

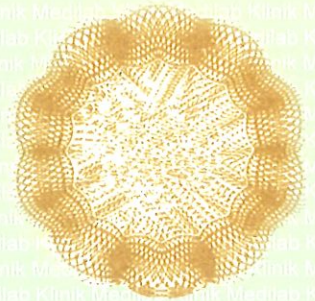


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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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

Periodic Health Examination

286

CONFIDENTIAL

No. Medical Record : 
00035/004/XI/ISP/22

PERSONAL DATA

Name : ADI PURNOMO
 Birthday/Gender/Emp. ID : 5 June 1985 / Male /
 Father's Name : MATIUS RAMINTO PONIMIN
 Address : CENTRAL RAYA BATU AJI BLOK J NO 22B, BATAM
 Occupation : IT PROGRAMMER SPECIALIST
 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 : 78 Kg	Height : 167 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 27.97		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision	Yes/Abnormal	Systolic / Diastolic : 134 / 84 mm Hg		
a. Distant Vision	<input type="checkbox"/>	Pulse : 86 / min		
(Should be at least 6/12 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input checked="" 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 checked="" 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
1. Blood Count	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Urine Feme	<input checked="" type="checkbox"/>	<input 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: Overweight BMI:27.97 E66, Suspect Foreign Body of Left Ear (Cotton) Z18.9, Blood Count: ESR R70.0 35 mm/hr MIE, Urine Feme: Glycosuria ++ R81 Moderate

CERTIFICATION

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

ADVICE :
Regular Exercise and Reduce Weight, Low Sugar Diet, Consultation to Company Doctor

Authentic Signature



Date of Exam : 10 November 2022



DR. RINDI NURSA'ADAH SAGALA



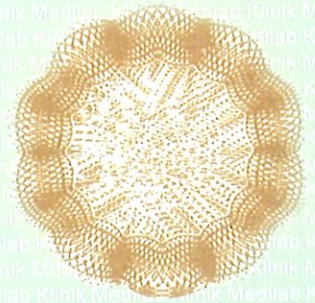
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ADI PURNOMO

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	14.3	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	7.0	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	4.44	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	* 35	mm/hr	M: 0 - 10 F: 0 - 20
HCT	40.7	%	M: 40 - 52 F: 35 - 47
PLT	188	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	31.3	%	25 - 40
- MON	5.3	%	2 - 8
- GRA	63.4	%	43 - 76

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.010
- Glucosaa	* Positive
- 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 : 10 November 2022



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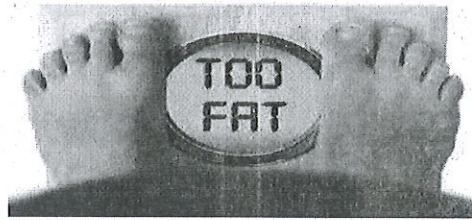
OVERWEIGHT DAN OBESE

Kemendes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

Overweight adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI) ≥ 25 Kg/m²



Obese adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI) ≥ 30 Kg/m²

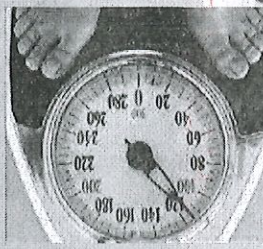
World Health Organization (WHO)

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.

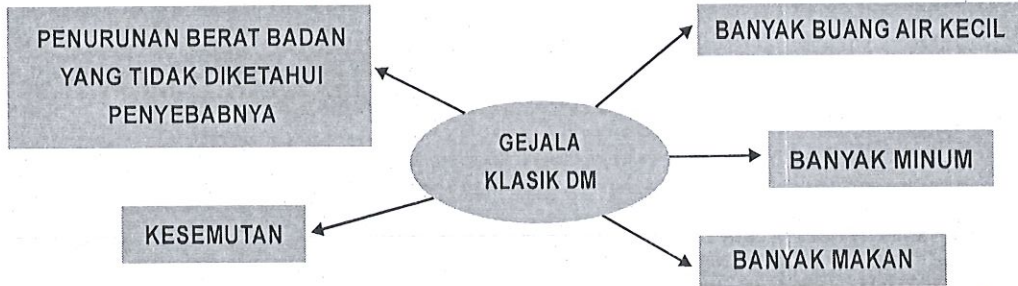
Cara Mencegah :

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



DIABETES MELLITUS (DM)

Diabetes Mellitus (Kencing Manis) adalah suatu kumpulan gejala yang timbul pada seseorang yang disebabkan oleh karena adanya peningkatan kadar glukosa darah akibat penurunan sekresi insulin yang progresif. (PERKENI 2015)



GULA DARAH PUASA	GULA DARAH SEWAKTU	GULA DARAH 2 JAM SETELAH MAKAN	HbA1c
Normal : < 100mg/dl	Normal : < 200 mg/dl	Normal : < 140 mg/dl	Normal : < 5.7%
Pre Diabetes : 100-125 mg/dl	Diabetes : ≥ 200 mg/dl	Pre Diabetes : 140-199 mg/dl	Pre Diabetes : 5.7 - 6.4%
Diabetes : ≥ 126 mg/dl		Diabetes : ≥ 200 mg/dl	Diabetes : ≥ 6.5%

REKOMENDASI :

1. PENGATURAN MAKANAN

Dianjurkan : ayam tanpa kulit, ikan, putih telur, daging tidak berlemak, tempe, tahu, kacang hijau, kacang merah, kacang kedelai, kacang tanah : sayur tinggi serat : kangkung, ketimun, tomat, sawi, terong dll : jeruk, apel, pepaya, belimbing (sesuai kebutuhan).

Dibatasi : semua sumber karbohidrat: nasi, bubur, roti, mie, kentang, singkong, ubi, jagung, sereal dll: lemak jenuh : kornet, sosis, sarden, otak, jeroan, kuning telur : bayam, buncis, daun melinjo, daun singkong, kacang panjang, pare, wortel ; nanas, anggur, mangga, sirsak, pisang, alpukat, sawo, semangka, nangka : makanan yang digoreng dan menggunakan santan kental, kecap, saus tiram.

Dihindari : keju, abon, dendeng, susu full cream, buah-buahan yang manis dan diawetkan; minuman yang mengandung alkohol, susu kental manis, soft drink, es krim, yogurt, susu ; gula pasir, gula merah, gula batu, madu, makanan dan minuman yang manis.

2. LATIHAN JASMSNI

3-4x seminggu selama 30 menit misalnya bersepeda, jogging, berenang, jalan kaki.

(KEMENKES 2011)