SURAT REKOMENDASI PEMERIKSAAN KESEHATAN SIPENMARU AKADEMI KEPERAWATAN BETHESDA SERUKAM TAHUN AKADEMIK 2021/2022

| Nama Lengkap | : | |
|-----------------------------|----------------------------------|-------------|
| Nomor Pendaftaran | | |
| Jenis Kelamin | : Pria Wanita | |
| Tempat Tanggal Lahir | : | Umur :Tahun |
| Alamat Pendaftar | : | |
| Sekolah/Akademi yang dituju | : Akper Bethesda Serukam Kal-Bar | |
| Tempat Pemeriksaan | : | |

| No | Jenis Pemeriksaan | Hasil | Kelainan | Keterangan | | |
|----|---|-------|----------|------------|--|--|
| 1 | FISIK | | | | | |
| | a. Tekanan Darah | | | | | |
| | b. Tinggi Badan | | | | | |
| | c. Berat Badan | | | | | |
| | d. Fungsi extreminitas | | | | | |
| | - Kanan atas | | | | | |
| | - Kanan bawah | | | | | |
| | - Kiri atas | | | | | |
| | - Kiri bawah | | | | | |
| | e. Panjang tungkai dari SIAS ke maleolus medial | | | | | |
| | - Kanan | | | | | |
| | - Kiri | | | | | |
| | f. Kulit | | | | | |
| 2 | TELINGA | | | | | |
| | a. Kiri | | | | | |
| | b. kanan | | | | | |
| | c. Pendengaran | | | | | |
| 3 | HIDUNG | | | | | |
| 4 | LIDAH | | | | | |
| 5 | PHARING | | | | | |
| 6 | TONSIL | | | | | |
| 7 | GIGI | | | | | |
| 8 | THYROID | | | | | |
| | JANTUNG | | | | | |
| 9 | JANTONG | | | | | |

| 11 | ABDOMEN | | | | | | | |
|---|--|--------------|--|-------|-----|--|--|--|
| 12 | REFLEK | | | | | | | |
| | a. Pupil | | | | | | | |
| | b. Patela | | | | | | | |
| | c. Achiles | | | | | | | |
| 13 | THORAX FOT | | | | | | | |
| 14 | HCV | | | | | | | |
| 15 | LABORATORIUM | | | | | | | |
| | 1. Darah : | | | | | | | |
| | - HCT | | | | | | | |
| | - Diff Count | | | | | | | |
| | - HIV | | | | | | | |
| | - Hbs Ag | | | | | | | |
| | - Gol darah | | | | | | | |
| | 2. Urine | | | | | | | |
| | - U/A lengkap | | | | | | | |
| | - Dot test/ HCG #untuk wanita | | | | | | | |
| 16 | KONSULTASI DENGAN INDIKASI | | | | | | | |
| Hasi | l Penggalian Informasi tentang riwa | vat penvakit | | | | | | |
| | 98 | J F | | | | | | |
| | | | | | | | | |
| Setiap data yang diberikan diatas adalah sesuai dengan hasil pemeriksaan. | | | | | | | | |
| | | | | | 202 | | | |
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| | | | | (|) | | | |
| | Nama Dokter, Tandatangan dan Cap stempel | | | | | | | |