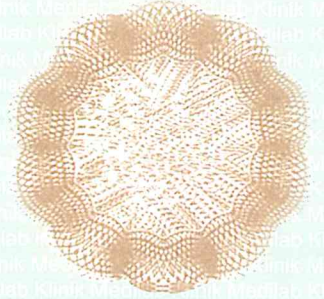




PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



HEALTH SCREENING REPORT

Preemployment Physical Examination

177

CONFIDENTIAL

No. Medical Record : 
00033/002/IV/ISP/21

PERSONAL DATA

Name : ILYAS PERMANA
 Birthday/Gender/Emp. ID : 22 December 1996 / Male /
 Father's Name : DENNY IRAWAN
 Address : PERUM MUKA KUNING INDAH 1 BLOK AR NO 12 BATU AJI, BATAM
 Occupation : ACCOUNTING STAFF
 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Hypertension		4. Allergic Rhinitis		7. Surgery	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Bronchial Asthma		5. Peptic Ulcer		8. Echolalia	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Bloody Cough		6. Epilepsy		9. Others	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CLINICAL EXAMINATION

Weight : 73 Kg	Height : 176 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 23.56		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 132 / 77 mm Hg		
a. Distant Vision	<input checked="" type="checkbox"/>	Pulse : 77 / min		
(Should be at least 6/12 in both eyes with or without glasses)	<input type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)	<input type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)	<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
<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Blood Count	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Urine Feme	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Other Laboratory Test	

OTHER TEST

(Report Enclosed)

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

Remarks: Myopia H52.1 Aided R:6/6, L:6/24 MOM, External Hemorrhoid K64.4 <= 0.5cm, Blood Count: Monocytosis D72.821 8.8%

CERTIFICATION

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

ADVICE :

Check Glasses, High Fiber Diet

Authentic Signature



Date of Exam : 27 April 2021



DR. RINDI NURSA'ADAH SAGALA



Management System
ISO 9001:2015

www.tuv.com
ID 9105042627

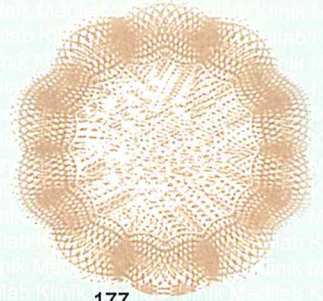
KLINIK MEDILAB

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
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com


HEALTH SCREENING REPORT

Preemployment Physical Examination



177

CONFIDENTIAL

No. Medical Record : 
00033/002/IV/ISP/21

PERSONAL DATA

Name : ILYAS PERMANA
 Birthday/Gender/Emp. ID : 22 December 1996 / Male /
 Father's Name : DENNY IRAWAN
 Address : PERUM MUKA KUNING INDAH 1 BLOK AR NO 12 BATU AJI, BATAM
 Occupation : ACCOUNTING STAFF
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



ILYAS PERMANA

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	14.8	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	7.9	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	5.09	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	5	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	43.9	%	M: 40 - 52	F: 35 - 47	
PLT	262	10 ³ /mm ³	150 - 440		
Differential Count					
- LYM	33.7	%	25 - 40		
- MON	* 8.8	%	2 - 8		
- GRA	57.5	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	1.70	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2662	%	< 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 : 27 April 2021



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