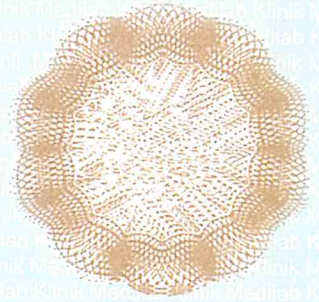




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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00009/001/IV/RP/20

189

PERSONAL DATA

Name : CITRA KRISTIN MALINO
Birthday/Gender/Emp. ID : 2 December 1997 / Female / 1849
Father's Name : SIMON MALINO
Address : DUTAMAS BLOK A25 NO 3, BATAM
Occupation : HR & ADMIN 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 checked="" type="checkbox"/> | <input type="checkbox"/> |

CLINICAL EXAMINATION

| | | | | |
|--|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| Weight : 67 Kg | Height : 159 Cm | 3. Cardiovascular System | Yes/Abnormal | No/Normal |
| BMI : 26.50 | | a. Blood Pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. Vision | Yes/Abnormal | Systolic / Diastolic : 101 / 65 mm Hg | | |
| a. Distant Vision | <input type="checkbox"/> | Pulse : 72 / 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 checked="" type="checkbox"/> | <input 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. Pregnancy Test | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. 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: Medical History: Malaria Falciparum B50, Hemorrhoid K64.4

Overweight E66, Mild Hyperhidrosis Palmaris L74.512, E.N.T: Left Ear Cerumen H61.22, Blood Count: Monocytosis D72.821 8.5%

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, Use Gloves, Ear Hygiene

Authentic Signature

Date of Exam : 16 April 2020



DR. REZGA AGNELA VALBETRI

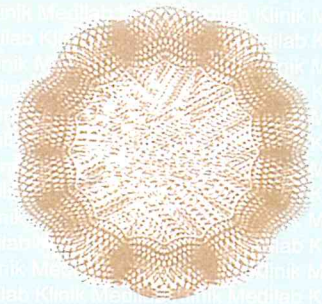


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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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




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LABORATORY REPORT

BLOOD COUNT

| Test Name | Result | Unit | Reference Range |
|--------------------|--------|-----------------------------------|-------------------------------|
| HGB | 12.1 | gr/dl | M: 13.2 - 17.3 F: 11.7 - 15.5 |
| WBC | 5.4 | 10 ³ / mm ³ | M: 3.8 - 10.6 F: 3.6 - 11.0 |
| RBC | 3.83 | 10 ⁶ / mm ³ | M: 4.4 - 5.9 F: 3.8 - 5.2 |
| ESR | 18 | mm/hr | M: 0 - 10 F: 0 - 20 |
| HCT | 35.5 | % | M: 40 - 52 F: 35 - 47 |
| PLT | 249 | 10 ³ /mm ³ | 150 - 440 |
| Differential Count | | | |
| - LYM | 33.0 | % | 25 - 40 |
| - MON | * 8.5 | % | 2 - 8 |
| - GRA | 58.5 | % | 43 - 76 |

URINE FEME

| Macroscopy | Result |
|--------------------|----------|
| - pH | 5 |
| - Specific Gravity | 1.015 |
| - Glucososa | Negative |
| - Protein | Negative |
| - Ketones | Negative |
| - Bilirubin | Negative |
| - Urobilinogen | Normal |
| - Nitrit | Negative |
| - Blood | Negative |
| - Leucocytes | Negative |

Pregnancy Test 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 : 16 April 2020



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

OVERWEIGHT DAN OBESE

Kemenkes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

Overweight adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI) $\geq 25 \text{ Kg/m}^2$



Obese adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI) $\geq 30 \text{ Kg/m}^2$

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 caradi kukus, 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

