

## PERSONAL DATA

No. MCU : 0757/GMI-MCU/II/2021  
No. Badge : -  
N a m a : **MUHAMMAD ANNUR RAHMAN, Tn.**  
U m u r : 29 tahun  
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**  
Jabatan : Asst. Inspector  
Tgl Pemeriksaan : 16/02/2021  
Alamat : Jl. Pasar Gunung Tembak No. 29 RT 17 Kel. Teritip



**Medical Department**

**HEALTH SURVEILLANCE**

Isilah formulir ini dengan sebenarnya dan selengkap-lengkapnnya. Apabila ada hal-hal yang kurang dipahami segera hubungi dokter atau perawat.

**IDENTITAS PEGAWAI**

- 1. Posisi : Asist. Inspector
- 2. Golongan Darah : A / B / AB / O Rhesus : (+) / -
- 3. Status : (1) Belum kawin (2) Kawin (3) Janda (4) Duda (5) Cerai
- 4. Jumlah anak : Anak laki-laki ..... Orang, Anak Perempuan .. 2 .. orang
- 5. Alamat sekarang : Jl. Pagar Gunung Lembak No. 29 RT. 17  
Kurahan Teritip  
Telpon/HP 081295117946
- 6. No. Extension Telpon. : Kantor : ..... Kamar (untuk lapangan) .....

**HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN**

No.	Posisi	Lama Kerja	Perusahaan	Lama paparan dalam jam/hari						
				Statis	Debu	Kimia	Radikal	Ergonomi	lain-lain	

**HANYA UNTUK KARYAWAN ..... RIWAYAT PEKERJAAN**

Tuliskan lama kerja pada masing-masing tempat kerja yang sesuai dengan posisi anda. Jumlah jam harus sesuai dengan lama kerja dalam sehari.

- 1. Office : \_\_\_\_\_ jam/hari
- 2. Warehouse : \_\_\_\_\_ jam/hari
- 3. Workshop : \_\_\_\_\_ jam/hari
- 4. Process area : \_\_\_\_\_ jam/hari
- 5. Well/Offshore : \_\_\_\_\_ jam/hari

**PETUNJUK PENGISIAN : ISILAH NOMOR YANG SESUAI DENGAN JAWABAN ANDA PADA KOTAK JAWABAN YANG TELAH TERSEDIA DI SAMPING KANAN. JANGAN MELINGKARI ATAU MENCORET PILIHAN JAWABAN**

**RIWAYAT KESEHATAN**

1. Selama 1 tahun terakhir ini, apakah anda pernah sakit :

- a. Tekanan darah tinggi 1. Ya 2. Tidak
- b. Tekanan darah rendah 1. Ya 2. Tidak
- c. Jantung 1. Ya 2. Tidak
- d. Stroke 1. Ya 2. Tidak
- e. Kencing Manis 1. Ya 2. Tidak

f. Timbul benjolan/tumor	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
g. Ayan / Gangguan syaraf	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
h. Asma	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
i. Batu ginjal	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
j. Alergi	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
k. Thypus	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
l. TBC	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
m. Malaria	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
n. Penyakit kelamin	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
o. Kuning / Hepatitis	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
p. Gangguan jiwa	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
q. Takut pada ketinggian	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
r. Mata	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
s. Hidung	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
t. Telinga	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
u. Gigi / mulut	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
v. Lambung	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
w. Wasir	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
x. Kulit	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
y. Sendi - sendi	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
z. Kandungan	1. Ya	2. Tidak	<input checked="" type="checkbox"/>

### RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

1. Dalam satu tahun terakhir apakah Anda pernah mengalami kecelakaan akibat kerja ?

1. Ya      2. Tidak     

*Bila tidak, lompat ke no. 6*
2. Bila YA, berapa kali dalam setahun terakhir Anda mengalami kecelakaan ?
3. Apakah Anda perlu mendapatkan perawatan di rumah sakit karena kecelakaan tersebut ?

1. Ya      2. Tidak
4. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan akibat kecelakaan tersebut ?
5. Apakah timbul gangguan fungsi maupun kecacatan setelah sembuh ?

1. Ya      2. Tidak
6. Dalam satu tahun terakhir apakah Anda pernah dirawat di rumah sakit ?

1. Ya      2. Tidak     

*Bila tidak, lompat ke no. 8*
7. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?
8. Apakah Anda menderita penyakit yang dikontrol terus menerus selama satu tahun terakhir ?

1. Ya      2. Tidak

## KEBIASAAN MEROKOK

1. Apakah anda pernah merokok ?

1. Ya 2. Tidak  1

*Bila tidak, langsung ke alkohol*

2. Sejak umur berapa Anda mulai merokok untuk pertama kalinya ?

2  4

3. Apakah saat ini Anda merokok ?

1. Ya, setiap hari  2

2. Ya, tidak setiap hari

3. Tidak - bila tidak langsung ke no. 14

4. Berapa banyak rokok yang Anda isap setiap harinya ?

6

5. Jenis rokok apa yang Anda isap ? (DITULIS MEREK)

Magnum

1. Kadar nikotin rendah  2

2. Kadar nikotin sedang

3. Kadar nikotin tinggi

6. Seberapa sering Anda menghisap dalam-dalam asap rokok ?

1. Tidak pernah  2

2. Kadang-kadang

3. Selalu

7. Berapa menit sehabis bangun tidur Anda mulai merokok?

4  2  0

8. Apakah Anda lebih banyak merokok dalam jam pertama di pagi hari ?

1. Ya 2. Tidak  2

9. Apakah sulit untuk tidak merokok di tempat yang dilarang merokok ?

1. Ya 2. Tidak  2

10. Apakah Anda tetap merokok di saat Anda sedang sakit ?

1. Ya 2. Tidak  2

11. Dalam satu hari, rokok manakah yang sulit di lewatkan ?

1. Rokok pertama di pagi  2

*Dari no. 11 langsung ke pertanyaan alkohol*

2. Rokok lainnya

12. Apakah anda ingin berhenti merokok?

1. Ya 2. Tidak

13. Bila Ya, apakah Anda bersedia untuk mengikuti program Berhenti Merokok?

1. Ya 2. Tidak

*Langsung ke pertanyaan alkohol*

14. Sudah berapa lama Anda berhenti merokok ? (tahun)

## KONSUMSI ALKOHOL

1. Apakah Anda pernah minum minuman beralkohol ?

1. Ya 2. Tidak  1

*Bila tidak, langsung ke olahraga*

2. Apakah Anda minum minuman beralkohol dalam 12 bulan terakhir ?

1. Ya 2. Tidak  2

*Bila tidak, langsung ke olahraga*

3. Apakah Anda minum minuman beralkohol dalam 4 minggu terakhir ?

1. Ya 2. Tidak  2

*Bila tidak, langsung ke olahraga*

4. Berapa kali Anda minum minuman beralkohol dalam sebulan ?

-

5. Berapa banyak minuman beralkohol yang Anda habiskan tiap kalinya ? (diperkirakan dalam satuan cc)

-  -

## AKTIFITAS FISIK DAN OLAHRAGA

1. Berapa banyak waktu yang Anda habiskan untuk duduk setiap harinya ? (dalam menit, dan termasuk waktu yang dihabiskan untuk duduk di tempat kerja maupun di waktu luang)

6  0

2. Berapa kali Anda berolahraga dalam sebulan ?

2  0

3. Berapa lama waktu yang Anda habiskan untuk berolahraga tiap kalinya ? (dalam menit)

6  0

4. Bagaimana intensitas olahraga yang Anda lakukan ?

1. Ringan 4. Berat  2

2. Sedang 5. Sangat berat

3. Cukup berat

**POLA KONSUMSI BAHAN MAKANAN**

- 1. Berapa hari dalam seminggu biasanya Anda makan buah-buahan ? 2
- 2. Berapa hari dalam seminggu biasanya Anda makan sayur-sayuran ? 1

**RIWAYAT PENYAKIT KELUARGA**

- 1. Apakah ada diantara Ayah/Ibu Anda menderita penyakit berikut
  - a. Tekanan darah tinggi 1. Ya 2. Tidak 2
  - b. Penyakit jantung 1. Ya 2. Tidak 2
  - c. Stroke 1. Ya 2. Tidak 2
  - d. Kencing manis 1. Ya 2. Tidak 2
  - e. Kanker 1. Ya 2. Tidak 2
  - f. Alergi 1. Ya 2. Tidak 2
  - g. Asma 1. Ya 2. Tidak 2
- 2. Apakah ada saudara kandung Anda menderita penyakit berikut
  - a. Tekanan darah tinggi 1. Ya 2. Tidak 2
  - b. Penyakit jantung 1. Ya 2. Tidak 2
  - c. Stroke 1. Ya 2. Tidak 2
  - d. Kencing manis 1. Ya 2. Tidak 2
  - e. Kanker 1. Ya 2. Tidak 2
  - f. Alergi 1. Ya 2. Tidak 2
  - g. Asma 1. Ya 2. Tidak 2
- 3. Di antara Ayah/Ibu/Saudara Kandung Anda, apakah ada yang meninggal karena penyakit-penyakit di atas pada usia kurang dari 45 tahun untuk laki-laki dan 55 tahun untuk perempuan ? 1. Ya 2. Tidak 2

**UNTUK KARYAWAN WANITA**

- 1. Apakah saat ini Anda sedang hamil ? 1. Ya 2. Tidak
- 2. Berapa bulan umur kehamilan Anda saat ini ? Dik. tidak, langung ke no. 3
- 3. Berapa jumlah kehamilan yang pernah Anda alami (termasuk kehamilan kali ini) ?
- 4. Berapa jumlah keguguran yang pernah Anda alami ?
- 5. Kapan hari pertama haid terakhir Anda ?   /   /
- 6. Berapa umur Anda pada saat haid pertama ?
- 7. Berapa banyak pada saat Anda haid ? 1. Banyak 2. Sedikit
- 8. Apakah dalam satu tahun terakhir pola haid Anda teratur ? 1. Ya 2. Tidak
- 9. Apakah ada rasa sakit yang berhubungan dengan haid ? 1. Ya 2. Tidak
- 10. Apakah Anda sering menderita keputihan ? 1. Ya 2. Tidak

### KELUARGA BERENCANA

1. Apakah keluarga Anda mengikuti keluarga berencana ?

1. Ya    2. Tidak     2

*Bila tidak mengacu ke Vaksinasi*

2. Bila YA, metode KB apa yang Anda gunakan ?

1. Kondom    5. IUD      
2. Pil    6. Vasektomi  
3. Suntik    7. Tubektomi  
4. Susuk    8. Lainnya

### RIWAYAT VAKSINASI

1. Apakah anda pernah mendapatkan vaksinasi tetanus ?

1. Ya    3. Tidak tahu     3

2. Tidak

2. Apakah Anda pernah mendapatkn vaksinasi hepatitis ?

1. Ya    3. Tidak tahu     1

2. Tidak

### DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?

1. Ya    2. Tidak     1

2. Kapan Anda melakukan donor darah terakhir ?

/  /  8

Formulir tersebut di atas telah saya isi dengan benar dan sesungguhnya.

Balikpapan, 16 Februari 2021

Nama dan tanda tangan karyawan



(Muhammad A. Rahman)

## MEDICAL CHECK UP –2021

## PHYSICAL EXAMINATION

NAME	MUHAMMAD ANNUR RAHMAN, Tn.	S/N	-	DEPT	-
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## I. VITAL SIGN

Blood Pressure (supine)	120/60	mmHg	Pulse	53	x/m	Respiration	20	x/m	Temp.	36	°C
Weight (W)	73	kg	Height (H)	173	cm	BMI	24,39	Waist	84	cm	

(\*) BMI = W / H<sup>2</sup> (Underweight = <18, Normal 18-25, Overweight 25-30, Obese > 30)

## II. PHYSICAL EXAMINATION

No	PHYSICAL	A = ABNORMAL; N = NORMAL	A	N	Describe abnormalities in detail (circle words of importance and explain)
1	GENERAL APPEARANCE	Appearance age/ Nutritional/ Development/ Mental & emotional status/Posture/Gait/Speech		✓	
2	HEAD / SCALP	Size/Shape/Tender over sinuses/ Hair/ Eruption/ Masses/Bruit		✓	
3	EYES	Conjunctiva /Sclera/ Cornea/ Pupils/ Ptosis/ Tension/ Eye lid/Bruit/Reflex/ Range of Movement		✓	
4	EARS	Ext. canal/Membran perforation/ Discharge/ Tophi/ Hearing problem/ Mastoids		✓	
5	NOSE / SINUSES	Septum/obstruction/ Turbinate /Discharges		✓	
6	MOUTH / THROAT	Odor/Lips/Tongue/Tonsils/ Gums/ Pharynx		✓	
7	TEETH	Caries @, Filling(F), Missing (M), Radix@	✓		Caries, Missing
8	NECK	Adenopathi/Thyroid/Carotids/ Trachea/ Veins/ Mass/ Spine/ Motion/ Bruit		✓	
9	BACK / SPINE	Kyphosis/Scoliosis/ Lordosis/ Mobility/ CVA/ Bone/ Tenderness/ Other deformities		✓	
10	THORAX	Symmetry/Movement/Contour / Tender		✓	
11	BREAST	Size/Consistency/ Nipples/ Areola / Discharge/ Palpable mass/ enderness/ Nodes/ Scars		✓	
12	HEART	Rate/Rhythm/Apical/Impulse/Trills/ Quality of sound/Intensity/Splitting/Extra sound/Murmurs		✓	
13	CHEST / LUNG	Excursion/Dullness or Hyper-resonance of percussion/ Quality of breath sound/ Rales/ Wheezing/Ronchi/ Bruit		✓	
14	ABDOMEN	Bowel sounds/ Appearance/ Liver/ Spleen/ Masses/ Hernias/ Murmur/ Contour/ Tenderness/ Bruit/ Nodes		✓	
15	GROIN	Hernia/Inguinal nodes/Femoral pulses		✓	
16	GENITAL	MALE		✓	
		FEMALE		✓	
17	EXTREMITIES	Deformity/Clubbing/Cyanosis/Edema/Nail/ Peripheral pulses/ Calf tenderness/Joints for swelling/ ROM		✓	
18	JOINTS	ROM/ Swelling / Inflammation /Deformity		✓	
19	SKIN	Color/Birthmark/Scars/ Tattoos /Texture/Rash/ Eczema / ulcers/Piercing		✓	
20	NEUROLOGICAL	Reflexes/Cranial nerve/Tremor/Paralysis/Motoric/ Sensor (touch,prick,vibrate)/ Coordination/ Romberg		✓	Romberg Test : Negative
21	MUSCULAR SYSTEM	Strength/Wasting/Development		✓	
22	RECTAL EXAM.	Sphincter tonus/ Hemorrhoids/ Fissure/ Masses /Prostate		✓	



## SUPPORTIVE INVESTIGATIONS

### I. VISION

Vision	Unaided		With Spectacles		Depth Perception	Colour Blindness	
	Left	Right	Left	Right			
Distant	20/20	20/20				✓	Normal
Near	20/20	20/20					Red – Green Absent
Visual fields (Normal > 70°)			Left	85°	Right	85°	Colour Blind

### II. LABORATORIUM SUMMARY

✓	Normal	COMMENT:	<i>See attached result</i>
	Abnormal		

### III. CHEST X-RAY

Pneumoconiosis	Yes	No	✓	<i>See attached result</i>
If Yes – ILO Classification				
Evidence of TB	Yes	No	✓	
Other Abnormalities				
COMMENT	Foto Thorax Normal			

### IV. ECG (Optional for over 35 years of age)

Normal	✓	Abnormal	(specify) : Sinus Bradycardia, HR : 53 bpm	<i>See attached result</i>
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### V. TREADMILL (Optional for over 35 years of age)

Normal	✓	Abnormal	(specify) : Negative Ischemic Response, 12 Mets.	<i>See attached result</i>
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### VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease, ....)

Test	Observed	Predicted	% Prediction	
VC	-	-	-	%
FVC				%
FEV 1				%
FEV/FVC				%

### VII. AUDIOMETRY (Optional for noise exposure, previous hearing problem, ....)

CONCLUSION		Change since last audiometric examination	Yes	<i>See attached result</i>
✓	Normal	If Yes, what change :	No	
	Abnormal	Recommended Action:		
		Refer to safety department: <input type="checkbox"/> Yes / <input type="checkbox"/> No		



RECEIVED (reserved for International SOS)
REVIEWED (reserved for International SOS)
PROCESSED (reserved for International SOS)

**Med-Track**  
**SCHLUMBERGER PHYSICAL**  
**Confidential Medical**

PRE-EMPLOYMENT	<input type="checkbox"/>
Name of recruiter.....	.....
Job proposed :	Office <input type="checkbox"/>
	Field <input type="checkbox"/>
PERIODIC CHECK-UP	<input type="checkbox"/>

Dear Schlumberger Employee,

Your Med-Track physical will be handled only by trained and competent health professionals. The information contained in this medical report can be essential in saving your life when you are living or working abroad. In order to process your medical data, we now require that you sign a Consent Form authorizing International SOS and the Schlumberger Medical Department to access your information.

You do, however, have the possibility of not releasing this medical data.

- If you have chosen not to authorize the release of your medical data, please fill in only pages 1 and 2, dated and signed, and return to International SOS.
- If you have chosen to authorize the release of your medical data, please fill in the appropriate pages as indicated and return the entire Med-Track report to International SOS.

Do not forget to select and to sign the appropriate consent form depending on whether you have performed your Med-Track physical in an International SOS center or another center of your choice.

Thank you for cooperation.

Schlumberger Medical Department and International SOS

**TO BE COMPLETED BY THE EMPLOYEE**

*PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH*

LAST NAME (as appears in LDAP) ..... FIRST NAME .....

SEX ..... BIRTH DATE (day/month/year)...../...../.....

HOME PHONE ..... NATIONALITY .....

HOME ADDRESS .....

Email address: .....

**CLEARLY INDICATE YOUR COMPANY INFORMATION - PUT AN "X" IN THE CORRESPONDING BOX BELOW:**

**Business segment:** .....

(ex: WS, WG, etc.)

MEA       EAF

LAM       SLR

NAM

GIN /EMPLOYEE NUMBER .....

POSITION / Job Title .....

**PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE**

Country of assignment .....

International commuter

International mobile

Home country mobile

GeoMobile

Other (HCR, HCC, etc. ): .....

## TO BE COMPLETED BY THE EMPLOYEE

In order to process your Med-Track report and to upload it in the confidential eMed-Track web site, we require your authorization. If you are attending an International SOS recommended medical center, please fill in Option 1. If you are attending another medical center of your choice, please fill in Option 2.

**IN ALL CASES PLEASE DATE AND SIGN AT THE BOTTOM OF THE PAGE.**

• **Option 1: Medical examination performed by an SOS recommended medical center**

(For list of recommended medical centers, see: <http://www.internationalsos.com/private/schlumberger/Medtrack/>)

I do authorize the licensed physician(s) and medical staff who perform this physical examination to transfer my data to International SOS and the Schlumberger Medical Department, and I hereby acknowledge that I have read, understood and signed the attached **Consent Form Option 1**. (Please fill in pages 3 and 5. The examining physician will fill in pages 6 and 7.)

I do not authorize the licensed physician(s) and medical staff who perform this physical examination to transfer my data to any third party, including International SOS and the Schlumberger Medical Department. Please fill in below.

Medical center : ..... Name of doctor : .....

Medical exam date : .....

And return only page 1 and 2 to :

International SOS  
Med-Track Department  
12/14 rue d'Alsace  
92300 Levallois Perret, France  
Fax : +33 1 55 63 32 42  
[emedtrack@internationalsos.com](mailto:emedtrack@internationalsos.com)

• **Option 2: Medical examination performed by a medical center of your choice. And not on the list of centers recommended by International SOS**

I agree to send my confidential medical data to International SOS and I agree to the subsequent transfer to the Schlumberger Medical Department, and I hereby acknowledge that I have read, understood and signed the attached **Consent Form Option 2**. (Please fill in pages 4 and 5. The examining physician will fill in pages 6 and 7.)

For rapid processing please ensure that the entire Med-Track report is sent as rapidly as possible to :  
International SOS

Med-Track Department  
12/14 rue d'Alsace  
92300 Levallois Perret, France  
Fax : +33 1 55 63 32 42  
[emedtrack@internationalsos.com](mailto:emedtrack@internationalsos.com)

I do not agree to send my confidential medical data to International SOS (and I do not agree to the subsequent transfer to the Schlumberger Medical Department). Please fill in below.

Medical center : ..... Name of doctor : .....

Medical exam date : .....

And return only page 1 and 2 to :

International SOS  
Med-Track Department  
12/14 rue d'Alsace  
92300 Levallois Perret, France  
Fax : +33 1 55 63 32 42  
[emedtrack@internationalsos.com](mailto:emedtrack@internationalsos.com)

**IMPORTANT: MUST BE FILLED IN BEFORE RETURNING TO INTERNATIONAL SOS**

# TO BE COMPLETED BY THE EMPLOYEE

## CONSENT FORM – CONSENT TO THE PROCESSING AND TRANSFER OF SENSITIVE PERSONAL DATA OUTSIDE THE EUROPEAN UNION

### OPTION 1 :

### Medical examination performed by an International SOS recommended medical center

In relation to the high mobility which applies to many jobs in the company and the unequal/inconsistent level of protection provided by local labor regulations and local medical facilities in the large number of countries concerned, SCHLUMBERGER has implemented the eMed-Track program and is carrying out personal data processing related to its employees' and their family's medical examination under this program, to reduce its employees' and their family's medical risks. In addition, the eMed-Track program provides employees and their family with online access to their (or part of their) medical information. SCHLUMBERGER will not have access to the personal data resulting from the medical examination. Only the Schlumberger Medical Department, and International SOS which provides the eMed-Track program and its contractors (the licensed physician(s) and medical staff who perform this medical examination), and are subject to ethical/confidentiality rules of the medical profession, will have access to such personal data. The data processing mentioned earlier in this introductory paragraph may only be carried out with your consent, and therefore, SCHLUMBERGER wishes to inform you of the data processing, and obtain your consent to such processing and to the resulting transfer of such data outside the EU.

#### INFORMATION AND CONSENT

I am informed of, and agree to, the following:

- (a) SCHLUMBERGER will transfer to International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, nationality, job description/title, country of assignment and contact details).
- (b) SCHLUMBERGER via the Schlumberger Medical Department, and International SOS which provides the eMed-Track program and its contractors (the licensed physician(s) and medical staff who perform this medical examination), will collect, process and record my personal data required for the eMed-Track program needs, to provide access to authorized physicians or medical staff to the data related to my medical examination, including health data.
- (c) The personal data collected and processed are necessary for SCHLUMBERGER to achieve the purposes stated in the introductory paragraph above. For these purposes, relevant and adequate data are collected. These data are mostly sensitive data and their collection and processing requires my prior express consent.
- (d) I undertake to provide complete and accurate data.
- (e) SCHLUMBERGER (Schlumberger Limited, the ultimate parent company with a principal office at 42 rue Saint Dominique, 75007 Paris, France) is the data controller of the data processing related to the eMed-Track program.
- (f) International SOS and its contractors (the licensed physician(s) and medical staff who perform this medical examination) may collect, process and record my personal data, on behalf of SCHLUMBERGER. International SOS entered into an agreement with SCHLUMBERGER (or its representative) under which it undertakes to comply with, and cause its contractors (the licensed physician(s) and medical staff who perform this medical examination) to comply with, EU personal data protection laws and national laws adopted pursuant thereto, and applicable medical and health regulations. It also undertakes to implement adequate confidentiality and security measures in order to protect and maintain my personal data in a secured manner. Except as required by law or legal authorities or upon expiry or termination of the agreement between SCHLUMBERGER (or its representative) and International SOS, my personal data will not be transferred to any other recipients.
- (g) I acknowledge and expressly agree that without prejudice to paragraph (f), International SOS shall not be liable for the accuracy or medical conclusions of the medical examination carried out by its contractors (the licensed physician(s) and medical staff who perform this medical examination).
- (h) My personal data, for the sole purposes herein mentioned, includes technical and organizational purposes, such as data storage on a server located in a country outside the EU, may be transferred outside the EU to third parties that do not have or may not have the same level of protection as the one in the EU. Such transfer of my personal data outside the EU requires my prior express consent.
- (i) Pursuant to EU data protection laws and national laws adopted pursuant thereto, I have the right to require access to, correction of, or deletion of, my personal data, and oppose the collection or processing of my personal data, by contacting International SOS (Attention Med-Track department, Medical Director, 12-14 rue d'Alsace, P.O. Box 322, 92306 Levallois-Perret Cedex, France, tel: 00 33 1 55 32 32 32). Note that your request must be executed and accompanied by an executed copy of your ID card or passport.
- (j) SCHLUMBERGER has complied with its notification obligation under the Directive 95/46/EC of 24 October 1995.
- (k) SCHLUMBERGER will record my personal data via International SOS. Except as provided to the contrary by law or legal authorities, SCHLUMBERGER will record my personal data for the time necessary to perform the operations related to the eMed-Track program, which duration is of 10 years.

I declare that all information that I provided in this questionnaire is true to the best of my knowledge, and I agree that the results of this medical examination will be sent by the licensed physician(s) and medical staff who perform this medical examination to Schlumberger Medical Department, and International SOS, and processed by said parties.

**I agree to the collection, processing and storage of my personal data as described above, which includes sensitive data (e.g. health data) and to the transfer of my personal data outside the EU.**

**I agree to have online my personal data (or part of it) on the dedicated and secured International SOS website accessible to myself and the Schlumberger Medical Department (<http://www.internationalsos.com/private/schlumberger/Medtrack/>).**

Full name: .....

Date (day/month/year): ..... Employee's signature: .....

# TO BE COMPLETED BY THE EMPLOYEE

## CONSENT FORM – CONSENT TO THE PROCESSING AND TRANSFER OF SENSITIVE PERSONAL DATA OUTSIDE THE EUROPEAN UNION

### OPTION 2:

### Medical examination performed by a medical center of your choice, and not on the list of centers recommended by International SOS

In relation to the high mobility which applies to many jobs in the company and the unequal/inconsistent level of protection provided by local labor regulations and local medical facilities in the large number of countries concerned, SCHLUMBERGER has implemented the eMed-Track program and is carrying out personal data processing related to its employees' and their family's medical examination under this program, to reduce its employees' and their family's medical risks. In addition, the eMed-Track program provides employees and their family with online access to their (or part of their) medical information. SCHLUMBERGER will not have access to the personal data resulting from the medical examination. Only the Schlumberger Medical Department, and International SOS which provides the eMed-Track program, and are subject to ethical/confidentiality rules of the medical profession, will have access to such personal data. The data processing mentioned earlier in this introductory paragraph may only be carried out with your consent, and therefore, SCHLUMBERGER wishes to inform you of the data processing, and obtain your consent to such processing and to the resulting transfer of such data outside the EU.

#### INFORMATION AND CONSENT

I am informed of, and agree to, the following:

- (a) SCHLUMBERGER will transfer to International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, nationality, job description, title, country of assignment and contact details).
- (b) SCHLUMBERGER via the Schlumberger Medical Department, and International SOS which provides the eMed-Track program, will collect, process and record my personal data required for the eMed-Track program needs, to provide access to authorized physicians or medical staff to the data related to my medical examination, including health data. Such processing will start once I will have transferred the questionnaire attached, filled in by the licensed physician that I have selected for the performance of my medical examination, and the results of the medical tests carried out by such licensed physician, to SOS which will transfer my personal data to Schlumberger Medical Department.
- (c) The personal data collected and processed are necessary for SCHLUMBERGER to achieve the purposes stated in the introductory paragraph above. For these purposes, relevant and adequate data are collected. These data are mostly sensitive data and their collection and processing requires my prior express consent.
- (d) I undertake to provide complete and accurate data.
- (e) SCHLUMBERGER (Schlumberger Limited, the ultimate parent company with a principal office at 42 rue Saint Dominique, 75007 Paris, France) is the data controller of the data processing related to the eMed-Track program.
- (f) International SOS may collect, process and record my personal data, on behalf of SCHLUMBERGER. International SOS entered into an agreement with SCHLUMBERGER (or its representative) under which it undertakes to comply with EU personal data protection laws and national laws adopted pursuant thereto, and applicable medical and health regulations. It also undertakes to implement adequate confidentiality and security measures in order to protect and maintain my personal data in a secured manner. Except as required by law or legal authorities or upon expiry or termination of the agreement between SCHLUMBERGER (or its representative) and International SOS, my personal data will not be transferred to any other recipients.
- (g) My personal data, for the sole purposes herein mentioned (which includes technical and organizational purposes, such as data storage on a server located in a country outside the EU), may be transferred outside the EU to third countries that do not have or may not have the same level of protection as the one in the EU. Such transfer of my personal data outside the EU requires my prior express consent.
- (h) Pursuant to EU data protection laws and national laws adopted pursuant thereto, I have the right to require access to, correction of, or deletion of, my personal data, and oppose the collection or processing of my personal data, by contacting International SOS (Attention Med-Track Department, Medical Director, 12-14 rue d'Alsace, P.O. Box 322, 92306 Levallois-Perret Cedex, France, tel: 00 33 1 55 63 32 32). Note that your request must be executed and accompanied by an executed copy of your ID card or passport.
- (i) SCHLUMBERGER has complied with its notification obligation under the Directive 95/46/EC of 24 October 1995.
- (j) SCHLUMBERGER will record my personal data via International SOS. Except as provided to the contrary by law or legal authorities, SCHLUMBERGER will record my personal data for the time necessary to perform the operations related to the eMed-Track program, which duration is of 10 years.

I declare that all information that I provided in this questionnaire is true to the best of my knowledge, and I agree that the results of this medical examination that I will send to International SOS will be processed by Schlumberger Medical Department and International SOS.

I agree to the collection, processing and storage of my personal data as described above, which includes sensitive data (e.g. health data) and to the transfer of my personal data outside the EU.

I agree to have online my personal data (or part of it) on the dedicated and secured International SOS website accessible to myself and the Schlumberger Medical Department (<http://www.internationalsos.com/private/schlumberger/Medtrack/>).

Full name: .....

Date (day/month/year): ..... Employee's signature: .....

LAST NAME .....

FIRST NAME .....

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :

(If known)

PAST MEDICAL HISTORY

DO YOU HAVE OR HAVE YOU HAD

(Check "yes" or "no" column or put a ? if uncertain)

- |                                      | Yes                      | No                       |                              | Yes                      | No                       | HAVE YOU EVER BEEN                | Yes                      | No                       |
|--------------------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| 1. sinus trouble                     | <input type="checkbox"/> | <input type="checkbox"/> | 21. cancer                   | <input type="checkbox"/> | <input type="checkbox"/> | 41. rejected for employment       |                          |                          |
| 2. neck swelling/glands              | <input type="checkbox"/> | <input type="checkbox"/> | 22. heart disease            | <input type="checkbox"/> | <input type="checkbox"/> | or insurance for medical          |                          |                          |
| 3. difficulty in vision              | <input type="checkbox"/> | <input type="checkbox"/> | 23. rheumatic fever          | <input type="checkbox"/> | <input type="checkbox"/> | reasons                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. any ear discharge                 | <input type="checkbox"/> | <input type="checkbox"/> | 24. abnormal heartbeat       | <input type="checkbox"/> | <input type="checkbox"/> | 42. awarded benefits for          |                          |                          |
| 5. asthma/bronchitis                 | <input type="checkbox"/> | <input type="checkbox"/> | 25. high blood pressure      | <input type="checkbox"/> | <input type="checkbox"/> | industrial injury                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. hayfever/other allergy            | <input type="checkbox"/> | <input type="checkbox"/> | 26. stroke                   | <input type="checkbox"/> | <input type="checkbox"/> | 43. treated for a mental          |                          |                          |
| 7. any skin trouble                  | <input type="checkbox"/> | <input type="checkbox"/> | 27. serious chest pain       | <input type="checkbox"/> | <input type="checkbox"/> | condition                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. tuberculosis                      | <input type="checkbox"/> | <input type="checkbox"/> | 28. any blood disease        | <input type="checkbox"/> | <input type="checkbox"/> | 44. treated for drinking problem/ |                          |                          |
| 9. shortness of breath               | <input type="checkbox"/> | <input type="checkbox"/> | 29. kidney disease           | <input type="checkbox"/> | <input type="checkbox"/> | drug abuse                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. coughed blood                    | <input type="checkbox"/> | <input type="checkbox"/> | 30. painful passage of urine | <input type="checkbox"/> | <input type="checkbox"/> | 45. exposed to :                  |                          |                          |
| 11. abdominal pain                   | <input type="checkbox"/> | <input type="checkbox"/> | 31. blood in urine           | <input type="checkbox"/> | <input type="checkbox"/> | Mercury                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. stomach ulcer                    | <input type="checkbox"/> | <input type="checkbox"/> | 32. diabetes                 | <input type="checkbox"/> | <input type="checkbox"/> | Radioactivity                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. recurrent indigestion            | <input type="checkbox"/> | <input type="checkbox"/> | 33. headaches/migraine       | <input type="checkbox"/> | <input type="checkbox"/> | Toxic chemicals                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. jaundice/hepatitis               | <input type="checkbox"/> | <input type="checkbox"/> | 34. dizziness/fainting       | <input type="checkbox"/> | <input type="checkbox"/> | Excess noise                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. gall bladder disease             | <input type="checkbox"/> | <input type="checkbox"/> | 35. epilepsy                 | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                          |                          |
| 16. marked change in<br>bowel habits | <input type="checkbox"/> | <input type="checkbox"/> | 36. joints/spinal trouble    | <input type="checkbox"/> | <input type="checkbox"/> | <b>FOR WOMEN ONLY</b>             |                          |                          |
| 17. blood in stool                   | <input type="checkbox"/> | <input type="checkbox"/> | 37. surgical operation       | <input type="checkbox"/> | <input type="checkbox"/> | <b>Have you ever had</b>          |                          |                          |
| 18. change in weight                 | <input type="checkbox"/> | <input type="checkbox"/> | 38. accident/fracture        | <input type="checkbox"/> | <input type="checkbox"/> | 46. an abnormal smear             | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. varicose veins                   | <input type="checkbox"/> | <input type="checkbox"/> | 39. tropical disease         | <input type="checkbox"/> | <input type="checkbox"/> | 47. a gynecological               |                          |                          |
| 20. lump in breast                   | <input type="checkbox"/> | <input type="checkbox"/> | 40. fear of heights          | <input type="checkbox"/> | <input type="checkbox"/> | treatment                         | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      |                          |                          |                              |                          |                          | 48. are you pregnant ?            | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "yes" to questions 37, 38 or 39 or if you have or had an illness not mentioned above please detail in ENGLISH and in clear capital letters:

.....  
.....

Medication taken regularly : .....

Do you take preventive malaria medication when in high malaria risk areas ? YES  NO   
If yes, which medication ? .....

Allergies to medication: .....

DATES OF LAST VACCINATIONS: (day/month/year)

polio ..... hepatitis B .....

tetanus ..... yellow fever ..... hepatitis A .....

other: ..... date: ..... Other: ..... date: .....

Alcohol consumption: Number of glasses per day: ..... Tobacco: Number of cigarettes per day: .....

LAST NAME ..... FIRST NAME .....

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH OR TYPE WHENEVER POSSIBLE. NO ABBREVIATIONS PLEASE

**DRUG TESTING:** for pre-employment medicals only:

Not performed  Performed  Positive  Negative

**PLEASE UP DATE VACCINATIONS:** Indicate ONLY vaccinations performed during this examination

POLIO  TETANUS  HEPATITIS B  YELLOW FEVER  HEPATITIS A  TYPHOID

OTHER VACCINATIONS PERFORMED: .....

Please make sure patient has correct malaria protection when travelling to high malaria risk areas

**MEDICAL EXAMINATION**

IF ABNORMAL, PLEASE DETAIL

- |                       | normal | abnormal            |
|-----------------------|--------|---------------------|
| 1. eyes and pupils    | (n)    | a .....             |
| 2. ear/nose/throat    | (n)    | a .....             |
| 3. teeth and mouth    | n      | a (a) (c) (h) ..... |
| 4. lungs and chest    | (n)    | a .....             |
| 5. cardiovascular     | (n)    | a .....             |
| 6. abdo. viscera      | (n)    | a .....             |
| 7. hernial orifices   | (n)    | a .....             |
| 8. anus and rectum    | (n)    | a .....             |
| 9. genito-urinary     | (n)    | a .....             |
| 10. extremities       | (n)    | a .....             |
| 11. musculo-skeletal  | (n)    | a .....             |
| 12. skin/varicose vns | (n)    | a .....             |
| 13. neurological/     | (n)    | a .....             |
| mental fitness        |        |                     |
| 14. breast            | (n)    | a .....             |

HEIGHT cms	WEIGHT kgs   lbs	BLOOD PRESSURE 120/60 mmHg	PULSE 53 x/m	HEARING			VISION		WITH GLASSES Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	COLOR Vision N	
				R	n ✓	a	Distant	R			30/20
73	73			L	n ✓	a	Near	R	30/20	L	30/30



LAST NAME : ANNUR RAHMAN

FIRST NAME : MUHAMMAD

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

**PARA-CLINICAL EXAMINATION**

ECG (n) a : Sinus Bradycardia, HR : 53 bpm  
Treadmill (n) a : -  
Chest X Ray (n) a : Within Normal Limits

**BLOOD ANALYSIS**

RBC	5.000.000	/mm <sup>3</sup>	SGOT (ASAT)	21	U/L
WBC	6500	/mm <sup>3</sup>	SGPT (ALAT)	28	U/L
NEUTROPHIL	55	%	GAMMA GT	35	U/L
EOSINOPHIL	4,8	%	GLYCEMIA	70	mg/dL
BASOPHIL	0,2	%	CHOLESTEROL TOTAL	197	mg/dL
LYMPHOCYTE	37	%	HDL	55	mg/dL
MONOCYTE	5,2	%	LDL	128	mg/dL
HEMATOCRIT	44	%	CREATININE	1,1	mg/dL
HEMOGLOBIN	15,3	g/dL	URIC ACID	5,0	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	70	mg/dL

**BLOOD TYPE**

-

test only if not already known

**URINE ANALYSYS**

ALBUMIN : -

SUGAR : Negative

BLOOD : Negative

**STOOL ANALYSIS**

PARASITES : Negative

BLOOD : Negative

**CONCLUSION : FIT IN ALL AREA** Yes  No   
if you answer No. please detail your reasons)

**MUST BE REASSESSED** Yes  No

Detail : .....

**DOCTOR'S SIGNATURE**

**MEDICAL CENTER STAMP/SEAL**



*Grand*  
MEDICA INDONESIA

Date of medical examination (day/month/year) : 16/02/2021

**EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS**

Name : dr. HENDRA A.Z.  
Forename : -  
Street : JL. MARSMA R. ISWAHYUDI NO. 19 GUNUNG BAKARAN  
City : BALIKPAPAN Country : INDONESIA  
Tel : 0542 - 7214552 Fax : 0542- 7214553  
E-mail address : grandmedica@gmail.com

Please write in clear capital letters !



LAST NAME ..... FIRST NAME .....

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

**Med Track Plus Exam**  
**Only for high mobility employees (IM, IC, GM, HCM) over 40 years of age**

If you are over 40 years of age, Schlumberger offers you the possibility of performing a more in-depth health assessment every 3 years in order to check your general wellness. Med Track Plus should be performed at the same time as your usual Med Track exam.

The Med Track Plus health assessment targets in particular the increased cancer and cardiovascular risks inherent to people over 40 years of age. Tests designated below in Med-Track Plus are only recommended and not mandatory.

**EYES :**

Tonometry Right eye (Glaucoma testing) .....mmHG

Tonometry Left eye (Glaucoma testing) .....mmHG

**ADDITIONAL BLOOD TESTS :**

PSA .....ng/ml TSH.....U

CEA ..... µg/l Alkaline phosphatase .....U

**IF ABNORMAL, PLEASE DETAIL**

LUNGS/ Functional Respiratory testing n a .....

ABDOMINAL AND PELVIC ECHOGRAPHY n a .....

**CARDIOVASCULAR RISK FACTORS :**

Stress test n a .....

Carotid Echo-Doppler n a .....

Cardiac Echography n a .....

**FOR MEN ONLY :**

Prostate Echography n a .....

**FOR WOMEN ONLY :**

Mammogram n a .....

PAP Smear n a .....

**Doctor's additional comments or conclusions:**

.....  
.....  
.....



**Patient Data**

ID Number :	0757/GMI-MCU/II/2021		
Name :	<b>MUHAMMAD ANNUR RAHMAN, Tn.</b>	Company :	PT. INSPEKTINDO SINERGI PERSADA
Gender :	Laki-Laki	Occupation :	Asst. Inspector
DOB / Age :	11/03/1991 / 29 Yo.	Test Date :	16/02/2021
Height (cm)	173	Weight (kg) :	73
		BMI :	24,39

**Jakarta Cardiovascular Risk Table**

Risk Factor	Score	Result	Poin
Sex	Female	Male	0
	Male		1
Age	25-34	29	-4
	35-39		-3
	40-44		-2
	45-49		0
	50-54		1
	55-59		2
	60-64		3
Blood Pressure	Normal	120/60	0
	High Normal		1
	Grade 1 Hypertension		2
	Grade 2 Hypertension		3
	Grade 3 Hypertension		4
BMI (Kg/m2)	13,79 - 25,99	24,39	0
	26,00 - 29,99		1
	30,00 - 35,58		2
Smoke	Never	Smoker	0
	Ex Smoker		3
	Smoker		4
Diabetes Mellitus	No	No	0
Yes	2		
Physical Exercise/Activity	No	Medium	2
	Low		1
	Medium		0
	High		-3
<b>Total Point</b>			<b>1</b>

Determine the 10-year CVD risk (%)		
Total Points	10-year CVD risk (%)	
-4	Low Risk	<1
-3	Low Risk	2,6
-2	Low Risk	4,2
-1	Low Risk	5,8
0	Low Risk	7,4
1	Low Risk	9
2	Moderate Risk	10,0
3	Moderate Risk	13,1
4	Moderate Risk	17,2
5	High Risk	20,0
6	High Risk	21,2
7	High Risk	22,5
8	High Risk	23,7
9	High Risk	25
10	High Risk	26,2
11	High Risk	27,5
12	High Risk	28,7
13	High Risk	>30

<b>Result</b>
Estimated 10-year CVD Risk
<b>9,0%</b>
Risk Category
<b>Low Risk</b>

**Advice**

Patients with **HIGH RISK** scores should be counseled aggressively about social factors contributing to their risk (smoking, exercise, weight, diet, etc) and also managed with blood pressure and lipid evaluation.

**References**

Kusmana, Dede. *The Jakarta Cardiovascular Score, A Modified Framingham Score, Is A Simple Method For Cardiovascular Risk Stratification In Developing Countries. 21st Scientific Meeting of the International Society of Hypertension, 2006; 201.*





**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.**  
(Lab. Number) : 0757 /GMI-MCU/II/2021

Dokter Konsulen  
dr. Novita Indayani, Sp. PK

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: MUHAMMAD ANNUR RAHM/ / Laki-Laki	<b>Umur</b> (Age)	: 29 Tahun (Years old)
<b>Pekerjaan</b> (Job Position)	: ASST INSPECTOR	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 16 Februari 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>HEMATOLOGI</b>			
<b>HEMATOLOGI RUTIN</b>			
Hemoglobine ( Hgb )	15,3	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit ( Hct )	44,1	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35 ,0- 45,0	%
Erythrocyt (RBC)	5,0	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 <sup>6</sup> sel/mm <sup>3</sup>
Leucocyt (WBC)	6,5	Dewasa : 4,0 - 10,0	10 <sup>3</sup> / $\mu$ L
<b>Differential Count</b>			
Basophile	0,2	0 - 2	%
Eosinophile	4,8	0 - 3	%
Neutrofil	54,5	50 - 70	%
Lymphocyte	36,5	20 - 40	%
Monocyte	5,2	3 - 12	%
MCV	80	80 - 100	fL
MCH	34	27 - 34	pg/cell
MCHC	35	32 - 36	g/dL
RDW- CV	12,8	11 - 16	%
RDW-SD	41,3	35 - 56	fL
Thrombocyt	261	140 - 440	10 <sup>3</sup> /mm <sup>3</sup>
<b>KIMIA KLINIK</b>			
<b>METABOLISME GLUKOSA/DIABETES</b>			
Glucose Fasting	70	Normal : 70 - 110	mg/dL
Glucose 2h pp	126	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes melitus : > 200	mg/dL
<b>PROFIL LEMAK</b>			
Cholesterol total	197	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : $\geq$ 240	mg/dL
Triglycerides	70	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : $\geq$ 500	mg/dL
HDL Cholesterol	55	Rendah : < 40	mg/dL





**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.**  
(Lab. Number) : 0757 /GMI-MCU/II/2021

Dokter Konsulen  
dr. Novita Indayani, Sp. PK

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : MUHAMMAD ANNUR RAHMAT / Laki-Laki  
**Pekerjaan**  
(Job Position) : ASST INSPECTOR  
**Perusahaan**  
(Company) : PT. INSPEKTINDO SINERGI PERSADA

**Umur**  
(Age) : 29 Tahun  
(Years old)  
**Dokter**  
(Doctor) : Dr. Hendra AZ  
**Tgl Pemeriksaan**  
(Date of Analysis) : 16 Februari 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
LDL Cholesterol	128	Tinggi : >= 60 Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189	mg/dL
Rasio LDL/HDL	2,3	Sangat tinggi : > 190 CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
<b>FUNGSI HATI</b>			
SGOT / AST	21	0 - 37	U/L
SGPT / ALT	28	0 - 40	U/L
Gamma GT	35	11 - 51	U/L
<b>FUNGSI GINJAL</b>			
Uric Acid	5,0	Laki-laki dewasa : 3,5 - 7,2 Perempuan dewasa : 2,6 - 6,0	mg/dL
Creatinine	1,1	0,8 - 1,4	mg/dL
Ureum	28	10 - 50	mg/dL
<b>IMMUNOLOGI</b>			
<b>HEPATITIS</b>			
HBs Ag	Negatif	Negatif	
<b>URINALISA</b>			
<b>MAKROSKOPIS URIN</b>			
Warna	Kuning		
Kejernihan	Jernih		
<b>KIMIA</b>			
Berat jenis	1,025	Normal : 1,003 - 1,035	
pH	7,0	Normal : 4,5 - 8	
Protein	Negatif	Normal : < 7,5 (Negatif)	mg/dL
Glucose	Negatif	Normal : < 0,018 (Negatif)	mg/dL
Leukosit esterase	Negatif	Normal : < 9 (Negatif)	Leu/ $\mu$ L
Ketone	Negatif	Normal : < 2,5 (Negatif)	mg/dL
Urobilin	Negatif	Normal : < 0,2 (Negatif)	mg/dL
Bilirubin	Negatif	Normal : < 0,4 (Negatif)	mg/dL
Nitrite	Negatif	Normal : < 0,05 (Negatif)	mg/dL





**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.**  
(Lab. Number) : 0757 /GMI-MCU/II/2021

Dokter Konsulen  
dr. Novita Indayani, Sp. PK

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: MUHAMMAD ANNUR RAHMAT / Laki-Laki	<b>Umur</b> (Age)	: 29 Tahun (Years old)
<b>Pekerjaan</b> (Job Position)	: ASST INSPECTOR	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 16 Februari 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
Blood	Negatif	Normal : 1< 0,018 (Negatif)	mg/dL
<b>FAECES</b>			
<b>FAECES RUTIN</b>			
<b>MAKROSKOPIS</b>			
Warna	Kecoklatan		
Konsistensi	Lunak		
Darah	Negatif	Negatif	
Lendir	Negatif	Negatif	
<b>MIKROSKOPIS</b>			
Leukosit	Negatif	Negatif	
Eritrosit	Negatif	Negatif	
Telur cacing	Negatif	Negatif	
Amoeba	Negatif	Negatif	
Lainnya	Negatif	Negatif	

Tanggal pengambilan sampel : 16 Februari 2021

Penanggung Jawab  
Laboratorium,

  
Dr. Hendra Agus Z  
Laboratorium  
GRAND Medica

Analisis Laboratorium

  
Syamsia Am. Ak



**Patient Data**

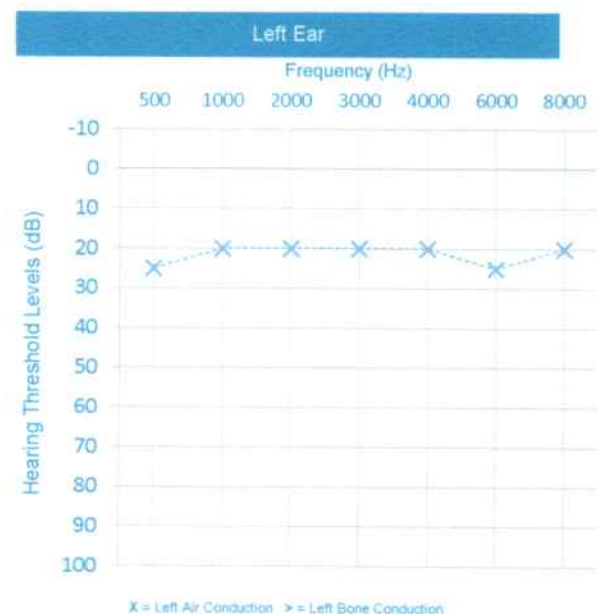
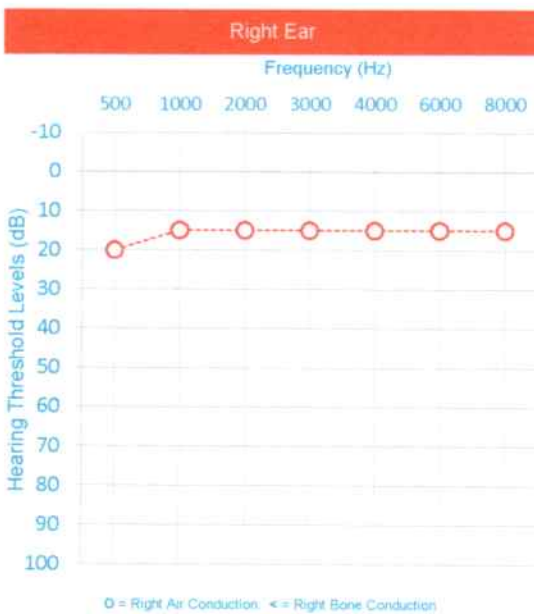
ID Number	<b>757</b>	Gender	<b>Laki-laki</b>
First Name	<b>MUHAMMAD ANNUR</b>	Occupation	<b>Asst. Inspector</b>
Last Name	<b>RAHMAN</b>	Company	<b>PT. Inspektindo Sinergi Persada</b>
Age	<b>29</b> Yo.	Test Date	<b>16 Februari 2021</b>

**Occupational Noise Exposure**

	Type of work	Period of work	Hearing Protection Worn
Present	Asst. Inspector	-	No
Previous	1) -	-	-
	2) -	-	-
Military Services	<input type="checkbox"/>		

**Test Detail**

Test Location	<input checked="" type="checkbox"/> Sound Booth <input type="checkbox"/> Other	Hours Away from Noise	<input type="checkbox"/> < 14 hours <input type="checkbox"/> 14 - 24 hours <input type="checkbox"/> > 24 hours
Technician	<b>Eka Wanda A.Md. Kep</b>		


**Right Ear Observation and Test Result**

Canal	Normal							HTL
Ear Drum	Normal							RIGHT EAR
Conduction	Frequency (Hz)							15,0
	500	1000	2000	3000	4000	6000	8000	
Air	20	15	15	15	15	15	15	
Bone							15,0	

**Left Ear Observation and Test Result**

Canal	Normal							HTL
Ear Drum	Normal							LEFT EAR
Conduction	Frequency (Hz)							20,0
	500	1000	2000	3000	4000	6000	8000	
Air	25	20	20	20	20	25	20	
Bone							20,0	

**Conclusion / Medical Report**

**Right Ear :** Fungsi pendengaran dalam batas normal.

**Left Ear :** Fungsi pendengaran dalam batas normal.

Signature   
 dr. Hendra A.Z.

Instrument used  
**SIBELSOUND 400**

Standard  
 OSHA







**Nomor Pasien**  
(Patient Number) :

**Nomor Film**  
(Film Number) : 757

**Data Pasien (Patient Detail)**

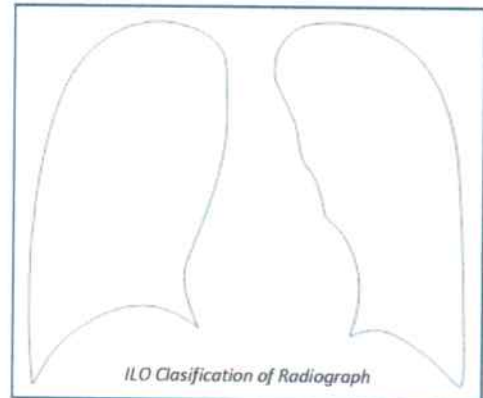
<b>Nama</b> (Name) :	MUHAMMAD ANNUR RAHMAN, Tn.	<b>Perusahaan</b> (Company) :	PT. INSPEKTINDO SINERGI PERSADA
<b>Umur</b> (Age) :	29 Tahun (years old)	<b>Pekerjaan</b> (Occupation) :	ASST INSPECTOR
<b>Jenis Kelamin</b> (Gender) :	Male	<b>Tgl Pemeriksaan</b> (Date of Analysis) :	16 Februari 2021

**Rincian Pemeriksaan (Examination Detail)**

**Jenis Pemeriksaan**  
(Type of Examination) : Foto thorax

**Posisi Penyinaran**  
(Exposure Position) : PA

**Kondisi Penyinaran**  
(Exposure Condition) : kV : 58  
mAs : 0,30



**Interpretasi Foto Thorak oleh Spesialis Radiologi**  
(Chest X-ray Interpretation by the Radiologist)

**Penjelasan Keadaan Abnormal**  
(Comment on Abnormalities)

- Kelainan Tulang dan/atau Jaringan Lunak?**  
(Skeleton and/or Soft Tissue Abnormalities)
- Kelainan Bayangan Jantung?**  
(Abnormal heart shadows)
- Kelainan Hilus dan/atau Kelenjar Limfa?**  
(Abnormal hilar and/or lymphatic gland)
- Kelainan Diafragma dan Sudut Costophrenic?**  
(Abnormal Diaphragms and Costophrenic angles)
- Kelainan Paru-paru?**  
(Abnormal Lung Fields)
- Gambaran Lainnya dari Lesi TBC?**  
(Any evidence of tubercular lesions)
- Gambaran Abnormal Lainnya?**  
(Detail of Other Abnormalities)

No	Yes →
No	Yes →
No	Yes →
No	Yes →
No	Yes →
No	Yes →
No	Yes →

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

Foto thorax normal

dr. ABU MARIUS, Sp.Rad  
(Radiologist signature)  
Spesialis Radiologi







**Nomor Pasien**  
(Patient Number) : 757

**Pemeriksaan**  
Examination : **USG WHOLE ABDOMEN**

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : MUH.ANNUR RAHMAN ,Tn.

**Perusahaan**  
(Company) : PT. INSPEKTINDO SINERGI PERSADA

**Umur**  
(Age) : 29 **Tahun**  
(Years old)

**Pekerjaan**  
(Occupation) : ASST INSPECTOR

**Jenis Kelamin**  
(Gender) : LAKI-LAKI

**Tgl Pemeriksaan**  
(Date of Analysis) : 16/02/2021

**Interpretasi Foto oleh Spesialis Radiologi**  
(Interpretation by the Radiologist)

**USG Abdomen:**

Liver : *Bentuk , ukuran dan echotexture parenkim normal, bile duct normal*

GB : *Dinding normal, batu (+) kecil, SOL (-)*

Pancreas : *Normal*

Lien : *normal*

Kidney dextra - sinistra : *Bentuk, ukuran dalam batas normal, tidak tampak batu maupun massa, sistem pelvocalyceal normal*

Bladder : *Dinding normal, batu (-)*

Prostat : *normal*

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

**Multiple Cholelithiasis kecil, kemungkinan batu kolesterol; Organ abdominal lainnya dalam batas normal**

  
dr. ABDUL HAQ Sp.RD  
(Radiologist signature)  
Spesialis Radiologi



**Grand**  
MEDICA INDONESIA

**mindray**  
ULTRASOUND



**GRAND MEDICA**  
**INDONESIA**

**Radiological Analysis**  
Radiological Examination

Nomor Pasien  
(Patient Number)

: 757

Tgl Pemeriksaan  
(Date of Analysis)

: 16/02/2021

Pemeriksaan  
Examination

: USG WHOLE ABDOMEN

Data Pasien (Patient Detail)

Nama  
(Name) : **MUH.ANNUR RAHMAN, Tn.**

Perusahaan:  
(Company)

**PT. INSPEKTINDO SINERGI PERSADA**

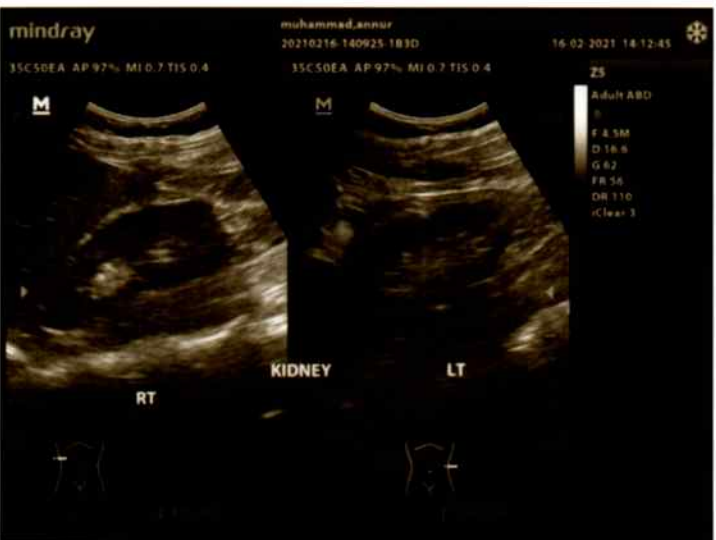
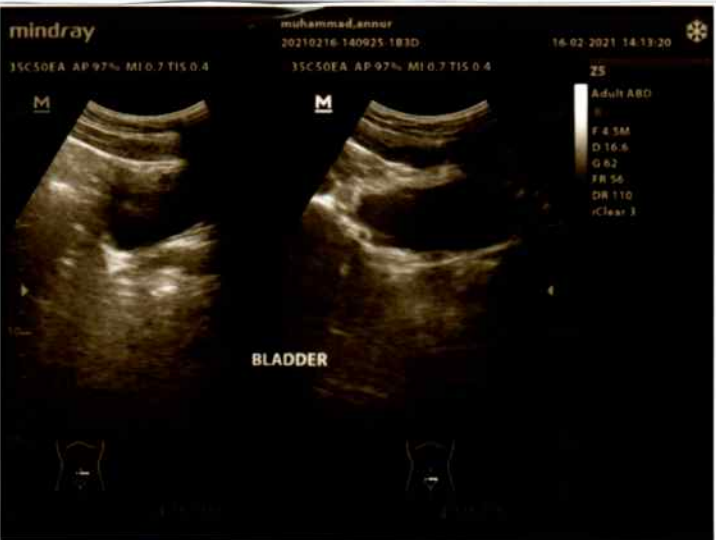
Umur  
(Age) : **29** Tahun  
(Years old)

Jenis  
(Gender)

**LAKI-LAKI**

Pekerjaan  
(Occupation)

**ASST INSPECTOR**



**mindray**  
ULTRASOUND



**Patient Data**

ID Number	757	Company	PT. Inspektindo Sinergi
Name	MUHAMMAD ANNUR	Occupation	Asst. Inspector
Gender	Male	Test Date	16 Februari 2021
DOB / Age	03 Nopember 1991 / 29 Yo.	Weight (kg)	73
Height (cm)	173	BMI	24,39

**Pre-exercise Test**

Indication	Medical Check Up
Pre-exercise BP	120/60 mmHg
Heart Rate	70 bpm
Respiration	20 x/mnt
Resting ECG	<i>Body and T</i>

**Exercise Test Summary**

Exercise Time	12:10	mm:ss	End Stage	4
Max Heart Rate	177	bpm	Target Heart Rate	162 bpm
Max Blood Pressure	130/60	mmHg	Max Heart Rate	109,3 %
Aerobic Capacity	12.	METs.	VO2 Max	44,55 ml/kg/min

**Reason Of End**

Fatigue      Dyspnoe      Angina      Dizziness  
 ST-T segment changes      Maximum HR reach

**ST- T segment changes**

No changes      ST-segment depression 0,5 - 1 mm  
 Upsloping      Significant changes (ST-segment depression > 1 mm)

**Abnormal Lead :**

**Classification of Physical Fitness**

Low      Fair      Average      Good      High

**Blood Pressure Response**

Normal Response      Hipertensive Response

**Functional Classification**

Clas I      Clas II      Clas III

**Conclusion / Medical Report**

*Negative Ischemic Response*  
*FIT to work at*

**Recommendation :**

Cardiologist Signature *dr. ACHMAD YUSRI, SpJP*     Instrument Used CONTEC 8000S S/N 140203027  
*SPEKIALIS JANTUNG DAN PEMBULUH DARAH*









# Grand Medica Indonesia Stress Exercise Report

ID: 757      Section:      Name: M. Annur R      Sex: Male      Age: 30      Exam Time: 16-02-2021 13:22

**Information**

DOB: 1991-03-11      Race: Oriental Race  
 Height: 173.00 cm      Weight: 73.00 kg

Indications: MCU

Smoking       Diabetic       History of MI  
 Hypertension       Hyperlipidemia       Family History

Medications:

Address:  
 Telephone:

**Result**

Stage Name      HR(bpm)      BP(mmHg)  
 PRE-EXE      88      120/60  
 EXE1      114      ----/----  
 EXE2      129      ----/----  
 EXE3      171      ----/----  
 EXE4      176      ----/----  
 REC1      163      130/60

Summary  
 Protocol Name: BRUCE  
 Target HR: 162 bpm  
 Exercise Time: 12:10 mm:ss  
 Max Speed: 6.8 km/h  
 Max Grade: 16.0 %  
 Exeed +/-100uV Leads:  
 I II III aVL aVR aVF  
 V1 V2 V3 V4 V5 V6  
 DUKE Score: ----

Max Values  
 HR: 177 bpm  
 Target HR: 109.3 %  
 METs: 13.5 METs  
 HR\*BP: 16625.0 bpm\*mmHg  
 SYS: 130.0 mmHg  
 DIA: 60.0 mmHg

ST Segment  
 Max Elevation: 0.52 mV 10:30 I  
 Max Depression: -0.44 mV 07:10 III  
 Max Elevation Change: 0.34 mV 10:30 I  
 Max Depression Change: -0.32 mV 07:10 III

**Arrhythmia**

Total Beats: 1641      Abnormal Beats: 9  
 Total V: 3      Total S: 6  
 V Pairs: 0      S Pairs: 0  
 V Run: 0      S Run: 0  
 V bigeminal: 0      S bigeminal: 0  
 V trigeminal: 0      S trigeminal: 0  
 Total Long: 0

Reason for End :

Symptoms:

Conclusions:

*Negative ischemic response*

Operator:

Reviewing Physician:



Dr. Achmad Yusri, SpJP  
 Spesialis Jantung Dan Pembuluh Darah

# Grand Medica Indonesia Stress Exercise Report

## Average QRS

ID:757

Section:

Name: M. Annur, R

Sex: Male

Age: 30

Exam Time: 16-02-2021 13:22

Time:00:20	Time:03:20	Time:06:20	Time:09:20	Time:10:20	Time:12:00
HR:91 bpm BP:120/60 mmHg	HR:113 bpm BP:120/60 mmHg	HR:130 bpm BP:120/60 mmHg	HR:171 bpm BP:120/60 mmHg	HR:176 bpm BP:120/60 mmHg	HR:161 bpm BP:130/60 mmHg
0.28 I3.39 0.09 II5.64 -0.18 aV24.58 -0.19 aV35.20 0.23 aV35.34 -0.04 V78 -0.13 V28.10 0.17 V37.87 -0.05 V49.2 -0.00 V82 0.04 V83.4 0.11 V29.92	0.17 II8.18 0.03 II3.02 -0.15 aV35.34 -0.10 aV38.17 0.16 aV42.02 -0.06 V9.09 -0.08 V23.61 0.10 V49.80 -0.04 V4 -0.02 V5 0.01 V6 0.05 V25.40	0.15 II6.27 -0.03 II7.71 -0.18 aV57.92 -0.06 aV34.76 0.16 aV56.95 -0.10 V9.49 -0.07 V24.93 0.10 V43.89 -0.05 V4.0 -0.04 V5.64 -0.01 V6 0.03 V18.20	0.19 II4.15 -0.02 II6.22 -0.21 aV49.92 -0.08 aV49.98 0.20 aV51.85 -0.12 V22.29 -0.08 V32.34 0.17 V53.94 0.01 V4.84 0.01 V3.93 0.02 V6 0.08 V54.10	0.38 II2.65 0.05 II7.27 -0.33 aV54.80 -0.21 aV50.17 0.36 aV59.04 -0.14 V33.67 -0.15 V42.53 0.27 V52.26 0.06 V5.33 0.07 V3.02 0.10 V6.15 0.20 V49.68	0.36 II4.29 0.10 II5.53 -0.26 aV49.10 -0.23 aV56.58 0.31 aV57.27 -0.08 V9.85 -0.13 V32.45 0.33 V9.07 0.13 V34.50 0.16 V52.09 0.19 V56.91 0.25 V57.32



# Grand Medica Indonesia Stress ECG Exercise Report

## ECG Strips

ID:757

Section:

Name: M. Annur. R

Sex: Male

Age: 30

Exam Time: 16-02-2021 13:22

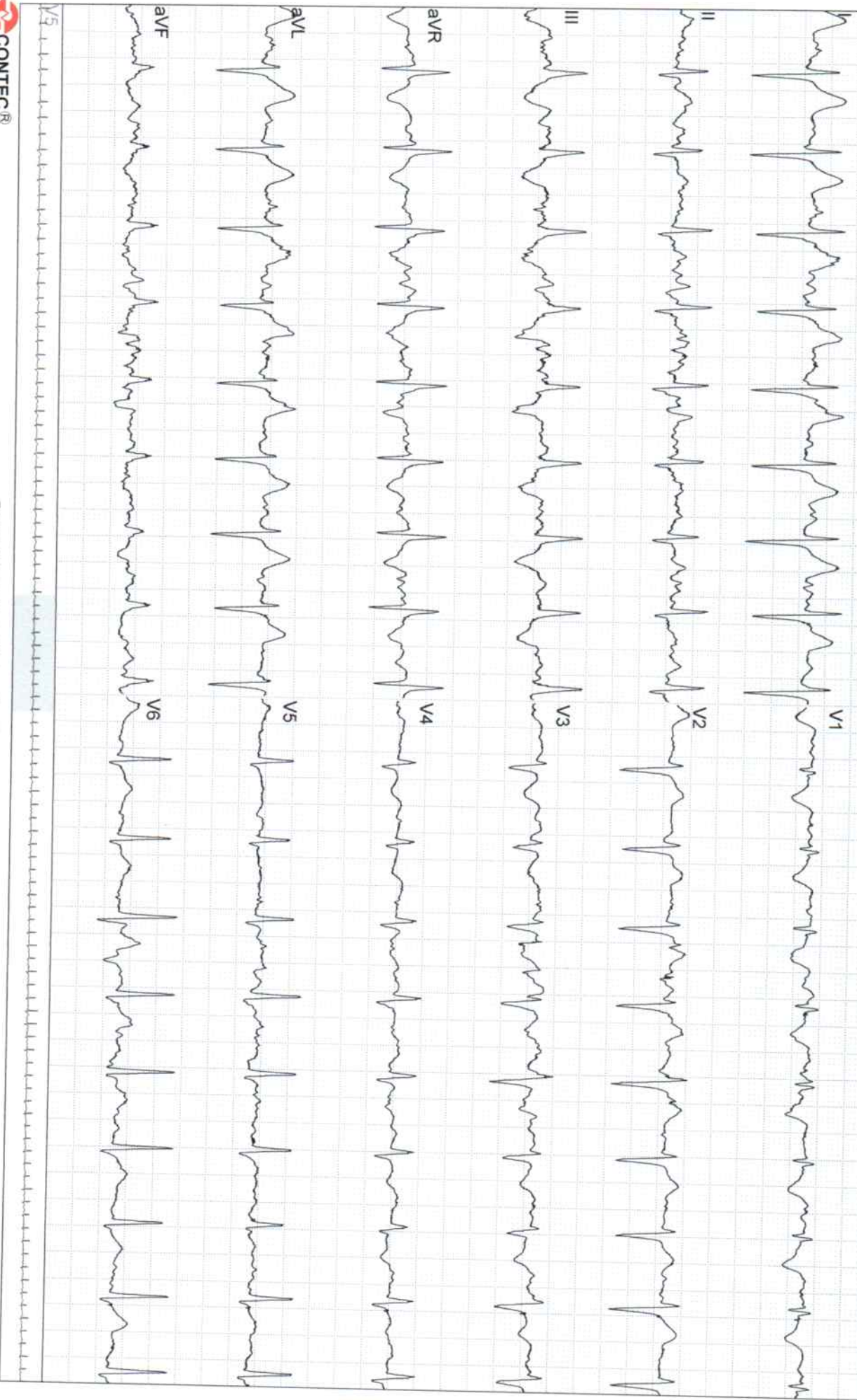
Time: 00:40

Stage: [ 2 / 6 ] EXE1 00:10 [ 2.7 Km/h 10.0 % ]

HR: 101 bpm

BP: 120/60 mmHg

10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 757

Section:

Name: M. Annur. R

Sex: Male

Age: 30

Exam Time: 16-02-2021 13:22

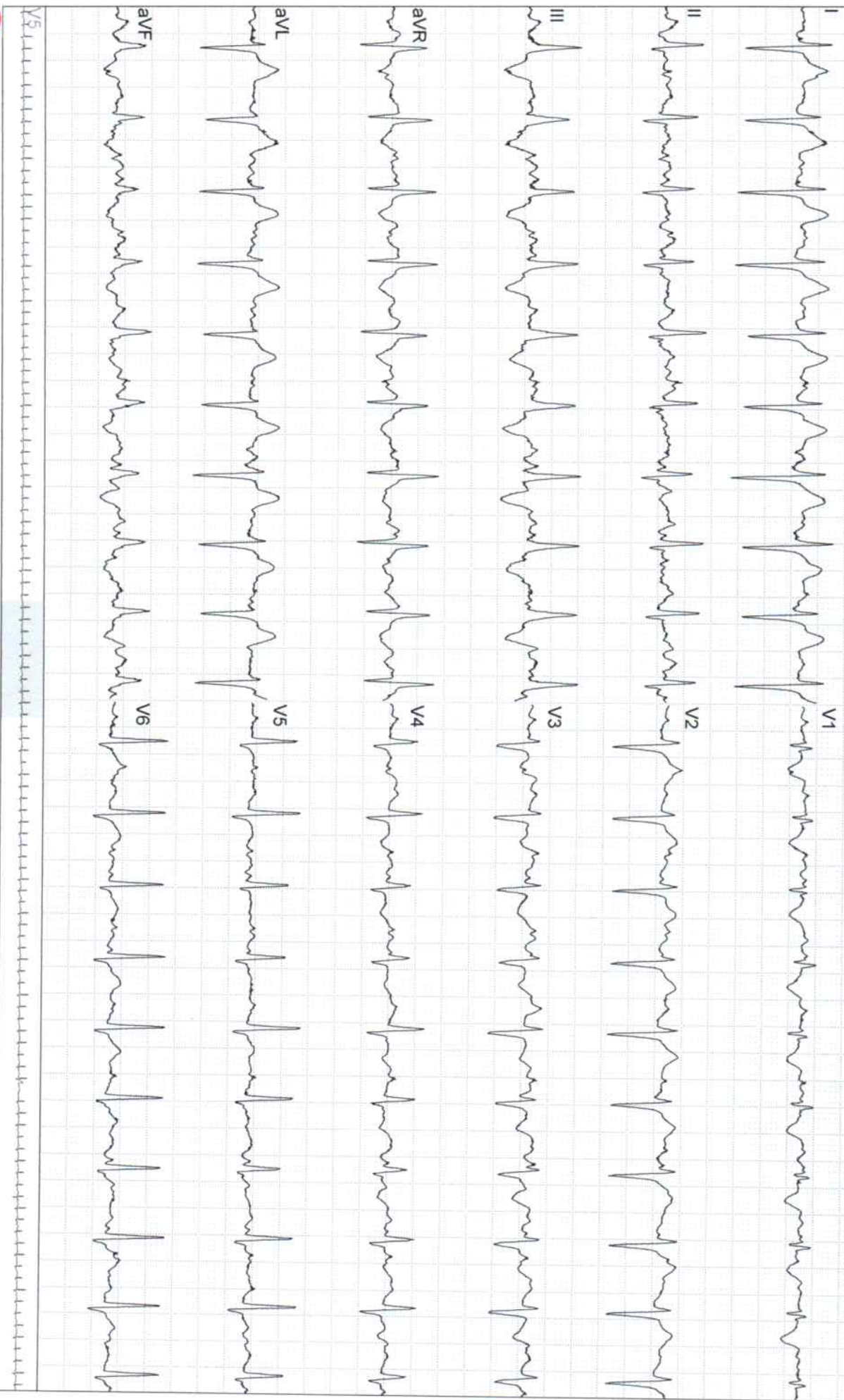
Time: 03:20

Stage: [ 2 / 6 ] EXE1 02:50 [ 2.7 Km/h 10.0 % ]

HR: 113 bpm

BP: 120/60 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 757

Section:

Name: M. Annur. R

Sex: Male

Age: 30

Exam Time: 16-02-2021 13:22

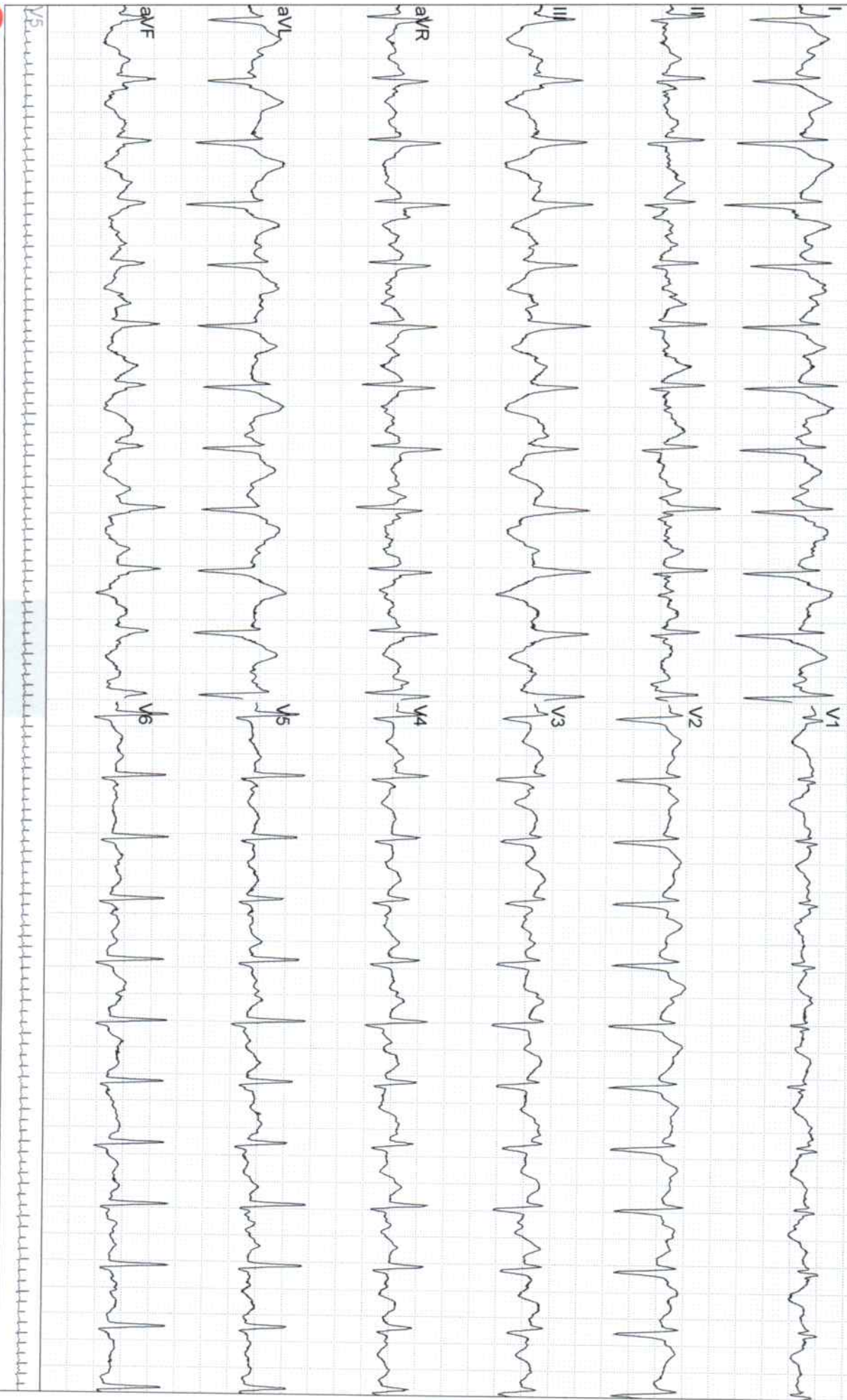
Time: 06:23

Stage: [ 3 / 6 ] EXE2 02:53 [ 4.0 Km/h 12.0 % ]

HR: 130 bpm

BP: 120/60 mmHg

10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 757

Section:

Name: M. Annur. R

Sex: Male

Age: 30

Exam Time: 16-02-2021 13:22

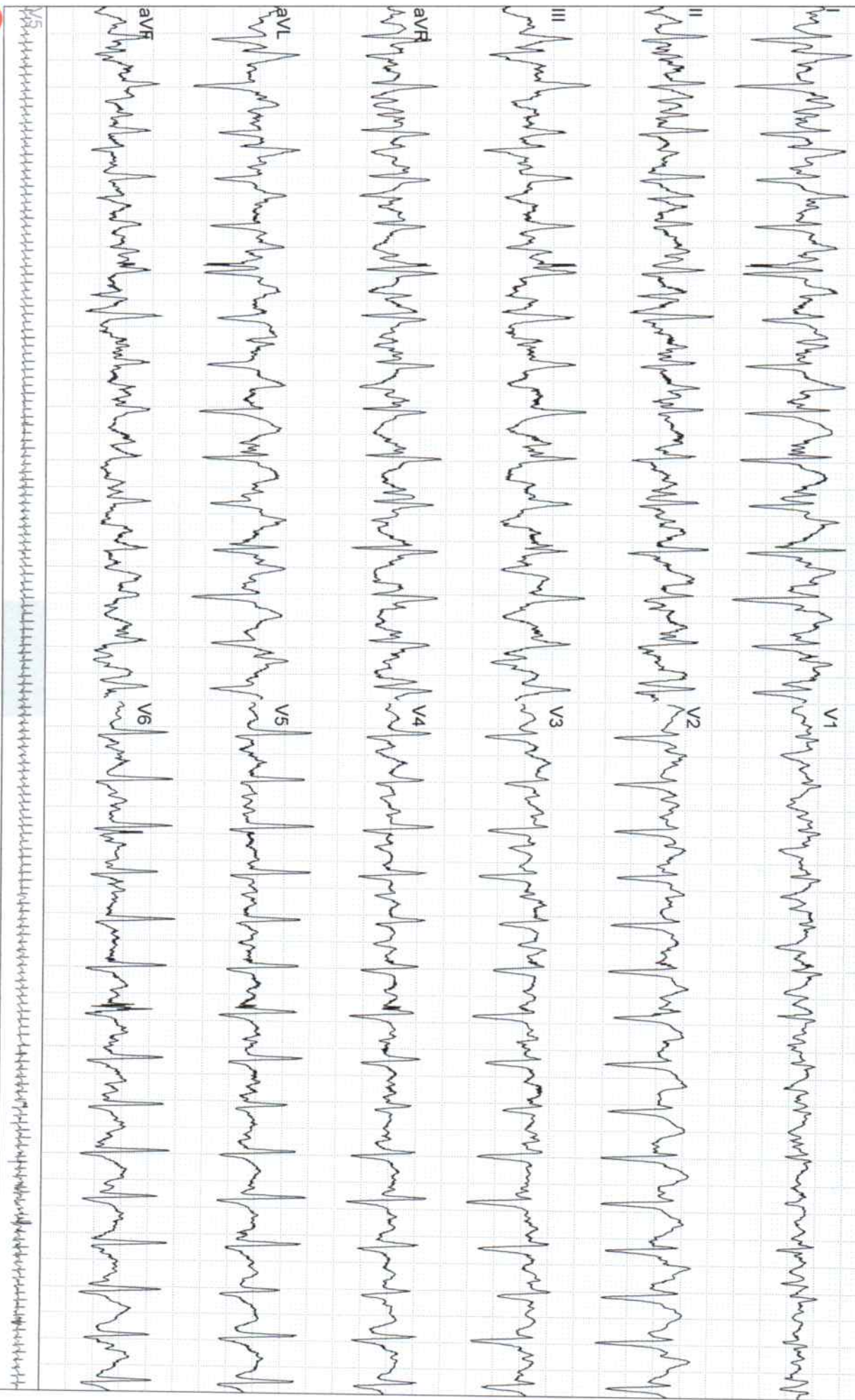
Time: 09:23

Stage: [ 4 / 6 ] EXE3 02:53 [ 5.5 Km/h 14.0 % ]

HR: 171 bpm

BP: 120/60 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:757

Section:

Name: M. Annur. R

Sex: Male

Age: 30

Exam Time: 16-02-2021 13:22

Time: 10:26

Stage: [ 6 / 6 ] Recovery 00:04 [ 0.0 Km/h 0.0 % ]

HR: 176 bpm

BP: 120/60 mmHg

10mm/mV 25mm/s

