TIM PEMERIKSA KESEHATAN CALON MAHASISWA

STUDENT HEALTH EXAMINATION TEAM DIPONEGORO UNIVERSITY

HASIL PEMERIKSAAN KESEHATAN / HEALTH EXAMINATION RESULT

Nama / *Name* : ..... No. Test / *Test Number* : .....

Jenis Kelamin / *Gender* : ..... Umur / *Age* : ..... / *years old*

Tempat dan Tanggal Lahir / *Place and Date of Birth* : .....

Alamat / *Address* : ....

....

Program Studi / *Study Program* : ..... Fakultas / *Faculty* : ....

Tekanan darah/ *Blood pressure* : ..... / mmHg Nadi/*Heart rate* ...../ mnt, reg / irreg.

Cor : normal / patologis : .....

Pulmo : normal / patologis : .....

Abdomen : normal / patologis : .....

Cacat fisik / *Physical disability* : .....

Paraf Dokter/ *Doctor sign*

(_____)

Penglihatan (*Vision*) : Visus kanan / *Right visual equity* : Normal / Abnormal Visus : .....

Visus kiri / *Left visual equity* : Normal / Abnormal Visus : .....

Ischihara Test : CCs / IRB / CRB
IGB / CGB / TCB

Note :

CCs : Complete Color
IRB : Incomplete Red Blindness
CRB : Complete Red Blindness
IGB : Incomplete Green Blindness
CGB : Complete Green Blindness
TCB : Total Color Blindness

Pendengaran (*Hearing*) : Telinga Kanan / *Right ear* : Normal / Abnormal

Telinga Kiri / *Left ear* : Normal / Abnormal

Bicara (*Verbal*) : Normal / Tidak Normal (*speech disorders*)

Paraf Dokter/ *Doctor sign*

(_____)

Narkoba (*Drug test*) : *Positive* *Negative* : AMP / Mop / THC

Note :
AMP : Amphetamine
Mop : Morphin
THC : Tetrahydrocannobinol

* mohon melampirkan hasil tes laboratorium narkoba melalui pemeriksaan urin
* *please attach drug laboratory test results via urine examination*

Paraf Dokter/ *Doctor sign*

(_____)

Catatan / *note* : ...., ...

(dr.)

* stempel dokter dan rumah sakit
* *doctor and hospital stamp*