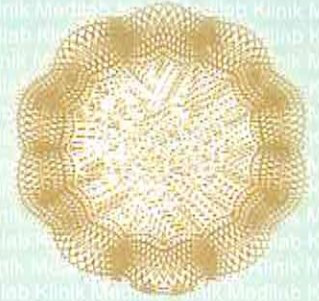




PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA


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



HEALTH SCREENING REPORT

Periodic Health Examination

CONFIDENTIAL

No. Medical Record : 
00029/014/XII/17

149



PERSONAL DATA

Name : CHOLIDJAH
Birthday/Gender/Emp. ID : 15 September 1979 / Female / 16062
Father's Name : SUDARTO
Address : TIBAN KAV MENTARAU, BATAM
Occupation : ADMINISTRATION
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 checked="" type="checkbox"/>	<input 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

Weight : 74 Kg	Height : 160 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 28.90		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 117 / 80 mm Hg		
		Pulse : 83 / min		
1. Vision	Yes/Abnormal	No/Normal		
a. Distant Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>
(Should be at least 6/12 in both eyes with or without glasses)			c. Varicose Veins	<input checked="" type="checkbox"/>
b. Near Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Respiratory System	<input checked="" type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)			5. Skin-Chronic Disease	<input checked="" type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input checked="" type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input checked="" type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input checked="" type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			9. Mental State	<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: Medical History: Surgery Z40
Overweight E66, Blood Count: ESR R70.0 27 mm/hr MIE

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 : 14 December 2017



DR. SISKA ALIDAYATI



KLINIK MEDILAB

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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	12.8	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	7.5	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.90	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	*	27 mm/hr	M: 0 - 10	F: 0 - 20
HCT	40.7	%	M: 40 - 52	F: 35 - 47
PLT	246	10 ³ /mm ³	150 - 440	
Differential Count				
- LYM	33.0	%	25 - 40	
- MON	8.0	%	2 - 8	
- GRA	59.0	%	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 : 14 December 2017



>> Computer Generated Report, No Signature Required. <<