



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00017/002/XII/RP/17

137

PERSONAL DATA

Name : SRI UTAMI NINGSIH
Birthday/Gender/Emp. ID : 1 June 1993 / Female / 12050
Father's Name : ROKIMIN
Address : TAMAN KARTINI RAYA BLOK D NO 15, BATAM
Occupation : HRD & ADMIN ASST 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 : 47 Kg	Height : 149 Cm	3. Cardiovascular System		Yes/Abnormal	No/Normal
BMI : 21.17		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		Systolic / Diastolic : 106 / 70 mm Hg			
		Pulse : 72 / min			
1. Vision	Yes/Abnormal	No/Normal	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)			6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Mental State	<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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>

Remarks: Gravida Z32.01, Myopia H52.1 Aided R:6/12, L:6/6 MIM, Bilateral Varicose I83.9 Grade 1, Blood Count: Anaemia D64 9.0 gr/dl MOA, Leucocytosis D72.829 $11.1 \times 10^3/\text{mm}^3$ MIE, Erythrocytopenia D75.9 $3.75 \times 10^6/\text{mm}^3$ MID, ESR R70.0 60 mm/hr MOE, HCT R71.0 29.2% MOD, Lymphocytopenia D72.810 14.6%, Granulocytosis D72.828 80.0%

CERTIFICATION

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

ADVICE :

Control to Obstetrician, Legs Exercise, Anti Anemic Vitamin, Consultation to Company Doctor

Date of Exam : 12 December 2017



Authentic Signature

DR. EBIET YUDI SANTOKO



M • KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	*	9.0 gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	*	11.1 10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	*	3.75 10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	*	60 mm/hr	M: 0 - 10 F: 0 - 20
HCT	*	29.2 %	M: 40 - 52 F: 35 - 47
PLT		275 10 ³ /mm ³	150 - 440
Differential Count			
- LYM	*	14.6 %	25 - 40
- MON		5.4 %	2 - 8
- GRA	*	80.0 %	43 - 76

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.010
- Glucosasa	Negative
- Protein	Negative
- Ketones	Negative
- Bilirubin	Negative
- Urobilinogen	Normal
- Nitrit	Negative
- Blood	Negative
- Leucocytes	Negative

Date of Exam : 12 December 2017



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