

## Health Rehabilitation Individual Report

## **Profile**

Employee Name fullname Employee ID employeeid

Company company Function/Business Unit function

Plant/Department department Division division

Section Section Date of Birth date\_birthday

Age age Service year service\_year

Service Year in service\_year\_current

**Current Position** 

## Working background

years	Work Description / Machine Type	Service Year in Current Position	Risk Factor Related Work	Do you have workplace environment al monitoring?	Year of Environm ental Inspection	Result of Environmental Inspection	Duration of Risk Exposure per Day	Workplace environme ntal monitoring results	Result of Environment al Inspection Attachment

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## Health Check Report due to Risk Factor Related Work

Librarii Ohaada	Years							
Health Check	2015	2016	2017	2018	2019			
Health Check up hospital	-	-	-	-	-			
Abnormal Health Check Report								
- pulmonary function	-	-	-	-	-			
- audiogram	-	-	-	-	-			
- occupational vision	-	-	-	-	-			
- Imbalance of body chemistry	-	-	-	-	-			
Personal health problem or Chronic diseases in the ear	-	-	-	-	-			
Smoking Record	-	-	-	-	-			
Environment report	-	-	-	-	-			

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