



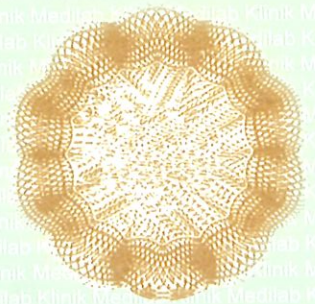
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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

Periodic Health Examination

266

CONFIDENTIAL

No. Medical Record : 
00015/002/IV/ISP/22

PERSONAL DATA

Name : ILYAS PERMANA
Birthday/Gender/Emp. ID : 22 December 1996 / Male / ISP21288
Father's Name : DENNY IRAWAN
Address : PERUM MUKA KUNING INDAH 1 BLOK AR NO 12 BT AJI, BATAM
Occupation : ACCOUNTING STAFF
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

	Yes/Abnormal	No/Normal		Yes/Abnormal	No/Normal
Weight : 75 Kg			Height : 179 Cm		
BMI : 23.41					
1. Vision			3. Cardiovascular System		
a. Distant Vision	<input checked="" type="checkbox"/>	<input 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 : 128 / 78 mm Hg		
b. Near Vision	<input type="checkbox"/>	<input type="checkbox"/>	Pulse : 88 / 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Myopia H52.1 Aided R:6/12, L:6/18 MOM, External Hemorrhoid K64.4 <= 0.5 cm, Blood Count: Lymphocytosis D72.820 44.5%, 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 :

Check Glasses, High Fiber Diet

Authentic Signature



Date of Exam : 22 April 2022



DR. REZGA AGNELA VALBETRI

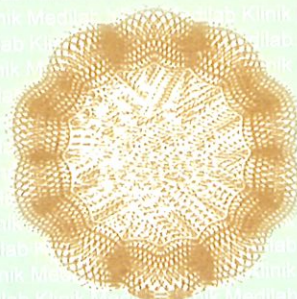


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ILYAS PERMANA

LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	14.8	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	6.5	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	5.03	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	1	mm/hr	M: 0 - 10 F: 0 - 20
HCT	42.0	%	M: 40 - 52 F: 35 - 47
PLT	262	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	* 44.5	%	25 - 40
- MON	* 9.1	%	2 - 8
- GRA	46.4	%	43 - 76

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:

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 April 2022



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Pencegahan Haemorhoid

- Minum air minimum 8 gelas perhari
- Makanan tinggi serat, cereal, buah dan sayur
- Hindari duduk terlalu lama terutama di tempat panas
- Hindari makanan minuman yang dapat mengiritasi seperti makanan pedas, dan alkohol
- Hindari minuman yang dapat mengganggu BAB seperti tea dan kopi
- Olah raga rutin
- Hindari menahan BAB (Buang Air Besar)
- Duduk terlalu lama di toilet (sambil membaca)
- BAB pada waktu yang tepat, misal setiap bangun tidur setelah minum segelas besar air putih