

HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00021/006/XII/RP/17

141

PERSONAL DATA

Name : DARMOKO
Birthday/Gender/Emp. ID : 27 December 1986 / Male / 13079
Father's Name : PONIDI
Address : PERUM SIRIAON INDAH BLOK B NO 25, BATAM
Occupation : FINANCE 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. Echolalla	<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

	Yes/Abnormal	No/Normal		Yes/Abnormal	No/Normal
Weight : 72 Kg			Height : 163 Cm		
BMI : 27.09					
1. Vision			3. Cardiovascular System		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			Systolic / Diastolic : 123 / 80 mm Hg		
b. Near Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pulse : 79 / min		
(Should be at least J2 in both eyes with or without glasses)			b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			7. Locomotor/Neurological	<input type="checkbox"/>	<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 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. Audiometri	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometri	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. ECG (If indicated)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Overweight E66, Myopia H52.1 Aided R:6/12, L:6/12 MIM, Bilateral Varicose I83.9 Grade 1, Blood Count: Lymphocytosis D72.820 45.7%

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

Authentic Signature

Date of Exam : 13 December 2017



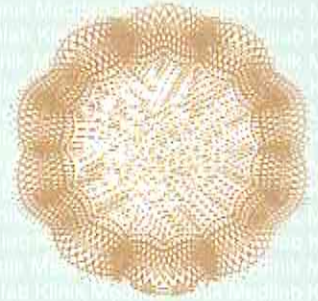
DR. EBIE YUDI SANTOKO



M • KLINIK MEDILAB

PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	15.6	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	8.3	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.34	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	3	mm/hr	M: 0 - 10	F: 0 - 20
HCT	46.7	%	M: 40 - 52	F: 35 - 47
PLT	220	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	*	45.7 %	25 - 40	
- MON		7.5 %	2 - 8	
- GRA		46.8 %	43 - 76	

URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.010
- Glucossa	Negative
- Protein	Negative
- Ketones	Negative
- Billirubin	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



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