

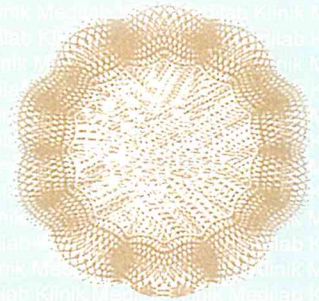


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**PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA**

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 :   
00017/006/VIII/ISP/20

131

**PERSONAL DATA**

Name : GRACE ELISABET SILALAH  
Birthday/Gender/Emp. ID : 17 December 1995 / Female /  
Father's Name : MARDIN EFFENDI  
Address : BKG TENGAH KAV MANDIRI BLOK Q NO 1, BATAM  
Occupation : ASST PURCHASING  
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 checked="" type="checkbox"/>	<input type="checkbox"/>

**CLINICAL EXAMINATION**

		Yes/Abnormal	No/Normal			Yes/Abnormal	No/Normal
Weight	: 52 Kg			3. Cardiovascular System			
BMI	: 20.06			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Systolic / Diastolic	: 132 / 71 mm Hg		
				Pulse	: 75 / 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 checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Urine Feme	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Pregnancy Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. 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:** Medical History: Allergy L27, Hemorrhoid K64.4  
Bilateral Varicose Grade 1 I83.9

**CERTIFICATION**

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

ADVICE :  
Legs Exercise

Authentic Signature



Date of Exam : 22 August 2020



DR. REZGA AGNELA VALBETRI





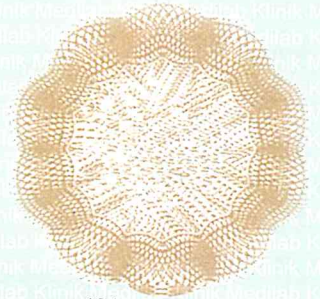
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# M•KLINIK MEDILAB

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GRACE ELISABE

### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range		
HGB	13.6	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5	
WBC	5.1	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0	
RBC	4.51	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2	
ESR	6	mm/hr	M: 0 - 10	F: 0 - 20	
HCT	40.5	%	M: 40 - 52	F: 35 - 47	
PLT	204	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440		
Differential Count					
- LYM	39.5	%	25 - 40		
- MON	6.5	%	2 - 8		
- GRA	54.0	%	43 - 76		
Indicator of Infection					
- Neutrofil Lymphocyte Ratio (NLR)	1.36	%	> 3.13 Cautious	6 - 9 Suspicious	> 9 Perilous
- Absolute Lymphocyte Count (ALC)	2015	%	< 1500 Cautious	< 1100 Suspicious	< 500 Perilous

#### 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

Pregnancy Test 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 : 22 August 2020



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