

### HEALTH SCREENING REPORT

Periodic Health Examination

#### CONFIDENTIAL

No. Medical Record :   
00025/010/XII/RP/17

145



#### PERSONAL DATA

Name : SUDARDJITO  
Birthday/Gender/Emp. ID : 22 November 1975 / Male / 13076  
Father's Name : DALIMIN  
Address : CENDANA EDGELINE BLOK B NO 3, BATAM  
Occupation : IT OFFICER  
Name of Employer / Recruitment Agency : RIGSPEK PERKASA .PT  
Address of Employer / Recruitment Agency : KOMPLEK KAWASAN SEKUPANG KAV. NO.13 BATAM, 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 : 85 Kg	Height : 164 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 31.60		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 139 / 89 mm Hg		
		Pulse : 81 / min		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>
( Should be at least 6/12 in both eyes with or without glasses )			c. Varicose Veins	<input type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>
( Should be at least J2 in both eyes with or without glasses )			5. Skin-Chronic Disease	<input type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>
( Unable to hear ordinary conversation at 2 m )			9. Mental State	<input type="checkbox"/>

#### 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 type="checkbox"/>	<input type="checkbox"/>

#### OTHER TEST

( Report Enclosed )

	Yes/Abnormal	No/Normal
1. Audiometri	<input type="checkbox"/>	<input type="checkbox"/>
2. Spirometri	<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: Obese E66, Myopia H52.1 R:6/7.5, L:6/9 MIM, Left Pterygium Grade 2 H11.002

#### CERTIFICATION

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

ADVICE :

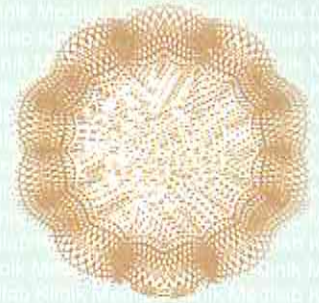
Regular Exercise and Reduce Weight, Avoid Sun Light & Wear Protection Glasses

Authentic Signature

Date of Exam : 13 December 2017



DR. EBIET YUDI SANTOKO



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### 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	8.8	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.86	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	3	mm/hr	M: 0 - 10	F: 0 - 20
HCT	45.0	%	M: 40 - 52	F: 35 - 47
PLT	282	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440	
Differential Count				
- LYM	32.0	%	25 - 40	
- MON	5.5	%	2 - 8	
- GRA	62.5	%	43 - 76	

#### URINE FEME

Macroscopy	Result
- pH	6
- 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 Abnormalities.

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 : 13 December 2017



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