



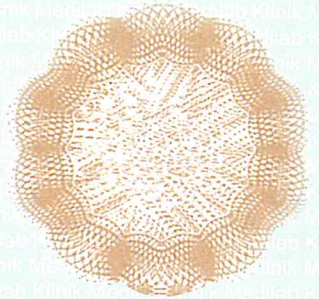
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PUSAT PEMERIKSAAN KESEHATAN TENAGA KERJA

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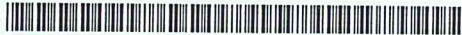


HEALTH SCREENING REPORT

Preemployment Physical Examination

103

CONFIDENTIAL

No. Medical Record : 
00029/002/IX/ISP/19

PERSONAL DATA

Name : SAURIDA SIBARANI
 Birthday/Gender/Emp. ID : 5 April 1993 / Female /
 Father's Name : LONGGAK SIBARANI
 Address : PERUM SIERRA BLOK E NO 19, BATAM
 Occupation :
 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

Weight : 51 Kg	Height : 155 Cm	3. Cardiovascular System	Yes/Abnormal	No/Normal
BMI : 21.22		a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Systolic / Diastolic : 121 / 74 mm Hg		
		Pulse : 85 / 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 type="checkbox"/>
(Should be at least J2 in both eyes with or without glasses)			5. Skin-Chronic Disease	<input type="checkbox"/>
c. Colour Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>
d. Any Organic Eye Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>
2. Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>
(Unable to hear ordinary conversation at 2 m)			9. Mental State	<input 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. Pregnancy Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. 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: Myopia H52.1 R:6/7.5, L:6/7.5 MIM, Bilateral Varicose Grade 1 I83.9, External Haemorrhoids K64.4 <= 0.5cm, Blood Count: Lymphocytopenia D72.810 22.1%

CERTIFICATION

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

ADVICE :

Legs Exercise, High Fiber Diet

Authentic Signature

Date of Exam : 28 September 2019

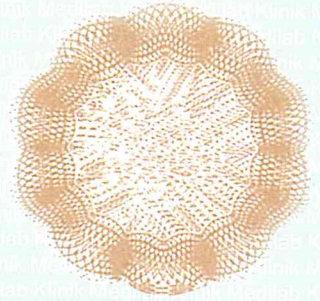



DR. EBIET YUDI SANTOKO



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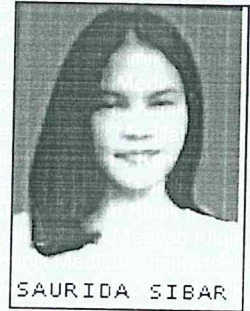
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LABORATORY REPORT

BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	12.5	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	11.0	10 ³ /mm ³	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	4.34	10 ⁶ /mm ³	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	2	mm/hr	M: 0 - 10	F: 0 - 20
HCT	37.2	%	M: 40 - 52	F: 35 - 47
PLT	237	10 ³ /mm ³	150 - 440	
MCV	92.0	µm ³	80 - 100	
MCH	31.2	pg	26 - 34	
MCHC	33.9	gr/dl	32 - 36	
Differential Count				
- LYM	*	22.1 %	25 - 40	
- MON		7.5 %	2 - 8	
- GRA		70.4 %	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

Pregnancy Test 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 : 28 September 2019



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