



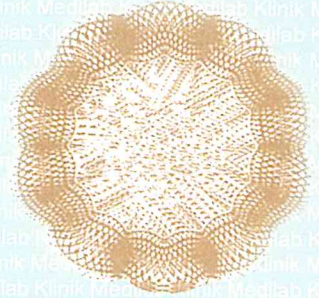
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
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HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00010/002/IV/RP/20

190

PERSONAL DATA

Name : WIDIANA DANY
 Birthday/Gender/Emp. ID : 12 November 1990 / Female /
 Father's Name : DANY
 Address : TIBAN 3 BLOK B1 NO 1, 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. 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 : 59 Kg			Height : 160 Cm		
BMI : 23.04					
1. Vision			3. Cardiovascular System		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			Systolic / Diastolic : 111 / 68 mm Hg		
b. Near Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pulse : 83 / min		
(Should be at least J2 in both eyes with or without glasses)			b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			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. 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: Blood Count: Monocytosis D72.821 9.1%

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 : 17 April 2020



DR. REZGA AGNELA VALBETRI



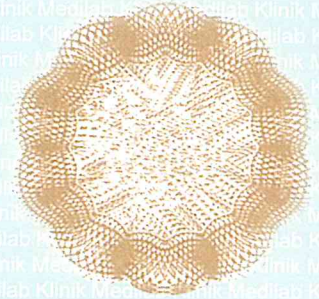
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WIDIANA DANY

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	11.8	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	5.1	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	4.88	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	10	mm/hr	M: 0 - 10 F: 0 - 20
HCT	38.5	%	M: 40 - 52 F: 35 - 47
PLT	365	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	32.2	%	25 - 40
- MON	*	9.1 %	2 - 8
- GRA	58.7	%	43 - 76

URINE FEME

Macroscopy	Result
- pH	6
- 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 : 17 April 2020



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