

### HEALTH SCREENING REPORT

Periodic Health Examination

#### CONFIDENTIAL

No. Medical Record :   
00024/009/XII/RP/17

144

#### PERSONAL DATA

Name : SUYADI J  
Birthday/Gender/Emp. ID : 25 May 1978 / Male / 12065  
Father's Name : JAKIDI  
Address : KAWASAN INDUSTRI RT 4 RW 5, BATAM  
Occupation : JANITOR  
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

		Yes/Abnormal	No/Normal			Yes/Abnormal	No/Normal
Weight	: 65 Kg			3. Cardiovascular System			
BMI	: 27.05			a. Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Systolic / Diastolic	: 139 / 89 mm Hg		
1. Vision				Pulse	: 80 / min		
a. Distant Vision		<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>( Should be at least 6/12 in both eyes with or without glasses )</i>				c. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Near Vision		<input type="checkbox"/>	<input type="checkbox"/>	4. Respiratory System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>( Should be at least J2 in both eyes with or without glasses )</i>				5. Skin-Chronic Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Colour Vision		<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Any Organic Eye Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Locomotor/Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>( Unable to hear ordinary conversation at 2 m )</i>				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. Audiometri	<input type="checkbox"/>	<input type="checkbox"/>
2. Spirometri	<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: Medical History: Surgery Z40

Overweight E66, Myopia H52.1 R:2/60, L:6/6 SM, Blood Count: Leucocytosis D72.829 10.8\*10<sup>3</sup>/mm<sup>3</sup> MIE, Monocytosis D72.821 10.8%

#### CERTIFICATION

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

ADVICE :

Regular Exercise and Reduce Weight, Consultation to Company Doctor

Authentic Signature

  
DR. EBIET YUDI SANTOKO

Date of Exam : 13 December 2017

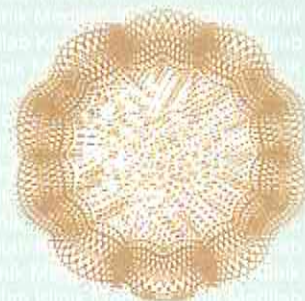




# KLINIK MEDILAB

## 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



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### LABORATORY REPORT

#### BLOOD COUNT

Test Name	Result	Unit	Reference Range	
HGB	15.3	gr/dl	M: 13.2 - 17.3	F: 11.7 - 15.5
WBC	*	10 <sup>3</sup> /mm <sup>3</sup>	M: 3.8 - 10.6	F: 3.6 - 11.0
RBC	5.40	10 <sup>6</sup> /mm <sup>3</sup>	M: 4.4 - 5.9	F: 3.8 - 5.2
ESR	1	mm/hr	M: 0 - 10	F: 0 - 20
HCT	46.2	%	M: 40 - 52	F: 35 - 47
PLT	294	10 <sup>3</sup> /mm <sup>3</sup>	150 - 440	
Differential Count				
- LYM	35.7	%	25 - 40	
- MON	*	10.8	2 - 8	
- GRA	53.5	%	43 - 76	

#### URINE FEME

Macroscopy	Result
- pH	6
- Specific Gravity	1.010
- Glucossa	Negative
- Protein	Negative
- Ketones	Negative
- Billirubin	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 : 13 December 2017



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