

PT HEXINDO ADI PERKASA TBK HEALTH SCREENING

Name :				
Gender :				
Date of Birth/Age :				
Company :				
Job Title :				
Phone Number (* Whatsapp) :				
Address :				
	City :			Zip code :
	A. ANAMNESIS (put a check mark [v] on the s	uitable	e ansv	ver)
No	QUESTIONS (within the last 14 days)	Yes	No	Details
1.	Is there any health complaints at the			
	moment?			
	Such as fever, cough, runny nose, sore			
	throat, breathing difficulties			
2.	Is there anyone around where you live has			
	the status of people under observation/			
	patients under surveillance/Covid-19			
	suspect/Covid-19 patient?			
3.	Is there a history of visiting or do medication			
	/ treatment at the hospital?			
4.	Is there a history of traveling out of town /			
	outside country /to red zone area?			
5.	Do you use public transportation when			
	traveling / leaving for work?			
6.	Do you have a history of comorbidities?			Please kindly state the
	(such as heart disease, hypertension,			comorbidities:
	diabetes, asthma, autoimmune disease,			
	kidney disease, neurological disease, and			
	cancer)			
7.	Are there any medicines currently used?			Please kindly state the
				medicine:
	I hereby declare that all this infor	mation	s ic fill	ad in truthfully

I hereby declare that all this information is filled in truthfully and I am willing to follow the health protocol set by PT Hexindo Adiperkasa Tbk

Yes and Willing



* This sheet is filled by company	y doctor when visited PT Hexindo Adiperkasa Tbk area
 B. PHYSICAL EXAMINATION Blood Pressure: (DM patient only) Pulse Body Temperature Eyes ORL (Otorhinolaryngology) Cardiovascular Lungs Abdomen Extremities From the results of the history and	GDS:
 a. FIT TO WORK → Permitted in b. TEMPORARY UNFIT → Not a 	nto the meeting room allowed to enter the meeting room without PCR / rapid test
results.	nowed to enter the meeting room without rott / rapid test
Recommendations :	
Re-evaluation time :	
Check date : Checked/Verified By : Examiner's signature :	
* Due to restrictions on the number	ument via email to she@hexindo-tbk.co.id of EGMS participants according to regulations of COVID-19 eceived confirmation through email / WhatsApp is allowed

