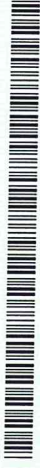


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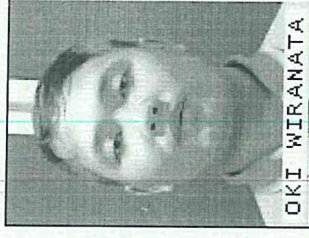
No. Medical Record :



140

HEALTH SCREENING REPORT

Periodic Health Examination



PERSONAL DATA

Name : OKI WIRANATA
 Birthday/Gender/Emp. ID : 31 December 1994 / Male / 20203
 Father's Name : HERMAIN
 Address : PERUM TAMAN BATU AJI INDAH II BLOK A NO 11 SAGULUNG, BATAM
 Occupation : QHSE OFFICER
 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Bronchial Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Bloody Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Allergic Rhinitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Peptic Ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Echolalia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CLINICAL EXAMINATION

Weight	: 69 Kg	Height	: 157 Cm	Cardiovascular System	Yes/Abnormal	No/Normal
BMI	: 27.99			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Vision		Yes/Abnormal	No/Normal	Systolic / Diastolic	: 138 / 70 mm Hg	
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pulse	: 76 / min	
(Should be at least 6/12 in both eyes with or without glasses)				b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)				4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)				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	Yes/Abnormal	No/Normal
1. Blood Count	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Urine Feme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other Laboratory Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Audiometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spirometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ECG (if indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER TEST

(Report Enclosed)

Remarks: Overweight E66, Blood Count: Monocytosis D72.821 11.3%

CERTIFICATION

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

ADVICE :

Regular Exercise and Reduce Weight

Authentic Signature



Date of Exam : 6 November 2020



DR. REZGA AGNELA VALBETRI



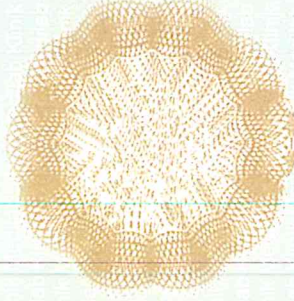
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

Komplek Taman Niaga Sukajadi Blok J No. 3A-6 Jl. Ahmad Yani - Batam 29433
Telp: (0778) 7372023, 7372023, 0811 770 1188, 0811 770 1199. Fax: (0778) 7372024
E-mail: customercare@medilab-clinic.com, Website: www.medilab-clinic.com



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No. Medical Record :  00026/001/XI/ISP/20

Periodic Health Examination

PERSONAL DATA

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140



BLOOD COUNT

Test Name	Result	Unit	Reference Range
HGB	15.6	gr/dl	M: 13.2 - 17.3 F: 11.7 - 15.5
WBC	6.4	10 ³ /mm ³	M: 3.8 - 10.6 F: 3.6 - 11.0
RBC	5.17	10 ⁶ /mm ³	M: 4.4 - 5.9 F: 3.8 - 5.2
ESR	5	mm/hr	M: 0 - 10 F: 0 - 20
HCT	45.5	%	M: 40 - 52 F: 35 - 47
PLT	392	10 ³ /mm ³	150 - 440
Differential Count			
- LYM	29.8	%	25 - 40
- MON	11.3	%	2 - 8
- GRA	58.9	%	43 - 76

Indicator of Infection

- Neutrofil Lymphocyte Ratio (NLR) 1.97 % > 3.13 Cautious > 9 Suspicious
 - Absolute Lymphocyte Count (ALC) 1907 % < 1500 Cautious < 1100 Suspicious < 500 Perilous

URINE FEME

Macroscopy

- 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 : 6 November 2020



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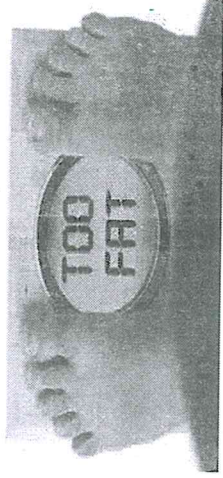
OVERWEIGHT DAN OBESE

Kemendes RI

CEGAH DENGAN MELAKUKAN POLA HIDUP SEHAT

Overweight adalah berat badan yang melebihi berat badan normal.

Body Mass Index (BMI) ≥ 25 Kg/m²



Obese adalah kelebihan akumulasi lemak dalam tubuh.

Body Mass Index (BMI) ≥ 30 Kg/m²

World Health Organization (WHO)

Cara Mengatasi :

1. Mengurangi porsi makan dari biasanya, perbanyak makan buah dan sayur serta kacang-kacangan.
2. Mengurangi penggunaan minyak dan santan, dianjurkan masak dengan cara dikukus, direbus atau dipanggang.
3. Mengurangi makanan dan minuman yang manis.
4. Mengurangi penggunaan garam dan makanan yang diawetkan, diasinkan dan dikemas dalam kaleng.
5. Hindari susu tinggi lemak, minumlah susu yang rendah lemak.
6. Meningkatkan konsumsi makan ikan segar.
7. Melakukan aktivitas fisik minimal 30 menit setiap hari. Kegiatan ini dapat dilakukan dimana saja dan kapan saja seperti berjalan kaki, bersepeda, membersihkan rumah dan kebun, mencuci motor/mobil.

Cara Mencegah :

1. Makan dengan gizi seimbang
* Jumlah dan jenis makanan sesuai kebutuhan
* Jadwal makan teratur
2. Aktifitas Fisik minimal 30 menit setiap hari
3. Timbang berat badan secara teratur

