

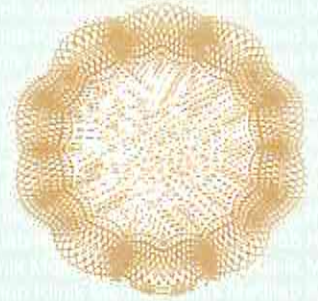


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M•KLINIK MEDILAB

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



HEALTH SCREENING REPORT

Preemployment Physical Examination

CONFIDENTIAL

No. Medical Record : 
00004/001/IV/RP/18

156



PERSONAL DATA

Name : KARN0 NADEAK
Birthday/Gender/Emp. ID : 8 May 1993 / Male /
Father's Name : PARULIAN NADEAK
Address : PERUM CENTRE PARK BLOK A NO 3, BATAM
Occupation :
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
Weight	: 55 Kg		
BMI	: 20.44		
Height	: 164 Cm		
1. Vision			
a. Distant Vision	(Should be at least 6/12 in both eyes with or without glasses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	(Should be at least J2 in both eyes with or without glasses)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	(Unable to hear ordinary conversation at 2 m)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Cardiovascular System			
a. Blood Pressure	Systolic / Diastolic : 136 / 78 mm Hg	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Pulse : 79 / 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 checked="" type="checkbox"/>	<input type="checkbox"/>

OTHER TEST

(Report Enclosed)

	Yes/Abnormal	No/Normal
1. Audiometri	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Spirometri	<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:6/9, L:6/6 MIM, Suspect Left Inguinal Hernia K40.9, Blood Count: Monocytosis D72.821 8.6%

CERTIFICATION

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

ADVICE :

Consultation to Surgeon

Authentic Signature



Date of Exam : 21 April 2018



DR. EBIET YUDI SANTOKO



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KARNO NADEAK

LABORATORY REPORT

BLOOD COUNT

Test Name	Result Unit	Reference Range
HGB	15.3 gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	8.0 10 ³ / mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	4.98 10 ⁶ / mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	7 mm/hr	M: 0 - 10 F: 0 - 20
HCT	47.4 %	M: 40 - 52 F: 35 - 47
PLT	222 10 ³ /mm ³	150 - 440
Differential Count		
- LYM	30.5 %	25 - 40
- MON	* 8.6 %	2 - 8
- GRA	60.9 %	43 - 76

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 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 : 21 April 2018



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