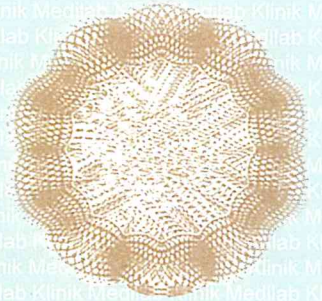




## PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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  
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### HEALTH SCREENING REPORT

Preemployment Physical Examination

137

#### CONFIDENTIAL

No. Medical Record : 00023/004/X/ISP/20

#### PERSONAL DATA

Name : ALEX CHANDRA SIGALINGGING  
 Birthday/Gender/Emp. ID : 5 November 1990 / Male /  
 Father's Name : SAHALA SIGALINGGING  
 Address : BENGKONG INDAH 1 BLOK E NO 62, BATAM  
 Occupation : DRIVER  
 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 : 67 Kg	Height : 167 Cm		
BMI : 24.02			
		Yes/Abnormal	No/Normal
1. Vision			
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>( Should be at least 6/12 in both eyes with or without glasses )</i>			
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>( Should be at least J2 in both eyes with or without glasses )</i>			
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>( Unable to hear ordinary conversation at 2 m )</i>			
3. Cardiovascular System	Yes/Abnormal	No/Normal	
a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Systolic / Diastolic : 126 / 76 mm Hg			
Pulse : 80 / min			
b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 type="checkbox"/>	<input type="checkbox"/>

#### OTHER TEST

*( Report Enclosed )*

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

**Remarks:** Chest X-Ray: Minimal Blunt in The Left Costophrenicus Angle R09, Blood Count: Monocytosis D72.821 10.6%

#### CERTIFICATION

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

ADVICE :

Authentic Signature

Date of Exam : 14 October 2020



DR. REZGA AGNELA VALBETRI

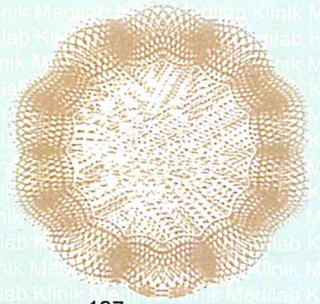






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### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	16.1	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	7.5	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	4.86	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	1	mm/hr	M: 0 - 10 F: 0 - 20
HCT	46.4	%	M: 40 - 52 F: 35 - 47
PLT	301	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440
<b>Differential Count</b>			
- LYM	32.5	%	25 - 40
- MON	* 10.6	%	2 - 8
- GRA	56.9	%	43 - 76
<b>Indicator of Infection</b>			
- Neutrofil Lymphocyte Ratio (NLR)	1.75	%	> 3.13 Cautious 6 - 9 Suspicious > 9 Perilous
- Absolute Lymphocyte Count (ALC)	2438	%	< 1500 Cautious < 1100 Suspicious < 500 Perilous

#### URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.010
- Glucosaa	Negative
- Protein	Negative
- Ketones	Negative
- Bilirubin	Negative
- Urobilinogen	Normal
- Nitrit	Negative
- Blood	Negative
- Leucocytes	Negative

#### X-RAY REPORT

Chest PA:  
Chest X-Ray: Minimal Blunt in The Left Costophrenicus Angle R09

Date of Exam : 14 October 2020



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