



**GRAND MEDICA
INDONESIA**

Make SMILE and Be HEALTHY

PERSONAL DATA

No. MCU : 4811/GMI-MCU/IX/2021
No. Badge : -
N a m a : **RIESKY FETRIAN, Tn.**
U m u r : 25 tahun
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**
Jabatan : Project Controller and Administration
Tgl Pemeriksaan : 06/09/2021
Alamat : Jl. Pupuk Baru No. 07 Damai, Balikpapan Selatan.



PT. INSPEKTINDO SINERGI PERSADA

HEALTH AND MEDICAL SURVEILLANCE TAHUN 2021



NAMA	: RIESKY FETRAN
TANGGAL LAHIR	: 02/07/1996
JENIS KELAMIN	: LAKI - LAKI
S/N	: 0
IGG	:
DEPT/SERVICE	: INSPECTION AAP TESTING
LOKASI KERJA	: SCHLUMBERGER
JENIS PEMERIKSAAN	:	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Annual <input type="checkbox"/> Pre-retirement

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 : PROTECT CONTROLLER AIR AND ADMINISTRATION
- 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 orang
- 5. Alamat sekarang : JL. PUPUK BAYU NO. 07, DAMAI, BALIKPAPAN IB. LANTAN
Telpon / HP .. 0852 93896928
- 6. No. Extension Telpon. : Kantor : Kamar (untuk lapangan)

HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN

No.	Posisi	Lama Kerja	Perusahaan	Lama paparan dalam jumlah/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 : 8 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 type="checkbox"/>
k. Thypus	1. Ya	2. Tidak	<input type="checkbox"/>
l. TBC	1. Ya	2. Tidak	<input type="checkbox"/>
m. Malaria	1. Ya	2. Tidak	<input type="checkbox"/>
n. Penyakit kelamin	1. Ya	2. Tidak	<input type="checkbox"/>
o. Kuning / Hepatitis	1. Ya	2. Tidak	<input type="checkbox"/>
p. Gangguan jiwa	1. Ya	2. Tidak	<input type="checkbox"/>
q. Takut pada ketinggian	1. Ya	2. Tidak	<input type="checkbox"/>
r. Mata	1. Ya	2. Tidak	<input type="checkbox"/>
s. Hidung	1. Ya	2. Tidak	<input type="checkbox"/>
t. Telinga	1. Ya	2. Tidak	<input type="checkbox"/>
u. Gigi / mulut	1. Ya	2. Tidak	<input type="checkbox"/>
v. Lambung	1. Ya	2. Tidak	<input type="checkbox"/>
w. Wasir	1. Ya	2. Tidak	<input type="checkbox"/>
x. Kulit	1. Ya	2. Tidak	<input type="checkbox"/>
y. Sendi - sendi	1. Ya	2. Tidak	<input type="checkbox"/>
z. Kandungan	1. Ya	2. Tidak	<input 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	<input type="checkbox"/>
<i>Bila tidak, lungeung ke no. 6</i>		
2. Bila YA, berapa kali dalam setahun terakhir Anda mengalami kecelakaan ?

<input type="text"/>	<input type="text"/>
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3. Apakah Anda perlu mendapatkan perawatan di rumah sakit karena kecelakaan tersebut ?

1. Ya	2. Tidak	<input type="checkbox"/>
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4. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan akibat kecelakaan tersebut ?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. Apakah timbul gangguan fungsi maupun kecacatan setelah sembuh ?

1. Ya	2. Tidak	<input type="checkbox"/>
-------	----------	--------------------------
6. Dalam satu tahun terakhir apakah Anda pernah dirawat di rumah sakit ?

1. Ya	2. Tidak	<input type="checkbox"/>
<i>Bila tidak, lungeung ke no. 6</i>		
7. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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8. Apakah Anda menderita penyakit yang dikontrol terus menerus selama satu tahun terakhir ?

1. Ya	2. Tidak	<input type="checkbox"/>
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KEBIASAAN MEROKOK

1. Apakah anda pernah merokok ?

1. Ya 2. Tidak 1
Bila tidak, laksanakan ke alkohol

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

2 0

3. Apakah saat ini Anda merokok ?

1. Ya, setiap hari 3
2. Ya, tidak setiap hari
3. Tidak - bila tidak laksanakan ke no. 14

4. Berapa banyak rokok yang Anda isap setiap harinya ?

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

1. Kadar nikotin rendah
2. Kadar nikotin sedang
3. Kadar nikotin tinggi

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

1. Tidak pernah
2. Kadang-kadang
3. Selalu

7. Berapa menit sehabis bangun tidur Anda mulai merokok?

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. Rokok lainnya

Dari no. 11 laksanakan ke pertanyaan alkohol

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

Laksanakan ke pertanyaan alkohol

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

0 3

KONSUMSI ALKOHOL

1. Apakah Anda pernah minum minuman beralkohol ?

1. Ya 2. Tidak 2
Bila tidak, laksanakan ke olahraga

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

1. Ya 2. Tidak 2
Bila tidak, laksanakan ke olahraga

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

1. Ya 2. Tidak 2
Bila tidak, laksanakan 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)

0 6 0

2. Berapa kali Anda berolahraga dalam sebulan ?

2 X

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

RWAYAT PENYAKIT KELUARGA

1. Apakah ada diantara Ayah/Ibu Anda menderita penyakit berikut
- a. Tekanan darah tinggi 1. Ya 2. Tidak 1 2
 - b. Penyakit jantung 1. Ya 2. Tidak 1 2
 - c. Stroke 1. Ya 2. Tidak 1 2
 - d. Kencing manis 1. Ya 2. Tidak 1 2
 - e. Kanker 1. Ya 2. Tidak 1 2
 - f. Alergi 1. Ya 2. Tidak 1 2
 - g. Asma 1. Ya 2. Tidak 1 2
2. Apakah ada saudara kandung Anda menderita penyakit berikut
- a. Tekanan darah tinggi 1. Ya 2. Tidak 1 2
 - b. Penyakit jantung 1. Ya 2. Tidak 1 2
 - c. Stroke 1. Ya 2. Tidak 1 2
 - d. Kencing manis 1. Ya 2. Tidak 1 2
 - e. Kanker 1. Ya 2. Tidak 1 2
 - f. Alergi 1. Ya 2. Tidak 1 2
 - g. Asma 1. Ya 2. Tidak 1 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 1 2

UNTUK KARYAWAN WANITA

1. Apakah saat ini Anda sedang hamil ? 1. Ya 2. Tidak 1 2
2. Berapa bulan umur kehamilan Anda saat ini ?
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 1 2
8. Apakah dalam satu tahun terakhir pola haid Anda teratur ? 1. Ya 2. Tidak 1 2
9. Apakah ada rasa sakit yang berhubungan dengan haid ? 1. Ya 2. Tidak 1 2
10. Apakah Anda sering menderita keputihan ? 1. Ya 2. Tidak 1 2

KELUARGA BERENCANA

1. Apakah keluarga Anda mengikut keluarga berencana ?

1. Ya 2. Tidak

Bila tidak langung ke Vaksinasi

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

1. Kondom 5. IUD

2. PI 6. Vasektomi

3. Suntik 7. Tubektomi

4. Susuk 8. Lainnya

RWYAT VAKSINASI

1. Apakah anda pernah mendapatkan vaksinasi tetanus ?

1. Ya 3. Tidak tahu

2. Tidak

2. Apakah Anda pernah mendapatkan vaksinasi hepatitis ?

1. Ya 3. Tidak tahu

2. Tidak

DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?

1. Ya 2. Tidak

2. Kapan Anda melakukan donor darah terakhir ?

- / - / -

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

Belikpapan, 06 Sept 2021

Nama dan tanda tangan karyawan


(.....RIESKY.....FETRIAN.....)

MEDICAL CHECK UP –2021

PHYSICAL EXAMINATION

NAME	RIESKY FETRIAN, Tn.	S/N	-	DEPT	Inspection and Testing
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I. VITAL SIGN

Blood Pressure (supine)	120/70	mmHg	Pulse	76	x/m	Respiration	20	x/m	Temp.	36	-C
Weight (W)	66	kg	Height (H)	177	cm	BMI	21,07	Waist	70	cm	

(*) BMI = W / H² (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@	✓		Radix
8	NECK	Adenopathi/Thyroid/Carotids/ Tracheal/ 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	20/50	20/40				<input checked="" type="checkbox"/>	Normal
Near	20/50	20/40				<input type="checkbox"/>	Red – Green Absent
Visual fields (Normal > 70°)			Left	85°	Right	85°	Colour Blind

II. LABORATORIUM SUMMARY

See attached result

<input checked="" type="checkbox"/>	Normal	COMMENT:
<input type="checkbox"/>	Abnormal	

III. CHEST X-RAY

See attached result

Pneumoconiosis	Yes	No <input checked="" type="checkbox"/>
If Yes – ILO Classification		
Evidence of TB	Yes	No <input checked="" type="checkbox"/>
Other Abnormalities		
COMMENT	Foto Thorax Normal	

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

See attached result

Normal <input checked="" type="checkbox"/>	Abnormal	(specify) : Sinus Arrhythmia
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V. TREADMILL (Optional for over 35 years of age)

See attached result

Normal <input checked="" type="checkbox"/>	Abnormal	(specify) : Negative Ischemic Response, 12 Mets.
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VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease,)

See attached result

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

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

See attached result

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

HASIL PEMERIKSAAN KESEHATAN TAHUN 2021

 Balikpapan, **10/09/2021**
ANNUAL MEDICAL CHECK UP

Kepada Yth : RIESKY FETRIAN, Tn.	Umur : 25 tahun	S/N : -
Posisi : Project Controller and Administration	MCU ID : 4811/GMI-MCU/IX/2021	Dept. : Inspection and Testing

 Berikut adalah kesimpulan hasil pemeriksaan medical check up yang telah dilaksanakan pada tanggal :
06/09/2021
TEMUAN :

- * Berat Badan = 66 Kg (Normal), BMI = 21,07 ; BB Ideal = 56,39 - 78,32 Kg. Lingkar Perut : 70 cm (M : N ≤ 90 cm, F : N ≤ 80 cm).
- * Riwayat Kesehatan = Keluhan alergi, hidung. Berhenti MEROKOK sejak 3 tahun yll. BEROLAHRAGA 2 x/bulan, Intensitas SEDANG.
- * Riwayat Kesehatan Keluarga = Ayah / Ibu (Hipertensi, Alergi), Sdr. Kandung (Alergi). Riwayat Vaksinasi = Vak. Tetanus & Vak. Hepatitis : TIDAK TAHU.
- * Fisik = TD : 120/70 mmHg (Normal). Gigi : Radix. Romberg Test : Negative.
- * Fisik = Mata : VOD : 20/40 (Mild), VOS : 20/50 (Mild), VF ODS : 85° (Normal). Test Buta Warna : Normal.
- * Lab = Darah Lengkap (Hematology) : Normal. Urine : Normal. Kimia Darah : Normal. Faeces Lengkap : Normal. Immunologi = HBs Ag : Negatif.
- * Rekam Jantung (EKG) = Sinus Arrhythmia. Treadmill Test = Negative Ischemic Response, 12 Mets (Normal). Rontgen Dada (Thorax) = Normal.
- * USG Abdomen = Tidak ada kelainan significant pada organ abdominal. Audiometri = Fungsi pendengaran dalam batas normal.
- * **Faktor Resiko Jantung Koroner berdasarkan Jakarta Cardiovascular Score = 0 -> Low Risk (CV10 < 10 %)**

STATUS KESEHATAN :

Kategori	CATATAN
<input type="checkbox"/> M-1A	Tidak ditemukan problem kesehatan
<input type="checkbox"/> M-1B	Ditemukan problem kesehatan yang tidak serius
<input checked="" type="checkbox"/> M-2	Ditemukan problem kesehatan yang dapat menjadi serius - Kelompok resiko rendah.
<input type="checkbox"/> M-3A	Ditemukan problem kesehatan yang dapat menjadi serius - Kelompok resiko sedang
<input type="checkbox"/> M-3B	Ditemukan problem kesehatan yang dapat menjadi serius - Kelompok resiko tinggi
<input type="checkbox"/> M-4	Ditemukan keterbatasan fisik untuk melakukan pekerjaan secara normal, hanya cocok untuk pekerjaan ringan.
<input type="checkbox"/> M-5	Dalam perawatan di rumah sakit atau dalam kondisi yang tidak memungkinkan untuk melakukan pekerjaan (status ijin sakit).

KESIMPULAN :

- FIT** Sebagai : **Project Controller and Administration**
 UNFIT Di : **Schlumberger**
 TEMPORARY UNFIT


SARAN - SARAN :

- * Pertahankan Berat Badan IDEAL, perhatikan batasan normal Berat Badan.
- * Koreksi tajam pengelihatan jauh dengan Kaca Mata yang tepat. Konsultasikan dengan dokter spesialis Mata.
- * Konsul ke dokter bila timbul keluhan kesehatan. Banyak minum air putih 2-3 liter/hari. Lakukan perawatan gigi ke dokter GIGI.
- * OLAHRAGA secara teratur dan terukur untuk menjaga kesehatan JANTUNG dan KEBUGARAN tubuh.
- * -
- * -

 Bila masih ada hal yang perlu diperjelas, mohon segera menghubungi dokter pemeriksa di 0542-7214552, 0821 5721 3030, 0852 4998 3158.
Terima kasih atas kerjasamanya.

Catatan :

 * Status Medical Check Up ini berlaku sampai dengan tanggal : **06/09/2022**

Mengetahui :

dr.

 Hormat Kami,
Dokter Pemeriksa,

dr. Hendra AZ.
MEDICA INDONESIA
No. SKP : KEP.350/BINWASK3-PNK3/KK/1/2017


 Jl. Marsma R. Iswahyudi No.19 RT.08
Balikpapan. Kalimantan Timur
P: 0542-721-4552; 0823-6655-3030
F: 0542-721-4553 E: grandmedica@gmail.com


Patient Data

ID Number :	4811/GMI-MCU/IX/2021			Company :	PT. INSPEKTINDO SINERGI PERSADA
Name :	RIESKY FETRIAN, Tn.			Occupation :	Project Controller and Administration
Gender :	Laki-Laki			Test Date :	06/09/2021
DOB / Age :	03/07/1996	/	25 Yo.	BMI :	21,07
Height (cm)	177	Weight (kg) :	66		

Jakarta Cardiovascular Risk Table

Risk Factor		Score	Result	Poin
Sex	Female	0	Male	1
	Male	1		
Age	25-34	-4	25	-4
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
	Blood Pressure	Normal		
High Normal		1		
Grade 1 Hypertension		2		
Grade 2 Hypertension		3		
Grade 3 Hypertension		4		
BMI (Kg/m2)	13,79 - 25,99	0	21,07	0
	26,00 - 29,99	1		
	30,00 - 35,58	2		
Smoke	Never	0	Ex Smoker	3
	Ex Smoker	3		
	Smoker	4		
Diabetes Mellitus	No	0	No	0
	Yes	2		
Physical Exercise/Activity	No	2	Medium	0
	Low	1		
	Medium	0		
	High	-3		
Total Point				0

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

Result	
Estimated 10-year CVD Risk	
7,4%	
Risk Category	
Low Risk	

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.*



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 checked="" type="checkbox"/>
	Field <input type="checkbox"/>
PERIODIC CHECK-UP	<input checked="" 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) FGTRIAM FIRST NAME RIESKY
 SEX MALE BIRTH DATE (day/month/year) 03/07/96
 HOME PHONE 0853 9396978 NATIONALITY INDONESIA
 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

Country of assignment

- International commuter
 International mobile
 Home country mobile
 GeoMobile

GIN /EMPLOYEE NUMBER

POSITION / Job Title PROJECT CONTROLLER

Other (HCR, HCC, etc.)

PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE

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: GRAND MEDICA Name of doctor:

Medical exam date: 6 SEPT 2021

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

• **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

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: GRAND MEDICA Name of doctor:

Medical exam date: 6 SEPT 2021

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

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 employee's 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 has 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 confidentiality provisions. It also undertakes to implement adequate confidentiality and security measures in order to protect and maintain my personal data in a secured manner. Such data will not be transferred to any other recipients.
- (g) I acknowledge and expressly agree that without prejudice to the fact that 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, may be transferred outside the EU to third countries which may 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, 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. For such requests, I should contact 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 42 42 42). Such requests must be executed and accompanied by an executed copy of your ID card or passport.
- (j) SCHLUMBERGER has complied with its notification obligations under 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 operation of 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: RIESKY FETRAH

Date (day/month/year): 06/Sept/2021

Employee's signature: 

RIESKY

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 employee's 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 122, 92306 Levallois-Perret Cedex, France, tel: 00 33 1 55 63 32 32). Note that your request must be assessed 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 RIESKY FERHAN

Date (day/month/year) 6 SEPT 2021 Employee's signature 

LAST NAME FETRIAN FIRST NAME RIGSKY

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :
(If known) 0

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 checked="" type="checkbox"/> | 21. cancer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 41. rejected for employment | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. neck swelling/glands | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22. heart disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | or insurance for medical | | |
| 3. difficulty in vision | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. rheumatic fever | <input type="checkbox"/> | <input checked="" type="checkbox"/> | reasons | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. any ear discharge | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24. abnormal heartbeat | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 42. awarded benefits for | | |
| 5. asthma/bronchitis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25. high blood pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | industrial injury | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. hayfever/other allergy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. stroke | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 43. treated for a mental | | |
| 7. any skin trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. serious chest pain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | condition | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. tuberculosis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28. any blood disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 44. treated for drinking problem/ | | |
| 9. shortness of breath | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29. kidney disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | drug abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. coughed blood | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30. painful passage of urine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 45. exposed to : | | |
| 11. abdominal pain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. blood in urine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mercury | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. stomach ulcer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32. diabetes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Radioactivity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. recurrent indigestion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33. headaches/migraine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Toxic chemicals | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. jaundice/hepatitis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34. dizziness/fainting | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excess noise | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. gall bladder disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 35. epilepsy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| 16. marked change in | | | 36. joints/spinal trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | FOR WOMEN ONLY | | |
| bowel habits | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 37. surgical operation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever had | | |
| 17. blood in stool | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 38. accident/fracture | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 46. an abnormal smear | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. change in weight | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 39. tropical disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 47. a gynecological | | |
| 19. varicose veins | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 40. fear of heights | <input type="checkbox"/> | <input checked="" type="checkbox"/> | treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. lump in breast | <input type="checkbox"/> | <input checked="" 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 / / hepatitis A / /
 tetanus / / yellow fever / / typhoid / /
 other: date: / / Other: date: / /

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

LAST NAME FETRIAN FIRST NAME RISKY

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) Radix
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/ mental fitness	(n)	a
14. breast	n	a

HEIGHT		WEIGHT		BLOOD PRESSURE	PULSE	HEARING		VISION		with GLASSES	COLOR Vision
cms	ft	kgs	lbs	mmHg		R	n	✓	a	Yes	N
177		66		120/70	76	L	n	✓	a	No	
					x/m						

LAST NAME : FETRIAN

FIRST NAME : RIESKY

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

ECG (n) a : Sinus Arrhythmia
Treadmill (n) a : Negatif Ischemic Response, 12 Mets.
Chest X Ray (n) a : Within Normal Limits

BLOOD ANALYSIS

RBC	4.800.000	/mm3	SGOT (ASAT)	18	U/L
WBC	7800	/mm3	SGPT (ALAT)	19	U/L
NEUTROPHIL	69	%	GAMMA GT	22	U/L
EOSINOPHIL	1,5	%	GLYCEMIA	110	mg/dL
BASOPHIL	0,1	%	CHOLESTEROL TOTAL	193	mg/dL
LYMPHOCYTE	21	%	HDL	55	mg/dL
MONOCYTE	5,5	%	LDL	123	mg/dL
HEMATOCRIT	43	%	CREATININE	0,9	mg/dL
HEMOGLOBIN	14,1	g/dL	URIC ACID	5,5	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	75	mg/dL

BLOOD TYPE

-

test only if not already known

URINE ANALYSYS

ALBUMIN : -

SUGAR : Negative BLOOD : Negative PARASITES : Negative

STOOL ANALYSIS

BLOOD : Negative

CONCLUSION : FIT IN ALL AREA Yes No

if you answer No. please detail your reasons)

MUST BE REASSESSED Yes No

Detail :

.....

.....

.....

.....

Date of medical examination (day/month/year) : 06/09/2021

DOCTOR'S SIGNATURE



MEDICAL CENTER STAMP/SEAL



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 ESTRIAN FIRST NAME RESLEY

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 :

PSAng/ml TSH.....UI

CEA µg/l Alkaline phosphataseUI

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:

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



HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. : 4811 /GMI-MCU/IX/2021
(Lab. Number)

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama : RIESKY FETRIAN, Tn. / Laki-Laki
(Name)
Umur : 25 Tahun
(Age)
Pekerjaan : PROJECT CONTROLLER AND ADMIP
(Job Position)
Dokter : Dr. Hendra AZ
(Doctor)
Perusahaan : PT. INSPEKTINDO SINERGI PERSADA
(Company)
Tgl Pemeriksaan : 6 September 2021
(Date of Analysis)

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
HEMATOLOGI			
HEMATOLOGI RUTIN			
Hemoglobine (Hgb)	14,1	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit (Hct)	42,9	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35 ,0- 45,0	%
Erythrocyt (RBC)	4,8	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 ⁶ sel/mm ³
Leucocyt (WBC)	7,8	Dewasa : 4,0 - 10,0	10 ³ / μ L
Differential Count			
Basophile	0,1	0 - 2	%
Eosinophile	1,5	0 - 3	%
Neutrofil	69,2	50 - 70	%
Lymphocyte	20,9	20 - 40	%
Monocyte	5,5	3 - 12	%
MCV	87	80 - 100	fL
MCH	28	27 - 34	pg/cell
MCHC	35	32 - 36	g/dL
RDW- CV	12,0	11 - 16	%
RDW-SD	38,5	35 - 56	fL
Thrombocyt	246	140 - 440	10 ³ /mm ³
KIMIA KLINIK			
METABOLISME GLUKOSA/DIABETES			
Glucose Fasting	110	Normal : 70 - 110	mg/dL
Glucose 2h pp	120	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes melitus : > 200	mg/dL
PROFIL LEMAK			
Cholesterol total	193	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : \geq 240	mg/dL
Triglycerides	75	Normal : < 150 Batas tinggi : 150 - 199	mg/dL





HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab.
(Lab. Number) : 4811 /GMI-MCU/IX/2021

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama
(Name) : RIESKY FETRIAN, Tn. / Laki-Laki **Umur**
(Age) : 25 Tahun
(Years old)

Pekerjaan
(Job Position) : PROJECT CONTROLLER AND ADMIN **Dokter**
(Doctor) : Dr. Hendra AZ

Perusahaan
(Company) : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan**
(Date of Analysis) : 6 September 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
		Tinggi : 200 - 499 Sangat tinggi : >= 500	
HDL Kolesterol	55	Rendah : < 40 Tinggi : >= 60	mg/dL
LDL Kolesterol	123	Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	2,2	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
FUNGSI HATI			
SGOT / AST	18	0 - 37	U/L
SGPT / ALT	19	0 - 40	U/L
Gamma GT	22	11 - 51	U/L
FUNGSI GINJAL			
Uric Acid	5,5	Laki-laki dewasa : 3,5 - 7,2 Perempuan dewasa : 2,6 - 6,0	mg/dL
Creatinine	0,9	0,8 - 1,4	mg/dL
Ureum	33	10 - 50	mg/dL
IMMUNOLOGI			
HEPATITIS			
HBs Ag	Negatif	Negatif	
URINALISA			
MAKROSKOPIS URIN			
Warna	Kuning		
Kejernihan	Jernih		
KIMIA			
Berat jenis	1,025	Normal : 1,003 - 1,035	
pH	6,5	Normal : 4,5 - 8	
Protein	Negatif	Normal : < 7,5 (Negatif)	mg/dL
Glucose	Negatif	Normal : < 0,018 (Negatif)	mg/dL





HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. : 4811 /GMI-MCU/TK/2021
(Lab. Number)

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama : RIESKY FETRIAN, Tn. / Laki-Laki
(Name)
Umur : 25 Tahun
(Age)
Pekerjaan : PROJECT CONTROLLER AND ADMIP
(Job Position)
Dokter : Dr. Hendra AZ
(Doctor)
Perusahaan : PT. INSPEKTINDO SINERGI PERSADA
(Company)
Tgl Pemeriksaan : 6 September 2021
(Date of Analysis)

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
Leukosit esterase	Negatif	Normal : < 9 (Negatif)	Leu/ μ 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
Blood	Negatif	Normal : < 0,018 (Negatif)	mg/dL
MIKROSKOPIS URIN			
Epithel	2-3		
WBC	1-2		
RBC	1-2		
Cast	Negatif		
Crystal	Negatif		
Bacterie	Negatif		
Others	Negatif		
FAECES			
FAECES RUTIN			
MAKROSKOPIS			
Warna	Kecoklatan		
Konsistensi	Lunak		
Darah	Negatif	Negatif	
Lendir	Negatif	Negatif	
MIKROSKOPIS			
Leukosit	Negatif	Negatif	
Eritrosit	Negatif	Negatif	
Telur cacing	Negatif	Negatif	
Amoeba	Negatif	Negatif	
Lainnya	Negatif	Negatif	

Tanggal pengambilan sampel : 6 September 2021

Penanggung Jawab
Laboratorium,

Laboratorium
GRAND Medica
Dr. Hendra Agus Z

Analisis Laboratorium

Syamsia Am. Ak





Nomor Pasien
(Patient Number) :

Nomor Film
(Film Number) : 4811

Data Pasien (Patient Detail)

Nama
(Name) : **RIESKY FETRIAN, Tn.**

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

Umur
(Age) : **25** **Tahun**
(years old)

Pekerjaan
(Occupation) : **PROJECT CONTROLLER AND ADMINISTRATION**

Jenis Kelamin
(Gender) : **Male**

Tgl Pemeriksaan
(Date of Analysis) : **06 September 2021**

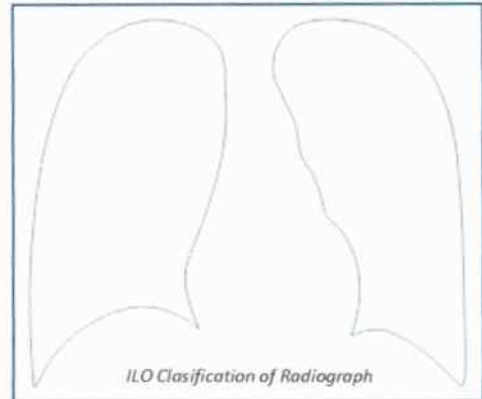
Rincian Pemeriksaan (Examination Detail)

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

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

Kondisi Penyinaran
(Exposure Condition) : **kV : 58**

mAs : 0,30



ILO Classification of Radiograph

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. ABDUL HARIS, Sp.Rad
Spesialis Radiologi



Nomor Pasien
(Patient Number) : 4811

Pemeriksaan
Examination : **USG WHOLE ABDOMEN**

Data Pasien (Patient Detail)

Nama
(Name) : **RIESKY FETRIAN ,Tn.**
Umur
(Age) : **25** **Tahun**
(Years old)
Jenis Kelamin
(Gender) : **Laki-Laki**

Perusahaan
(Company) : **PT. INSPEKTINDO SINERGI PERSADA**
Pekerjaan
(Occupation) : **PROJECT CONTROLLER AND ADMINISTRATION**
Tgl Pemeriksaan
(Date of Analysis) : **06/09/2022**

Interpretasi Foto oleh Spesialis Radiologi
(Interpretation by the Radiologist)

USG Abdomen:

Liver : *Bentuk , ukuran normal, echoparenkim superfisialis meningkat, bile duct normal ,tidak ada fokal noduler .*

GB : *Dinding normal, tidak tampak batu .*

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)

Tidak tampak kelainan significans pada USG abdomen ini


dr. ABDUL HARIS, Sp.Rad
(Radiologist signature)
Spesialis Radiologi





**GRAND MEDICA
INDONESIA**

Radiological Analysis
Radiological Examination

Nomor Pasien : **4811**
(Patient Number)

Tgl Pemeriksaan : **06/09/2022**
(Date of Analysis)

Pemeriksaan
Examination

Data Pasien (Patient Detail)

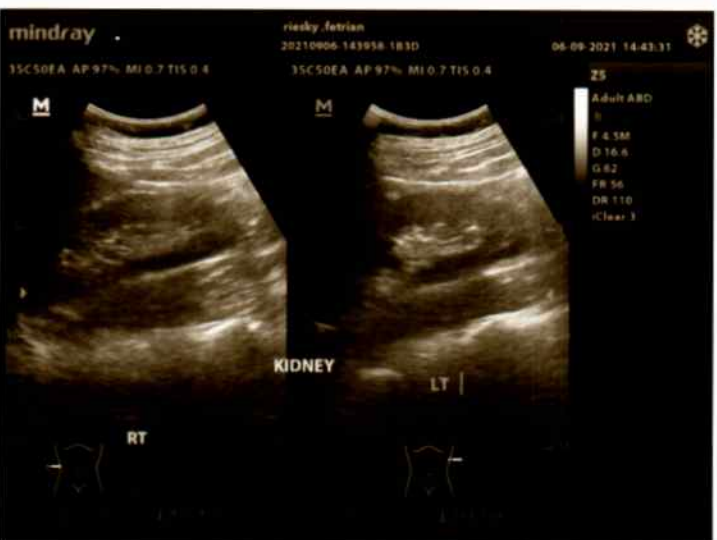
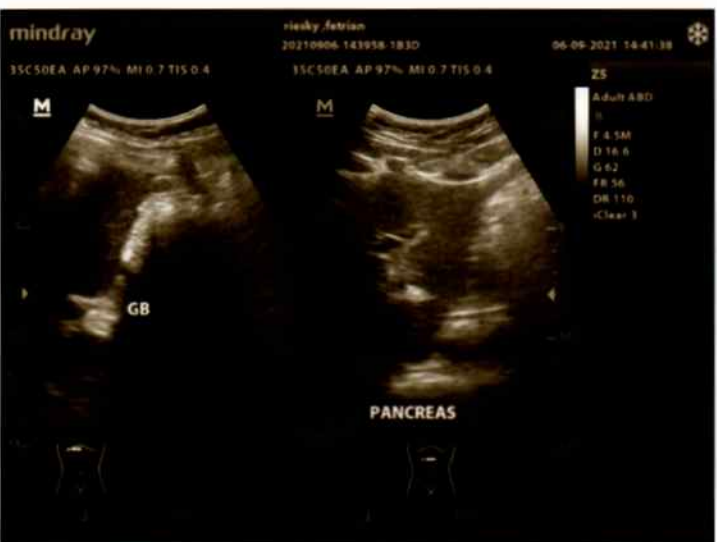
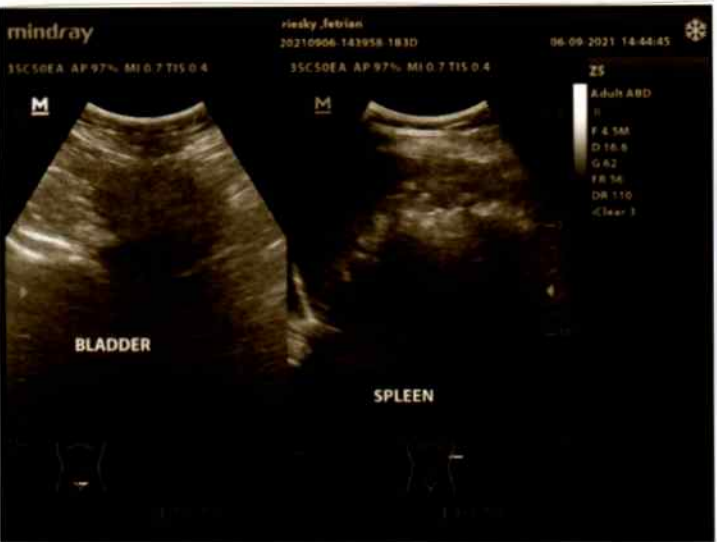
Nama : **RIESKY FETRIAN, Tn.**
(Name)
Umur : **25** **Tahun**
(Age) *(Years old)*

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

Perusahaan:
(Company)
Pekerjaan
(Occupation)

PT. INSPEKTINDO SINERGI PERSADA

PROJECT CONTROLLER AND ADMINISTRATION



Patient Data

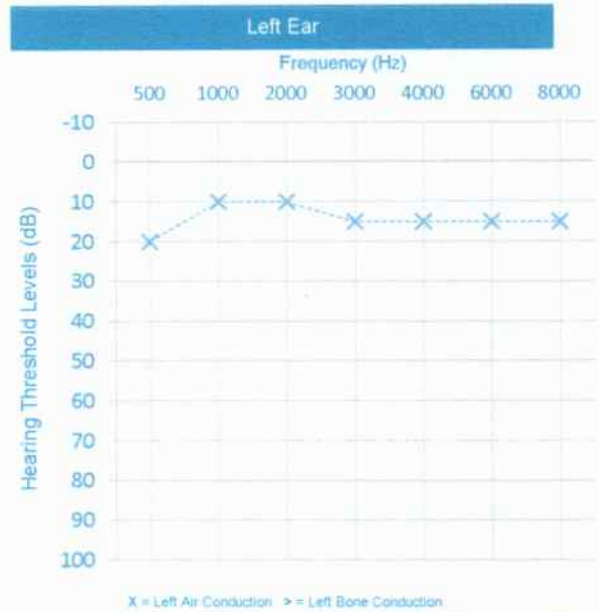
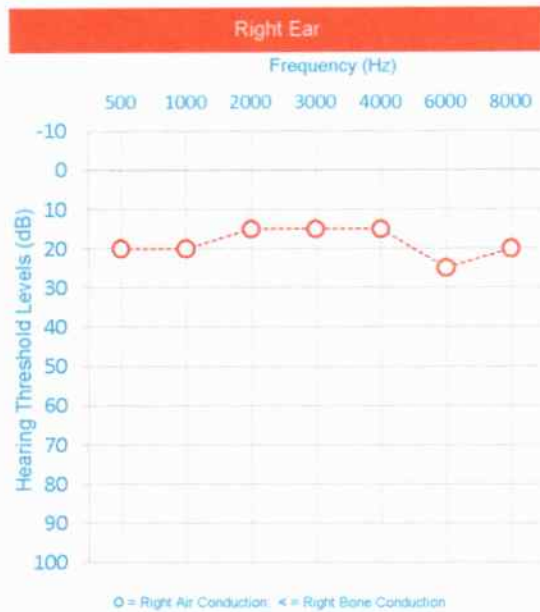
ID Number	4811	Gender	Laki-laki
First Name	RIESKY	Occupation	Project Controller and Administration
Last Name	FETRIAN	Company	PT. Inspektindo Sinergi Persada
Age	25 Yo.	Test Date	05 September 2021

Occupational Noise Exposure

Present	Type of work Project Controller and Administration	Period of work 1 Years	Hearing Protection Worn 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	Eka Wanda A.Md. Kep		



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	20	15	15	15	25	20	15,0
Bone								15,0

Left Ear Observation and Test Result

Canal	Normal							HTL
Ear Drum	Normal							LEFT EAR
Conduction	Frequency (Hz)							13,3
	500	1000	2000	3000	4000	6000	8000	
Air	20	10	10	15	15	15	15	13,3
Bone								13,3

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 427

Standard
 OSHA





Patient Data

ID Number	4811	Company	PT. Inspektindo Sinergi
Name	RIESKY FETRIAN, Tn	Occupation	Project Controller and
Gender	Male	Test Date	06 September 2021
DOB / Age	03 Juli 1996	Weight (kg)	66
Height (cm)	177	BMI	21,07

Pre-exercise Test

Indication	Medical Check Up		
Pre-exercise BP	120/70	mmHg	
Heart Rate	81	bpm	
Respiration	20	x/mnt	
Resting ECG	<i>Normal</i>		

Exercise Test Summary

Exercise Time	12:01	mm:ss	End Stage	4
Max Heart Rate	175	bpm	Target Heart Rate	166 bpm
Max Blood Pressure	130/70	mmHg	Max Heart Rate	105,4 %
Aerobic Capacity	12	METs.	VO2 Max	42,49 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 respon
fit to work if female boxer*

Recommendation :

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



06-09-2021 08:52:47

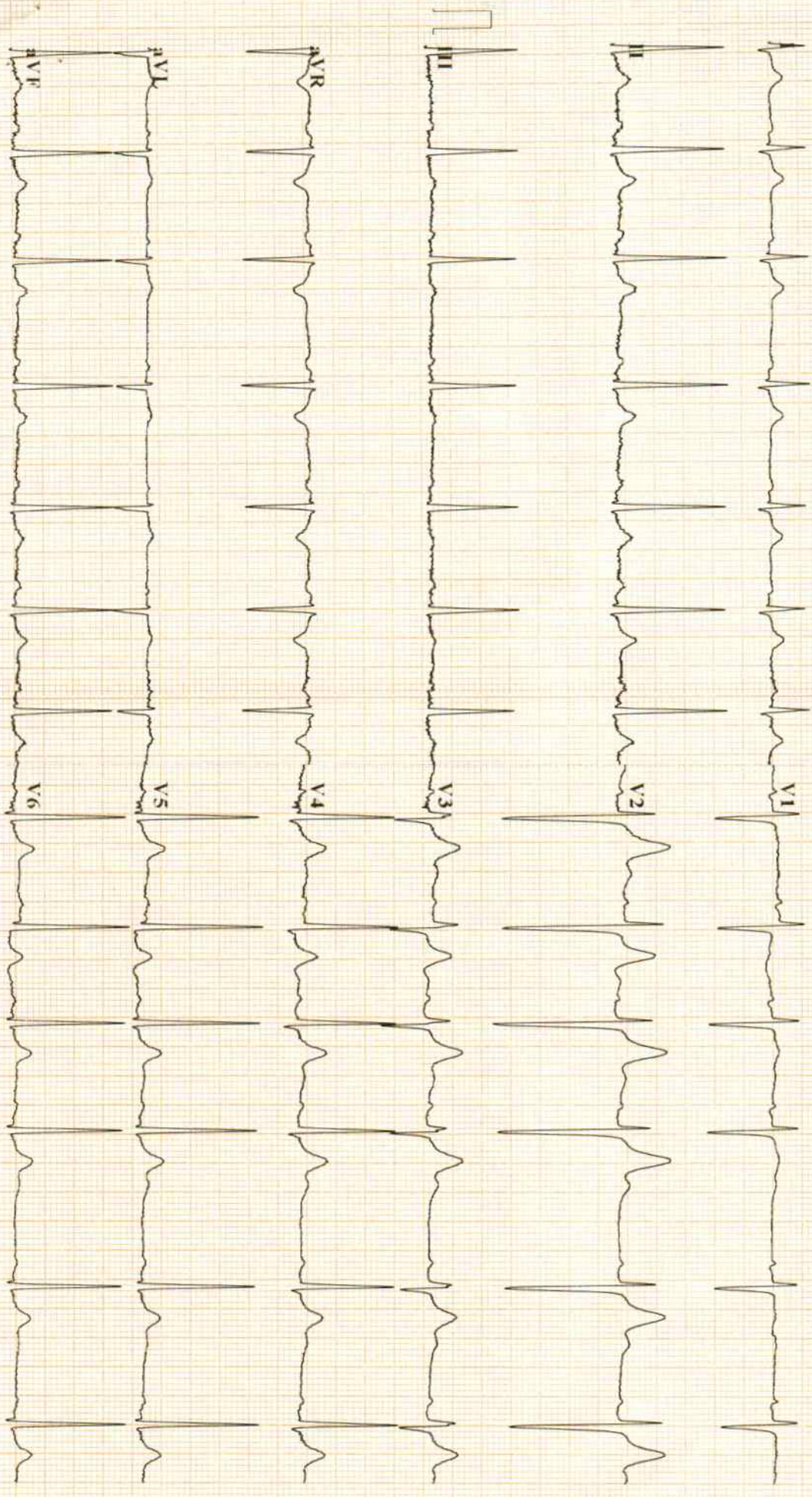
ID : 4811
Name : Riesky Fetriani
Age : 25 Years
Department: PT. Inspekiindo
Gender : Male

HR : 76 BPM
P Dur : 110 ms
PR int : 166 ms
QRS Dur : 91 ms
QT/QTc int : 346/390 ms
P/QRS/T axis : 39/77/26 °
RV5/SV1 amp : 2.143/1.079 mV
RV5+SV1 amp : 3.222 mV
RV6/SV2 amp : 2.004/2.106 mV

Technician : Rinda A.Md.Kep
Report Confirmed by:

Diagnosis Information:
821 : Sinus Arrhythmia
Normal ECG

Arif
dr. ACHMAD YUSRI, SpJP
SPECIALIS JANTUNG DAN PEMBULUH DARAH



Grand Medica Indonesia Stress Exercise Report

ID:4811 Section: Name:Riesky Feirian Sex:Male Age:25 Exam Time:06-09-2021 09:05

Information

DOB: 1996-07-03 Race: Oriental Race
 Height: 177.00 cm Weight: 66.00 kg

Indications: MCU

Smoking Diabetic History of MI
 Hypertension Hyperlipidemia Family History

Medications:

Address:
 Telephone:

Result

Stage Name	HR(bpm)	BP(mmHg)
PRE-EXE	105	120/70
EXE1	124	120/70
EXE2	141	120/70
EXE3	172	----/----
EXE4	172	----/----
REC1	155	130/70

Summary
 Protocol Name: BRUCE
 Target HR: 166 bpm
 Exercise Time: 12:01 mm:ss
 Max Speed: 6.8 km/h
 Max Grade: 16.0 %
 Exceed +/-100uV Leads:
 I II III aVL aVR aVF
 V2 V3 V4 V5 V6
 DUKE Score: ----

Max Values	HR	Target HR	METS	HR*BP
175 bpm	105.4 %	13.5 METS	17100.0 bpm*mmHg	
130.0 mmHg	70.0 mmHg	00:03		

ST Segment	Max Elevation	Max Depression	Max Elevation Change	Max Depression Change
V2	0.38 mV	-0.25 mV	0.30 mV	-0.27 mV
III			11:30	
V2			10:50	
II			10:57	

Arrhythmia

Total Beats:	1736	Abnormal Beats:	11
Total V:	7	Total S:	4
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 Lactic Report

Operator:

dr. ACHMAD YUSRI, SpJP
 SPESIALIS JANTUNG DAN PEMBULUH DARAH
 Reviewing Physician:

Grand Medica Indonesia Stress Exercise Report

Average QRS

ID:4811 Section: Name:Riesky Felrian Sex:Male Age:25 Exam Time:06-09-2021 09:05

Time:00:20	Time:03:20	Time:06:20	Time:09:20	Time:10:50	Time:11:50
HR:106 bpm BP:120/70 mmHg	HR:123 bpm BP:120/70 mmHg	HR:141 bpm BP:120/70 mmHg	HR:173 bpm BP:120/70 mmHg	HR:171 bpm BP:120/70 mmHg	HR:155 bpm BP:130/70 mmHg
0.06 rA13	0.12 rA51	0.06 rA53	0.06 rA42	0.23 rA09	0.28 rA42
0.02 rI33	0.03 rI18	-0.05 rI17	0.02 rI16	0.10 rI28	0.14 rI16
-0.04 aVR25	-0.10 aVR07	-0.11 aVR51	-0.04 aVR1	-0.13 aVR40	-0.15 aVR41
-0.04 aVL20	-0.08 aVL62	-0.01 aVL41	-0.04 aVL10	-0.17 aVL28	-0.21 aVL54
0.05 aVF56	0.11 aVF66	0.08 aVF07	0.05 aVF79	0.18 aVF35	0.21 aVF96
-0.01 V354	-0.04 V15	-0.08 V13	-0.01 V587	-0.01 V458	-0.00 V705
0.00 V298	-0.01 V237	0.01 V222	0.01 V572	-0.01 V22	-0.03 V275
0.11 V128	0.16 V315	-0.02 V365	0.10 V307	0.28 V396	0.35 V302
0.07 V419	0.11 V278	0.07 V219	0.16 V128	0.28 V259	0.27 V229
0.06 V588	0.04 V559	0.03 V331	0.02 V886	0.13 V556	0.14 V557
0.03 V642	-0.02 V658	-0.05 V634	-0.04 V621	0.08 V617	0.10 V670
0.02 V163	0.02 V214	0.02 V207	-0.01 V480	0.10 V454	0.13 V415

Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:4811

Section:

Name: Risky Felrian

Sex: Male

Age: 25

Exam Time: 06-09-2021 09:05

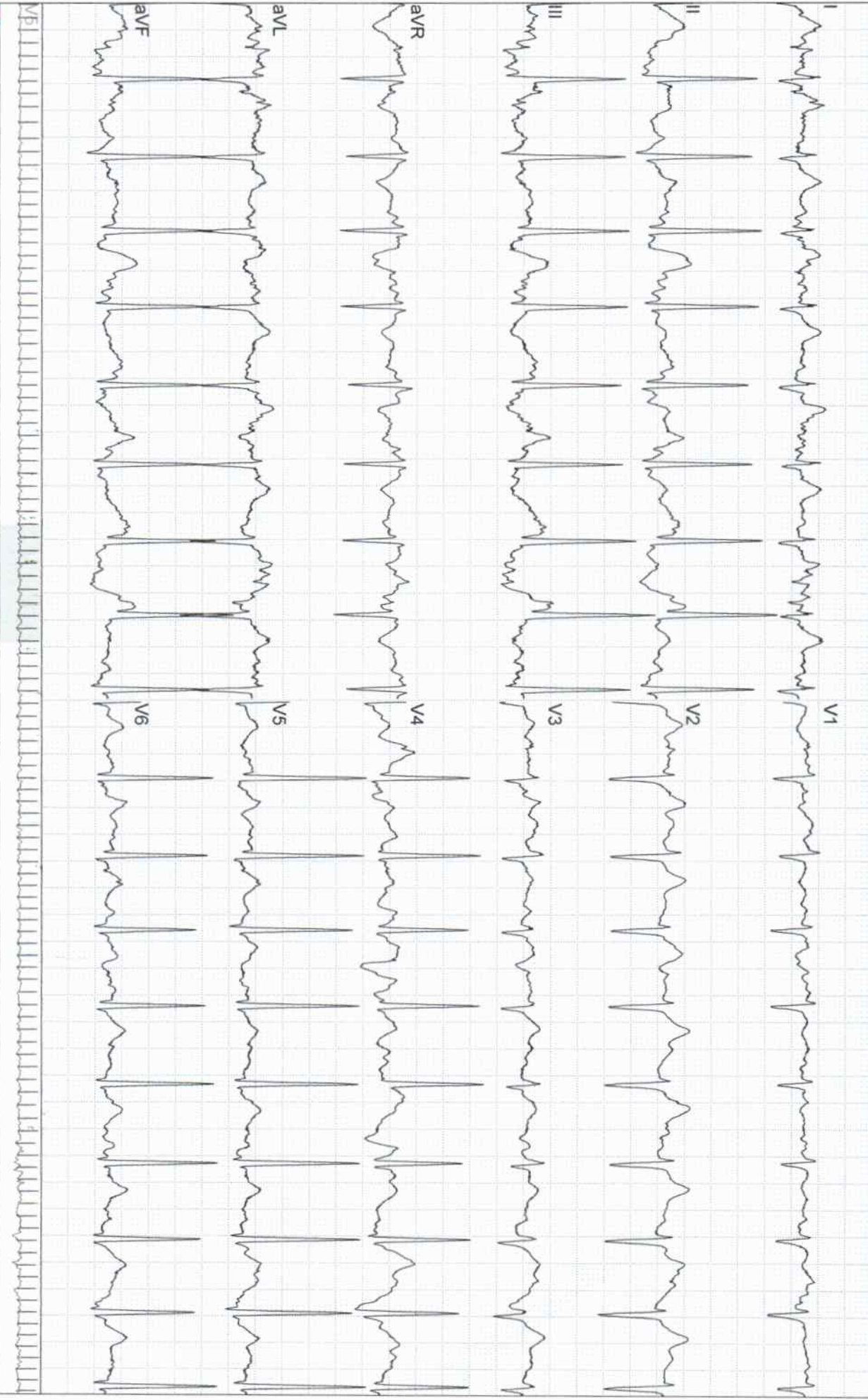
Time: 00:23

Stage: [1 / 6] PRE-EXE 00:23 [0.0 Km/h 0.0 %]

HR: 106 bpm

BP: 120/70 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:4811

Section:

Name: Risky Felrian

Sex: Male

Age: 25

Exam Time: 06-09-2021 09:05

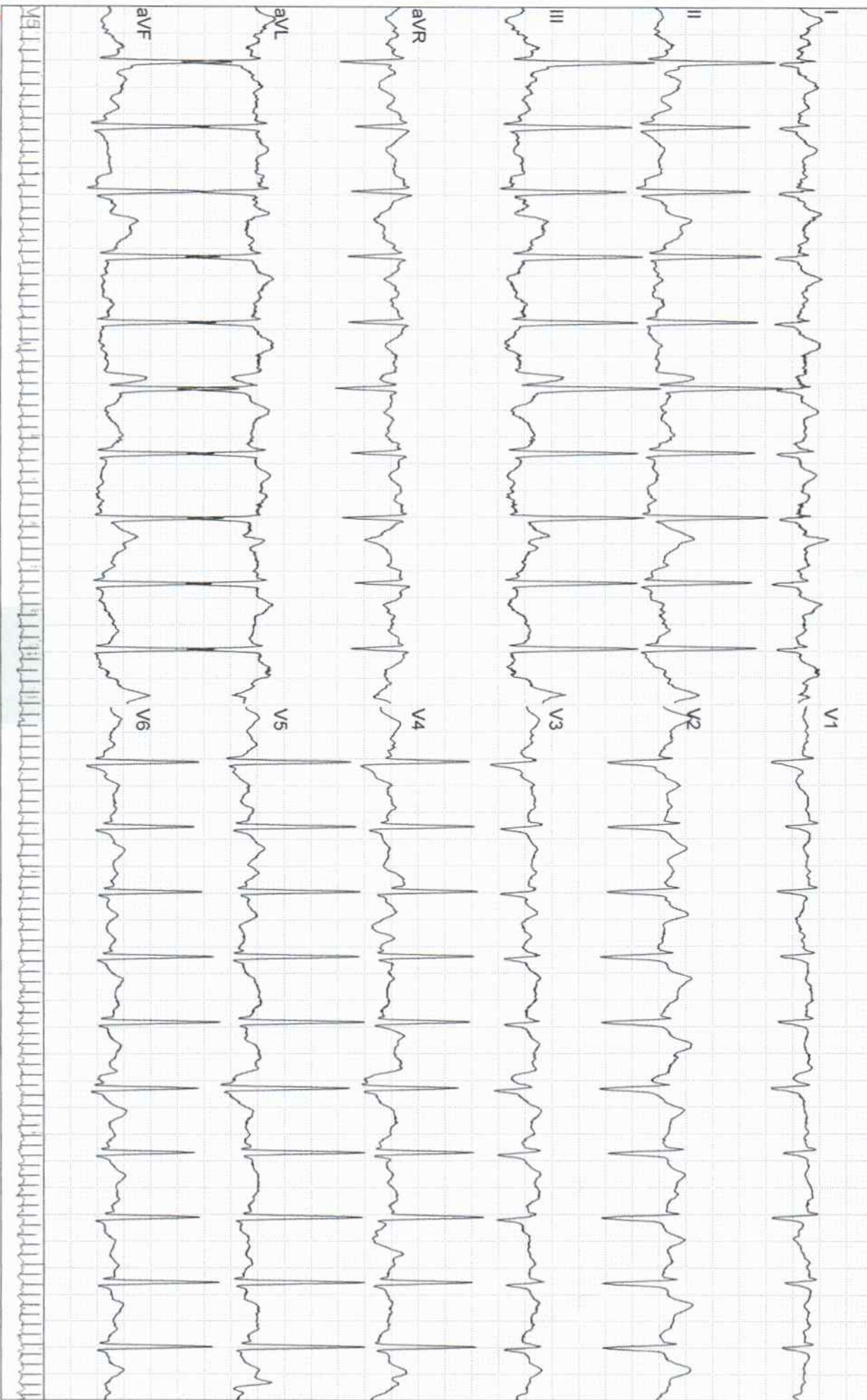
Time: 03:26

Stage: [2 / 6] EXE1 02:56 [2.7 Km/h 10.0 %]

HR: 123 bpm

BP: 120/70 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:4811

Section:

Name: Risky Fetrian

Sex: Male

Age: 25

Exam Time: 06-09-2021 09:05

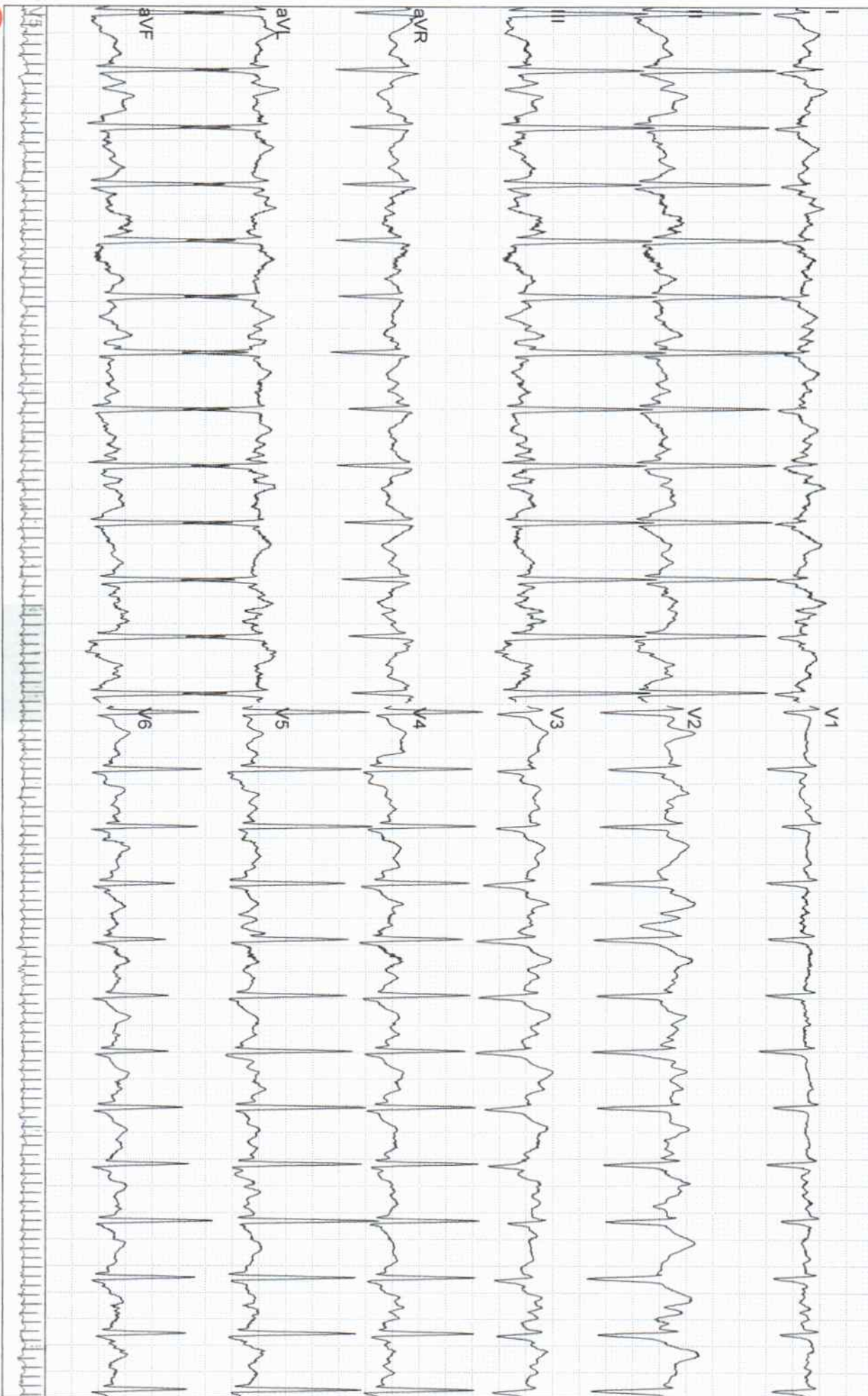
Time: 06:23

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

HR: 141 bpm

BP: 120/70 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:4811

Section:

Name: Risky Featran

Sex: Male

Age: 25

Exam Time: 06-09-2021 09:05

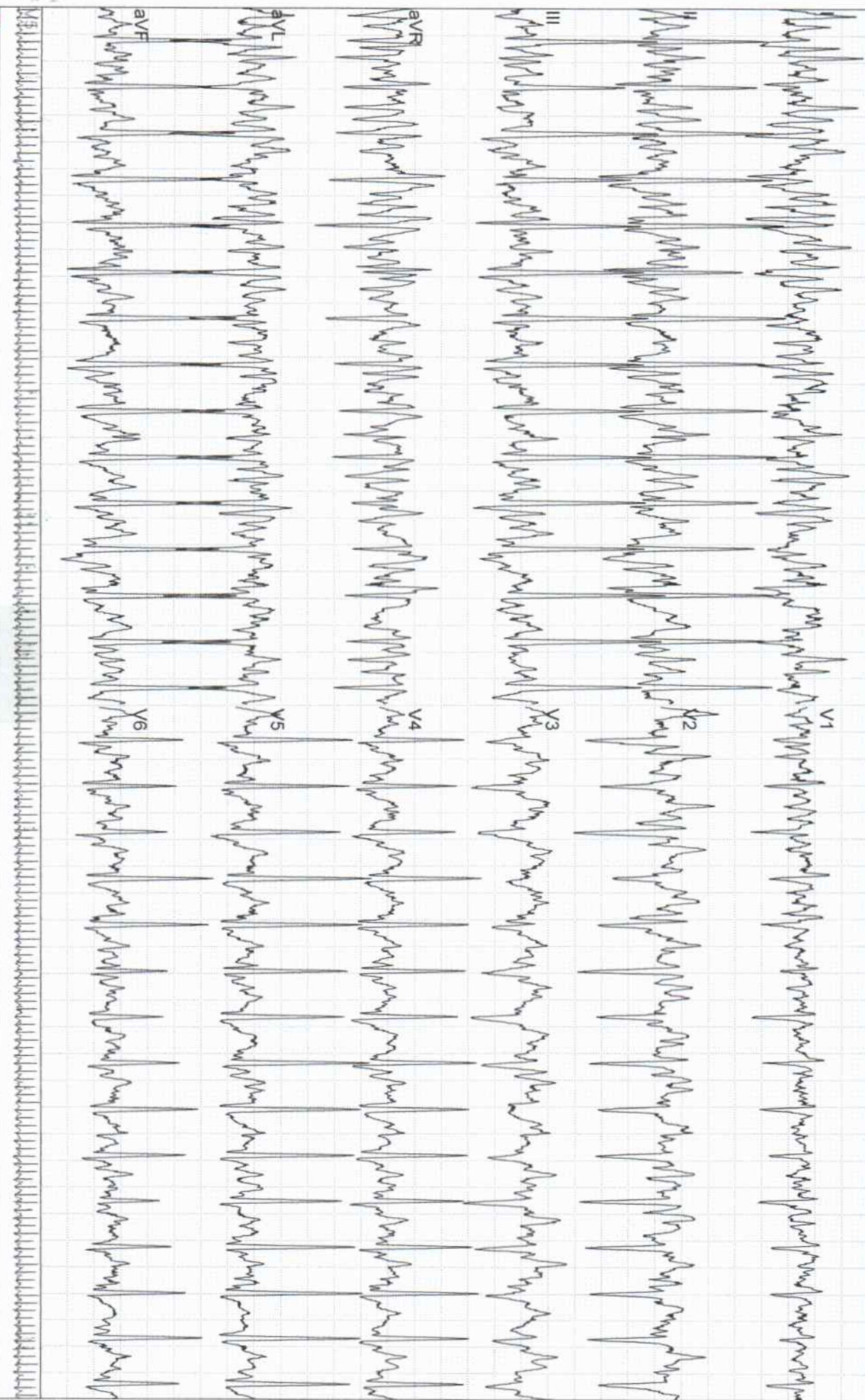
Time: 09:23

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

HR: 173 bpm

BP: 120/70 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:4811 Section: Name:Riesky Feirian Sex:Male Age:25 Exam Time:06-09-2021 09:05

Time:11:20 Stage:[6 / 6] Recovery 00:27 [0.0 Km/h 0.0 %] HR:160 bpm BP:130/70 mmHg 10mm/mV 25mm/s

