




LEMBAR PEMERIKSAAN RADIOLOGI

Nama : Tu. Pobi Hamdani
Umur : 25-5-1997
Jenis Kelamin : Laki-laki
Tanggal : 15-5-2023
Jenis Pemeriksaan : Lumbosagital AP/Lat.
Klinis : PNC lgg.
Lembar Jawaban :

- Curva lordotic. Vertebrae lumbalis normal
- Tak tampak fracture, dislokasi, maupun lisis
 - Mineralisasi tulang dalam batas normal
 - Foramen & Discus intervertebralis normal
 - Soft tissue para intervertebralis tak swelling

Kesat : Tak tampak kelainan patologis pada foto lumbalis
Saat ini


dr. Yulius Palungan Tandi, Sp.Rad
Dokter Pemeriksa

Terima Kasih Untuk Kepercayaannya



(72)

RUMAH SAKIT MEDIKA SANGATTA
PT SENGATA OCCUPATIONAL HEALTH CENTER (SOHC)
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LEMBAR PEMERIKSAAN RADIOLOGI

Nama : Tn. Pobi handani
Umur : 25-5-1997
Jenis Kelamin : laki-laki
Tanggal : 15-5-2023
Jenis Pemeriksaan : Thorax PA.
Klinis : DMO kpp
Lembar Jawaban :

- Costae dan bronchovascular paru dalam batas normal
- Cor fate membesar, aorta dalam batas normal
- Sinus costophrenicus dan diafragma dalam batas normal
- Tulang - tulang intact

Kesan : Tercampur kelainan Radiologic pada foto Thorax ini.


dr. Yulius Palungan Tandi, Sp.Rad
Dokter Pemeriksa

Terima Kasih Untuk Kepercayaananya



RUMAH SAKIT MEDIKA SANGATTA

PT SENGATA OCCUPATIONAL HEALTH CENTER (SOHC)

MCU

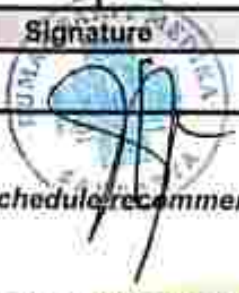
MEDICAL ASESMENT FORM

Refer to KPC MCU - SOP 2011

GROUP B Type : Pre-Employment

| | |
|---------------------|---|
| Name : Robi Hamdoni | File No / Cd : 3974 / SOHC-23 / 57623.0 |
| Job : Driver | Company : BMC / New |

ASSESSMENT FINDINGS AND ACTION PLAN

| Previous Medical Examinations (Incl. Pre employment, Preplacement and periodic Medical Examination) | | |
|---|---|--|
| Year | Conclusion | Recommendation |
| - | - | - |
| - | - | - |
| - | - | Unknown |
| Medical History and General Information | | Physical Examination |
| DASS 21 Score: Depression: 0 (Normal), Anxiety: 0 (Normal), Stress: 0 (Normal) | | Eyes Visus: Without glasses Normal, Near Vision: ODJ2, OSJ2, Ear: Cerumen AS |
| Laboratorium | | |
| SGPT: 58 U/L | | Drugs Test: Negative, Lumbo Sacral AP/Lat: Normal |
| Chest X ray | | ECG |
| WITHIN NORMAL VALUE | | WITHIN NORMAL VALUE |
| Spirometry | | Audiometry |
| - | | NORMAL CONDITION |
| Conclusion | | Recommendation / Comment |
| | | Rest, Light Job Only |
| Doctor | Signature | Date |
| dr. Dewi Puspitasari |  | May 15, 2023 |

Next annual MCU schedule recommended on

0221831

**GENERAL INFORMATION
TO BE COMPLETED BY EMPLOYEE**

| | | | |
|--|--------------------------------------|----------------------------------|--------------------------------|
| Given Name <i>Robi Hamdoni</i> | | Surname <i>Robi</i> | |
| File Number <i>3974</i> <i>New</i> | Date of Birth <i>May 25, 1997</i> | Place of Birth <i>Basilam</i> | Ethnic Origin <i>Jawa</i> |
| Gender <i>Male</i> | Marital Status <i>Married</i> | | Number of Children <i>-</i> |
| Religion <i>Muslim</i> | | Year <i>2023</i> | |

| | | | |
|----------------------|--|---|---|
| Job title: | <i>Driver</i> | Telephone/Handphone | <i>085270646468</i> |
| Hobby | <i>Fishing</i> | | |
| Education | <i>SMP</i> | | |
| Position applied for | <input checked="" type="checkbox"/> Pre-employment Medical Examination | <input type="checkbox"/> Preplacement Medical Examination | <input type="checkbox"/> Periodic Medical Examination |

Job involves (choose all applicable)

- ☐ Driving or operating mobile equipment (vehicles, cranes, hoist)
- ☐ Working at heights (ladder, elevated walkways)
- ☐ Clerical, office based or administrative work
- ☐ Requires colour vision (colour coded wiring or warning lights)
- ☒ Potential dust exposure
- ☐ Catering staff including all food handlers
- ☐ Exposing to other potential dangerous material (chemical, radiation, extremity temperature)

To be completed by employee guided by OHP Nurse and checked by Doctor

MEDICAL HISTORY

Please indicate if you ever suffered from the following conditions

| Y / N | | Y / N | | Y / N | |
|-----------------------|--|---|-----------------------------|-------------------------------|--------------------------------------|
| <i>N</i> | Head injury or contusion | <i>N</i> | Jaudice / hepatitis | <i>N</i> | Hypertension |
| <i>N</i> | Fainting, blackouts, epilepsy | <i>N</i> | Chronic cough >4weeks | <i>N</i> | Chest pain/ heart disease |
| <i>N</i> | Visual changes | <i>N</i> | Haemorrhoid | <i>N</i> | Malaria / tropical disease |
| <i>N</i> | Hearing loss | <i>N</i> | Chronic abdominal pain | <i>N</i> | Surgery / operation |
| <i>N</i> | Nose, sinus, throat trouble more 4 weeks | <i>N</i> | Sexual transmitted diseases | <i>N</i> | Unusual change of weight >5 kg/month |
| <i>N</i> | Gynaecological problems | <i>N</i> | Diabetes | <i>N</i> | Back pain > 4 weeks |
| <i>N</i> | Chronic skin problem | <i>N</i> | Asthma | <i>N</i> | Thyroid fever |
| <i>N</i> | Chronic diarrhea | <i>N</i> | Allergies | <i>N</i> | Swollen or painful joints |
| <i>N</i> | Anorexia more 4 weeks | <i>N</i> | Tuberculosis | <i>N</i> | Kidney problem/ Urinary stones |
| <i>N</i> | Gastritis | <i>N</i> | Psychiatric disorder | <i>N</i> | Dengue Fever |
| Family health history | | (10 gr alcohol = 1 can beer = 1 glass wine = 1 glass/ nip spirit) | | Prescribed Medication / Sport | |
| Father | <i>No History Of Disease</i> | Cigarettes (perday) | <i>7 Pcs</i> | <i>-</i> | |
| Mother | <i>No History Of Disease</i> | Alcohol (or/week) | <i>-</i> | <i>Sport</i> | |
| Siblings | <i>7</i> | | | <i>Any Allergies</i> | |
| Other | <i>-</i> | | | <i>-</i> | |

I certify that the above statements are to the best of my knowledge and belief correct.

I consent to the results of this examination being stored in paper and electronic format.

I am willing that if required, work related medical information may be released to Company management.

| | | | |
|--|------------------|---------------------|---------------------|
| Signature of Witness (Examining Medical officer) | Date | Candidate Signature | Date |
| <i>[Signature]</i> | <i>15-May-23</i> | <i>[Signature]</i> | <i>May 15, 2023</i> |