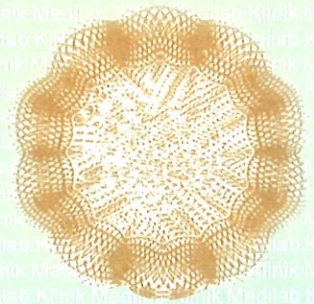




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HEALTH SCREENING REPORT

Periodic Health Examination

287

CONFIDENTIAL

No. Medical Record : 
00036/005/XI/ISP/22

PERSONAL DATA

Name : HARYS OSKANDAR
 Birthday/Gender/Emp. ID : 26 May 1993 / Male / 20204
 Father's Name : BURHANUDDIN
 Address : LEGENDA BARU BLOK E3 NO 5, BATAM
 Occupation : HR
 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 : 65 Kg	Height : 169 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal	
BMI : 22.76		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		Systolic / Diastolic : 125 / 77 mm Hg			
		Pulse : 72 / min			
1. Vision	Yes/Abnormal	No/Normal			
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)			5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			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. 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: Myopia H52.1 R:6/7.5, L:6/6 MIM, E.N.T: Bilateral Ears Cerumen H61.23, Blood Count: Monocytosis D72.821 10.8%

CERTIFICATION

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

ADVICE :
Ear Hygiene

Authentic Signature



Date of Exam : 26 November 2022



DR. RINDI NURSA'ADAH SAGALA

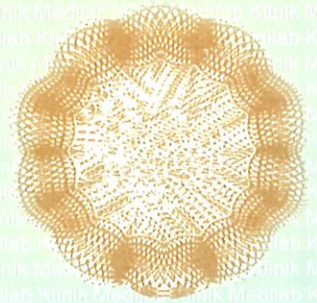


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HARYS OSKANDA

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	15.0	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	8.8	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.11	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	43.7	%	M: 40 - 52	F: 35 - 47
PLT	313	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	28.1	%	25	40
- MON	* 10.8	%	2	8
- GRA	61.0	%	43	76

URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.015
- Glucossa	Negative
- 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 : 26 November 2022



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