Food

Authentic Signature

  
 DR. DEWI KHARIROH

Date of Exam : 8 February 2022







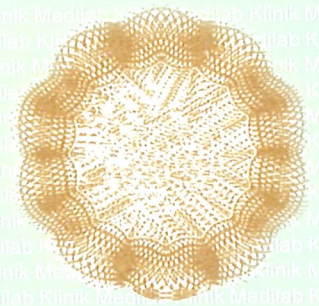
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### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	13.1	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	9.3	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.95	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	20	mm/hr	M: 0 - 10	F: 0 - 20
HCT	39.9	%	M: 40 - 52	F: 35 - 47
PLT	256	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440	
Differential Count				
- LYM	25.0	%	25	40
- MON	* 9.4	%	2	8
- GRA	65.6	%	43	76
Indicator of Infection				
- Neutrofil Lymphocyte Ratio (NLR)	2.62	%	> 3.13 Cautious	6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	2325	%	< 1500 Cautious	< 1100 Suspicious < 500 Perilous

#### URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.015
- Glucosssa	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 : 8 February 2022



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## OVERWEIGHT DAN OBESE

Kemenkes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

**Overweight** adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI)  $\geq 25$  Kg/m<sup>2</sup>



**Obese** adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI)  $\geq 30$  Kg/m<sup>2</sup>

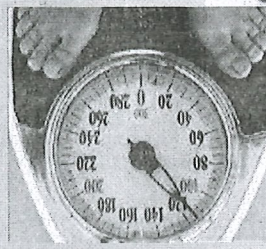
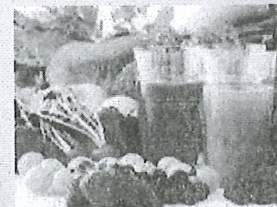
World Health Organization (WHO)

### Cara Mengatasi :

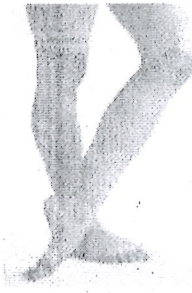
1. Mengurangi porsi makan dari biasanya, perbanyak makan buah dan sayur serta kacang-kacangan.
2. Mengurangi penggunaan minyak dan santan, dianjurkan masak dengan cara dikukus, direbus atau dipanggang.
3. Mengurangi makanan dan minuman yang manis.
4. Mengurangi penggunaan garam dan makanan yang diawetkan, diasinkan dan dikemas dalam kaleng.
5. Hindari susu tinggi lemak, minumlah susu yang rendah lemak.
6. Meningkatkan konsumsi makan ikan segar.
7. Melakukan aktivitas fisik minimal 30 menit setiap hari. Kegiatan ini dapat dilakukan dimana saja dan kapan saja seperti berjalan kaki, bersepeda, membersihkan rumah dan kebun, mencuci motor/mobil.

### Cara Mencegah :

1. Makan dengan gizi seimbang  
\*Jumlah dan jenis makanan sesuai kebutuhan  
\*Jadwal makan teratur
2. Aktifitas Fisik minimal 30 menit setiap hari
3. Timbang berat badan secara teratur







# 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**