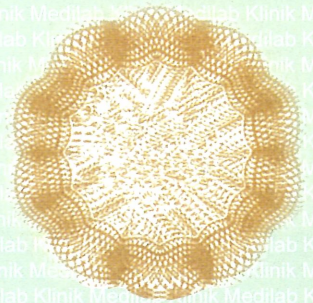




PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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HEALTH SCREENING REPORT

Preemployment Physical Examination

250

CONFIDENTIAL

No. Medical Record : 
00106/005/XI/ISP/21

PERSONAL DATA

Name : HARYS OSKANDAR
 Birthday/Gender/Emp. ID : 26 May 1993 / Male / 20204
 Father's Name : BURHANUDDIN
 Address : LEGENDA BALI BLOK E3 NO 05, BATAM
 Occupation : HR & ADMIN OFFICER
 Name of Employer / Recruitment Agency : INSPEKTINDO SINERGI PERSADA, PT
 Address of Employer / Recruitment Agency : KAWASAN INDUSTRI SEKUPANG KAVLING.13, BATAM



HARYS OSKANDAR

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

		Yes/Abnormal	No/Normal			Yes/Abnormal	No/Normal
Weight	: 60 Kg			3. Cardiovascular System			
BMI	: 21.25			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Systolic / Diastolic	: 117 / 76 mm Hg		
				Pulse	: 81 / min		
1. Vision				b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c. Varicose Veins	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Spirometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ECG (if indicated)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: E.N.T: Bilateral Ears Cerumen H61.23, Blood Count: ESR R70.0 23 mm/hr MIE

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 : 27 November 2021



DR. RINDI NURSA'ADAH SAGALA



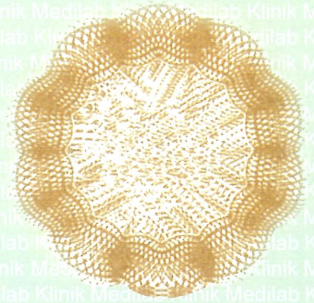
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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	14.6	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	9.1	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	5.00	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	*	23 mm/hr	M: 0 - 10 F: 0 - 20
HCT	43.6	%	M: 40 - 52 F: 35 - 47
PLT	309	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	30.1	%	25 - 40
- MON	6.0	%	2 - 8
- GRA	63.9	%	43 - 76
Indicator of Infection			
- Neutrofil Lymphocyte Ratio (NLR)	2.12	%	> 3.13 Cautious 6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	2739	%	< 1500 Cautious < 1100 Suspicious < 500 Perilous

URINE FEME

Macroscopy	Result
- pH	5
- Specific Gravity	1.010
- 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 : 27 November 2021



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