



**GRAND MEDICA
INDONESIA**

Make SMILE and Be HEALTHY

PERSONAL DATA

No. MCU : 2399/GMI-MCU/X/2020
No. Badge : -
N a m a : **ANDRI TRIEKA AGUSTIANTO, Tn.**
U m u r : 37 tahun
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**
Jabatan : Inspector
Tgl Pemeriksaan : 12/10/2020
Alamat : Jl. Lumba-Lumba Gg. Baronang No.87 manggar Baru



PT. INSPEKTINDO SINERGI PERSADA

HEALTH AND MEDICAL SURVEILLANCE TAHUN 2020



NAMA : Andri Trieka Agustianto
TANGGAL LAHIR : 31 Agustus 1983
JENIS KELAMIN : Laki - laki
S/N :
IGG :
DEPT/SERVICE : Inspection & Testing
LOKASI KERJA : SLB base
JENIS PEMERIKSAAN : Pre-employment
 Annual
 Pre-retirement

Medical Department

HEALTH SURVEILLANCE

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

IDENTITAS PEGAWAI

- 1. Posisi : Inspektor
- 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 2 Orang, Anak Perempuan 1 orang
- 5. Alamat sekarang : Jl. Lumba-lumba, gg baronah no. 87
Manggar baru
- 6. No. Extension Telpon. : Kantor : Kamar (untuk lapangan)

HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN

No.	Posisi	Lama Kerja	Perusahaan	Lama paparan dalam jam/hari					
				Bising	Debu	Kimia	Radiasi	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 : 1 jam/hari
- 2. Warehouse : 2 jam/hari
- 3. Workshop : 2 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. Thyphus | 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 | <input checked="" type="checkbox"/> |
| 2. Bila YA, berapa kali dalam setahun terakhir Anda mengalami kecelakaan ? | | | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Apakah Anda perlu mendapatkan perawatan di rumah sakit karena kecelakaan tersebut ? | 1. Ya | 2. Tidak | <input type="checkbox"/> |
| 4. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan akibat kecelakaan tersebut ? | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 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 checked="" type="checkbox"/> |
| 7. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ? | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 8. Apakah Anda menderita penyakit yang dikontrol terus menerus selama satu tahun terakhir ? | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |

KEBIASAAN MEROKOK

1. Apakah anda pernah merokok ?
2. Sejak umur berapa Anda mulai merokok untuk pertama kalinya ?
3. Apakah saat ini Anda merokok ?
4. Berapa banyak rokok yang Anda isap setiap harinya ?
5. Jenis rokok apa yang Anda isap ? (DITULIS MEREK)
6. Seberapa sering Anda menghisap dalam-dalam asap rokok ?
7. Berapa menit sehabis bangun tidur Anda mulai merokok?
8. Apakah Anda lebih banyak merokok dalam jam pertama di pagi hari ?
9. Apakah sulit untuk tidak merokok di tempat yang dilarang merokok ?
10. Apakah Anda tetap merokok di saat Anda sedang sakit ?
11. Dalam satu hari, rokok manakah yang sulit di lewatkan ?
Dari no. 11 langsung ke pertanyaan alkohol
12. Apakah anda ingin berhenti merokok?
13. Bila Ya, apakah Anda bersedia untuk mengikuti program Berhenti Merokok?
14. Sudah berapa lama Anda berhenti merokok ? (tahun)

KONSUMSI ALKOHOL

1. Apakah Anda pernah minum minuman beralkohol ?
2. Apakah Anda minum minuman beralkohol dalam 12 bulan terakhir ?
3. Apakah Anda minum minuman beralkohol dalam 4 minggu terakhir ?
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)
2. Berapa kali Anda berolahraga dalam sebulan ?
3. Berapa lama waktu yang Anda habiskan untuk berolahraga tiap kalinya ? (dalam menit)
4. Bagaimana intensitas olahraga yang Anda lakukan ?

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

1 7

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

1. Kadar nikotin rendah

2. Kadar nikotin sedang

3. Kadar nikotin tinggi

1. Tidak pernah

2. Kadang-kadang

3. Selalu

1. Ya 2. Tidak

1. Ya 2. Tidak

1. Ya 2. Tidak

1. Rokok pertama di pagi

2. Rokok lainnya

1. Ya 2. Tidak

1. Ya 2. Tidak

Langsung ke pertanyaan alkohol

4

1. Ya 2. Tidak 1

Bila tidak, langsung ke olahraga

1. Ya 2. Tidak 2

Bila tidak, langsung ke olahraga

1. Ya 2. Tidak 2

Bila tidak, langsung ke olahraga

2 1 0

1 2

6 0

1. Ringan 4. Berat 1

2. Sedang 5. Sangat berat

3. Cukup berat

POLA KONSUMSI BAHAN MAKANAN

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

5
7

RIWAYAT PENYAKIT KELUARGA

1. Apakah ada diantara Ayah/Ibu Anda menderita penyakit berikut

- | | | |
|-------------------------|-------|----------|
| a. Tekanan darah tinggi | 1. Ya | 2. Tidak |
| b. Penyakit jantung | 1. Ya | 2. Tidak |
| c. Stroke | 1. Ya | 2. Tidak |
| d. Kencing manis | 1. Ya | 2. Tidak |
| e. Kanker | 1. Ya | 2. Tidak |
| f. Alergi | 1. Ya | 2. Tidak |
| g. Asma | 1. Ya | 2. Tidak |

2
1
2
2
2
2
2

2. Apakah ada saudara kandung Anda menderita penyakit berikut

- | | | |
|-------------------------|-------|----------|
| a. Tekanan darah tinggi | 1. Ya | 2. Tidak |
| b. Penyakit jantung | 1. Ya | 2. Tidak |
| c. Stroke | 1. Ya | 2. Tidak |
| d. Kencing manis | 1. Ya | 2. Tidak |
| e. Kanker | 1. Ya | 2. Tidak |
| f. Alergi | 1. Ya | 2. Tidak |
| g. Asma | 1. Ya | 2. Tidak |

2
2
2
2
2
2
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 ?

tidak ada.

2

UNTUK KARYAWAN WANITA

1. Apakah saat ini Anda sedang hamil ?
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 pertyama haid terakhir Anda ?
6. Berapa umur Anda pada saat haid pertama ?
7. Berapa banyak pada saat Anda haid ?
8. Apakah dalam satu tahun terakhir pola haid Anda teratur ?
9. Apakah ada rasa sakit yang berhubungan dengan haid ?
10. Apakah Anda sering menderita keputihan ?

1. Ya 2. Tidak

Bila tidak, langsung ke no. 3

/ /

1. Banyak 2. Sedikit

1. Ya 2. Tidak

1. Ya 2. Tidak

1. Ya 2. Tidak

KELUARGA BERENCANA

1. Apakah keluarga Anda mengikut keluarga berencana ?

1. Ya 2. Tidak

Bila tidak langsung 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

2. Tidak

2. Apakah Anda pernah mendapatkn 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.

Balikpapan, ..12 oktober..... 20..20

Nama dan tanda tangan karyawan



(..... Andri)

CONFIDENTIAL

UNTUK DIISI DOKTER

MEDICAL CHECK UP –2020

PHYSICAL EXAMINATION

NAME	ANDRI TRIEKA AGUSTIANTO, Tn.	S/N	-	DEPT	Inspection & Testing
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I. VITAL SIGN

Blood Pressure (supine)	110/70	mmHg	Pulse	60	x/m	Respiration	20	x/m	Temp.	36	°C
Weight (W)	72	kg	Height (H)	177	cm	BMI	22,98	Waist	84	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®	✓		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

See attached result

	Normal	COMMENT: Cholesterol 224 mg/dl (Meningkat), Trigliserida 162 mg/dl (Meningkat), LDL 135 mg/dl (Meningkat).
✓	Abnormal	

III. CHEST X-RAY

See attached result

Pneumoconiosis	Yes	No ✓
If Yes – ILO Classification		
Evidence of TB	Yes	No ✓
Other Abnormalities		
COMMENT	Gambaran Bronchitis	

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

See attached result

Normal ✓	Abnormal	(specify) : Sinus Rhythm
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V. TREADMILL (Optional for over 35 years of age)

See attached result

Normal ✓	Abnormal	(specify) : Negative Ischemic Response, 13 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
✓	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) TRIEKA FIRST NAME ANDRI
 SEX MALE BIRTH DATE (day/month/year) 31 / 02 / 1983
 HOME PHONE - NATIONALITY INDONESIA
 HOME ADDRESS JL. MANGGAR BARU
 Email address: andri@inspektindo.com

CLEARLY INDICATE YOUR COMPANY INFORMATION – PUT AN “X” IN THE CORRESPONDING BOX BELOW:

Business segment:

(ex: WS, WG, etc.)

<input type="checkbox"/> MEA	<input type="checkbox"/> EAF	Country of assignment
<input type="checkbox"/> LAM	<input type="checkbox"/> SLR	International commuter <input type="checkbox"/>
<input type="checkbox"/> NAM		International mobile <input type="checkbox"/>
GIN /EMPLOYEE NUMBER		Home country mobile <input type="checkbox"/>
POSITION / Job Title <u>Inspector</u>		GeoMobile <input type="checkbox"/>
		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 : 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*

• **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: 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*

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 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 (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.
- (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 63 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: Andri Trieka Agustianto

Date (day/month/year): 12 October 2020 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 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 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: Andri Trieka Agustianto

Date (day/month/year): 12 October 2020 Employee's signature: 

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :
(If known) O

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 | | |
| 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
bowel habits | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 36. joints/spinal trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | FOR WOMEN ONLY | | |
| 17. blood in stool | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 37. surgical operation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever had | | |
| 18. change in weight | <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"/> |
| 19. varicose veins | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 39. tropical disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 47. a gynecological | | |
| 20. lump in breast | <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"/> |
| | | | | | | 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 Telega FIRST NAME ANDRI

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	<input checked="" type="checkbox"/>	a
2. ear/nose/throat	<input checked="" type="checkbox"/>	a
3. teeth and mouth	<input type="checkbox"/>	a <u>(m)</u>
4. lungs and chest	<input checked="" type="checkbox"/>	a
5. cardiovascular	<input checked="" type="checkbox"/>	a
6. abdo. viscera	<input checked="" type="checkbox"/>	a
7. hernial orifices	<input checked="" type="checkbox"/>	a
8. anus and rectum	<input checked="" type="checkbox"/>	a
9. genito-urinary	<input checked="" type="checkbox"/>	a
10. extremities	<input checked="" type="checkbox"/>	a
11. musculo-skeletal	<input checked="" type="checkbox"/>	a
12. skin/varicose vns	<input checked="" type="checkbox"/>	a
13. neurological/ mental fitness	<input checked="" type="checkbox"/>	a
14. breast	<input checked="" type="checkbox"/>	a

HEIGHT	
cms	ft
177	

WEIGHT	
kgs	lbs
72	

BLOOD PRESSURE
110/70

PULSE
60

HEARING		
R	<input checked="" type="checkbox"/>	a
L	<input checked="" type="checkbox"/>	a

VISION	n		a		WITH GLASSES	COLOR Vision
	Distant	R	L			
	R	L			No <input checked="" type="checkbox"/>	Normal
Near	R	L				

LAST NAME : **TRIEKA AGUSTIANTO**

FIRST NAME : **ANDRI**

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

ECG (n) a : Normal Sinus Rhythm
Treadmill (n) a : **NEGATIVE ISCHEMIC RESPONSE**
Chest X Ray (n) a : Gambaran Bronchitis

BLOOD ANALYSIS

RBC	4.900.000	/mm ³	SGOT (ASAT)	17	U/L
WBC	6200	/mm ³	SGPT (ALAT)	11	U/L
NEUTROPHIL	64,4	%	GAMMA GT	24	U/L
EOSINOPHIL	0,8	%	GLYCEMIA	108	mg/dL
BASOPHIL	0,1	%	CHOLESTEROL TOTAL	224	mg/dL
LYMPHOCYTE	30,2	%	HDL	57	mg/dL
MONOCYTE	4,6	%	LDL	135	mg/dL
HEMATOCRIT	43,2	%	CREATININE	1,1	mg/dL
HEMOGLOBIN	14,5	g/dL	URIC ACID	6,7	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	162	mg/dL

BLOOD TYPE

-

test only if not already known

URINE ANALYSYS

ALBUMIN : -

STOOL ANALYSIS

SUGAR : **Negative** BLOOD : **Negative** PARASITES : **Negative** BLOOD : **Negative**

CONCLUSION : **FIT IN ALL AREA** Yes No

MUST BE REASSESSED Yes No

if you answer No. please detail your reasons)

Detail :

.....

.....

.....

.....

Date of medical examination (day/month/year) : **12/10/2020**

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 Trietka FIRST NAME Amari

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 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:

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

Tgl. Skrining : 12/10/2020

No. : 2399

Bagian A. Identitas Pasien (diisi dengan lengkap oleh pasien yang berkunjung)

Nama Lengkap: ANDRI TRIEKA AGUSTIANTO, Tn.	Tgl. Lahir: 31/08/1983	Umur : 37 tahun	Jenis Kelamin : Laki-Laki
Nama Perusahaan: PT. INSPEKTINDO SINERGI PERSADA	Alamat Rumah: Jl. Lumba-Lumba Gg. Baronang No.87 manggar Baru	Telp./HP : HP : 0812 4205 9895	

Bagian B. Informasi Riwayat Kesehatan (diisi oleh pasien)

Berilah tanda centrang (v) pada setiap kolom pertanyaan sesuai keadaan sebenarnya:

Gejala:	Ya	Tidak
1. Apakah anda pernah mengalami demam atau riwayat demam dalam 14 hari terakhir?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Apakah anda pernah mengalami batuk/pilek/nyeri tenggorokan dalam 14 hari terakhir?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Apakah anda pernah mengalami sesak atau kesulitan bernapas (pneumonia) dalam 14 hari terakhir?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Faktor Risiko :	Ya	Tidak
1. Apakah anda memiliki riwayat perjalanan ke wilayah/negara/kota yang termasuk kategori transmisi lokal dalam waktu 14 hari terakhir. <input type="checkbox"/> Jakarta <input type="checkbox"/> Manado <input type="checkbox"/> Bandung <input type="checkbox"/> Pontianak <input type="checkbox"/> Yogyakarta <input type="checkbox"/> Solo <input type="checkbox"/> Depok <input type="checkbox"/> Denpasar <input type="checkbox"/> Tangerang <input type="checkbox"/> <input type="checkbox"/> Bogor <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Memiliki riwayat paparan salah satu atau lebih: a. Riwayat kontak erat dengan kasus konfirmasi COVID-19 ATAU b. Bekerja di fasilitas kesehatan yang berhubungan dengan pasien konfirmasi COVID-19 ATAU c. Memiliki riwayat kontak dengan hewan penular (jika hewan penular sudah teridentifikasi).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Bagian C. Pemeriksaan Tanda Vital (diisi oleh petugas pemeriksa)

Pengukuran Suhu Tubuh (°C)	Laju Pernapasan (x/menit)	Laju Nadi (x/menit)
36	20	60

Bagian D. Pemeriksaan Fisik (diisi oleh dokter pemeriksa)

Suara Napas	Ronchi	Wheezing
Vesikuler +/-	-/-	-/-

Bagian E. Kategori Penilaian

Kategori	Kesimpulan
• Pasien Dalam Pengawasan (PDP)	<input type="checkbox"/>
• Orang Dalam Pemantauan (ODP)	<input type="checkbox"/>
• Orang Tanpa Gejala (OTG)	<input type="checkbox"/>
• Bukan Termasuk Salah Satunya.	<input checked="" type="checkbox"/>

Saya menyatakan bahwa jawaban dan pernyataan di atas adalah benar dan telah diisi sesuai dengan keadaan yang sesungguhnya. Saya setuju hasil pemeriksaan saya disimpan dalam bentuk dokumen tertulis maupun elektronik dan jika diperlukan informasi medis yang berhubungan dengan pekerjaan saya, dapat diberikan kepada pimpinan perusahaan tempat saya bekerja.

Pasien/Karyawan	Petugas Skrining	Dokter Pemeriksa
	 SUPARLAN	 dr. Malikinnas



JAKARTA CARDIOVASCULAR SCORE

Name : ANDRI TRIEKA AGUSTIANTO, Tn. Age (Years) : 37
 MCU No. : 2399/GMI-MCU/XI/2020 Job : Inspector
 Date : 12/10/2020 Company : PT. INSPEKTINDO SINERGI PERSADA

RISK FACTOR		SCORE	RESULT	Points
Sex	Female	0	Male	1
	Male	1		
Age	25-34	-4	37	-3
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
Blood Pressure	Normal	0	110/70	0
	High Normal	1		
	Grade 1 Hypertension	2		
	Grade 2 Hypertension	3		
	Grade 3 Hypertension	4		
BMI (Kg/m2)	13,79-25,99	0	22,98	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	Low	1
	Low	1		
	Medium	0		
	High	-3		

TOTAL SCORE **2**

CONCLUSION : ➔ **MODERATE RISK (CV10 = 10-20%)**

NOTES :

Blood Pressure : Normal (<130/<85), High - Normal (130-139/85-89), Grade 1 Hypertension (140-159/90-99), Grade 2 Hypertension (160-179/100-109), Grade 3 Hypertension (>180/>110)

RISK LEVEL :

▶ -7 to 1 → Low Risk (CV10 < 10%). ▶ 2 to 4 → Moderate Risk (CV10 = 10-20%). ▶ ≥ 5 → High Risk (CV10 > 20%)



HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab.
(Lab. Number) : 2399 /GMI-MCU/X/2020

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama (Name)	: ANDRI TRIEKA .A, Tn.	/ Laki-laki	Umur (Age)	: 37	Tahun (Years old)
Pekerjaan (Job Position)	: INSPECTOR		Dokter (Doctor)	: Dr. Hendra AZ	
Perusahaan (Company)	: PT. INSPEKTINDO SINERGI PERSADA		Tgl Pemeriksaan (Date of Analysis)	: 12 Oktober 2020	

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
HEMATOLOGI			
HEMATOLOGI RUTIN			
Hemoglobine (Hgb)	14,5	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit (Hct)	43,2	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35 ,0- 45,0	%
Erythrocyt (RBC)	4,9	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 ⁶ sel/mm ³
Leucocyt (WBC)	6,2	Dewasa : 4,0 - 10,0	10 ³ /µL
Differential Count			
Basophile	0,1	0 - 2	%
Eosinophile	0,8	0 - 3	%
Neutrofil	64,4	50 - 70	%
Lymphocyte	30,2	20 - 40	%
Monocyte	4,6	3 - 12	%
MCV	87	80 - 100	fL
MCH	28	27 - 34	pg/cell
MCHC	33	32 - 36	g/dL
RDW- CV	13,5	11 - 15	%
RDW-SD	43,0	35 - 56	fL
Thrombocyt	174	140 - 440	10 ³ /mm ³
KIMIA KLINIK			
METABOLISME GLUKOSA/DIABETES			
Glucose Fasting	108	Normal : 70 - 110	mg/dL
Glucose 2h pp	111	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes melitus : > 200	mg/dL
PROFIL LEMAK			
Cholesterol total	224	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : >= 240	mg/dL
Triglycerides	162	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : >= 500	mg/dL
HDL Cholesterol	57	Rendah : < 40 Tinggi : >= 60	mg/dL



HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. : 2399 /GMI-MCU/X/2020
(Lab. Number)

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama (Name) : ANDRI TRIEKA .A, Tn. / Laki-laki **Umur** (Age) : 37 Tahun (Years old)
Pekerjaan (Job Position) : INSPECTOR **Dokter** (Doctor) : Dr. Hendra AZ
Perusahaan (Company) : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan** (Date of Analysis) : 12 Oktober 2020

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
LDL Cholesterol	135	Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	2	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
FUNGSI HATI			
SGOT / AST	17	0 - 37	U/L
SGPT / ALT	11	0 - 40	U/L
Gamma GT	24	11 - 51	U/L
FUNGSI GINJAL			
Uric Acid	6,7	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	36	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
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 : 1 < 0,018 (Negatif)	mg/dL





HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. : 2399 /GMI-MCU/X/2020
(Lab. Number)

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama <i>(Name)</i>	: ANDRI TRIEKA .A, Tn.	/ Laki-laki	Umur <i>(Age)</i>	: 37 Tahun <i>(Years old)</i>
Pekerjaan <i>(Job Position)</i>	: INSPECTOR		Dokter <i>(Doctor)</i>	: Dr. Hendra AZ
Perusahaan <i>(Company)</i>	: PT. INSPEKTINDO SINERGI PERSADA		Tgl Pemeriksaan <i>(Date of Analysis)</i>	: 12 Oktober 2020

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
MIKROSKOPIS URIN			
Epithel	1-2		
WBC	2-4		
RBC	2-3		
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 : 12 Oktober 2020

Penanggung Jawab
Laboratorium,

 **GRAND Medica**
Laboratorium
Dr. Hendra Agus Z

Analisis Laboratorium


Syamsiar Am. Ak



Nomor Pasien
(Patient Number) : 2399

Pemeriksaan
Examination : **USG WHOLE ABDOMEN**

Data Pasien (Patient Detail)

Nama
(Name) : **ANRI TRIEKA AGUSTIANTO, TN .**

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

Umur
(Age) : **37** **Tahun**
(Years old)

Pekerjaan
(Occupation) : **INSPECTOR**

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

Tgl Pemeriksaan
(Date of Analysis) : **12/10/2020**

Interpretasi Foto oleh Spesialis Radiologi
(Interpretation by the Radiologist)

USG Abdomen:

Liver : *Bentuk, ukuran dan echotexture dalam batas normal*

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

Pancreas : *Normal*

Lien : *Normal*

Kidney dextra - sinistra : *Tampak pelebaran ringan sistem pelvocalyceal kiri, batu (-), SOL (-); Kidney dextra dalam batas normal*

Bladder : *Dinding normal, batu (-)*

Prostat : *Ukuran normal, tidak tampak tanda pembesaran*

Kesimpulan Spesialis Radiologi (Radiologist Conclusion)

Tidak tampak kelainan significant pada organ abdominal di atas.

dr. ABDUL HARI S, Sp.Rad

Spesialis Radiologi
(Radiologist signature)



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mindray
ULTRASOUND



SURAT PERMINTAAN KONSULTASI

Kepada Yth : Dokter Spesialis Paru <i>di RS / Poli Paru/ Praktek Spesialis Paru</i>	Dokter yang merujuk : dr. Hendra AZ.
No. Rujukan : No. : 183/ISP-SR/ADM-GMI/X/2020	Tanggal : 14/10/2020 Jam : 12:00
Nama Pasien : ANDRI TRIEKA AGUSTIANTO, Tn.	No. Badge : -
Umur : 37	Pekerjaan : Inspector
Jenis Kelamin : Laki-laki	Perusahaan : PT. INSPEKTINDO SINERGI PERSADA

Riwayat Klinis : T/D : 110/70 mmHg Nadi : 60 x/menit Respirasi : 18 x/menit Temp. : 36 °C

* *MCU tanggal 12/10/2020 dengan temuan hasil Foto Thorax : Gambaran Bronchitis.*

* -

* -

Diagnose Sementara : *Gambaran Bronchitis.*

Perawatan & pengobatan yang telah diberikan :

-

-

-

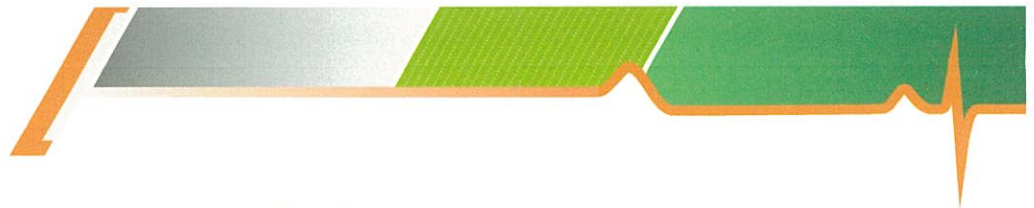
Mohon pemeriksaan dan pengobatan selanjutnya.

Terima kasih atas bantuan & kerjasamanya.

Salam sejawat,


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dr. Hendra AZ.
No. SKP : KEP.350/BINWASK3-PNK3/KK/XI/2017



JAWABAN KONSUL

Kepada Yth :	Dokter yang mengirim :
No. Rujukan :	Tanggal : Jam :
Nama Pasien : ANDRI TRIEKA AGUSTIANTO, Tn.	No. Badge : -
Umur : 37	Pekerjaan : Inspector
Jenis Kelamin : Laki-laki	Perusahaan : PT. INSPEKTINDO SINERGI PERSADA

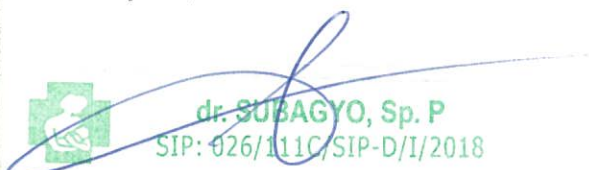

Diagnosis akhir : *Brucella*

Pemeriksaan Medis : *Par = ventral
RT
cost*

Pengobatan & tindakan : *(circle)*

Rekomendasi & Saran : *FIT rutin beluga*

Balikpapan, *19/10*.....2020
Salam sejawat,


 **dr. SUBAGYO, Sp. P**
 SIP: 026/111C/SIP-D/I/2018

dr.

Surat Rujukan FKTP

No. Rujukan : 160301021020Y000339
FKTP : MANGGAR BARU(16030102)
Kabupaten / Kota : KOTA BALIKPAPAN(0301)



Kepada Yth. TS Dokter : PARU
Di : RS HERMINA BALIKPAPAN

Mohon pemeriksaan dan penanganan lebih lanjut pasien :

Nama : ANDRI TRIEKA AGUSTIANTO Umur : 37 Tahun : 31-Aug-1983
No. Kartu BPJS : 0001643958393 Status : 1 Utama/Tanggung L (L / P)
Diagnosa : Unspecified chronic bronchitis (J42)
Telah diberikan : Catatan :

Alasan Rujuk Diagnosa Non-Spesialistik : (Time) >= 7 Hari

Atas bantuannya, diucapkan terima kasih

Tgl. Rencana Berkunjung : 14-Oct-2020

Jadwal Praktek : Rabu : 17:00 - 19:00

Surat rujukan berlaku 1[satu] kali kunjungan, berlaku sampai dengan : 11-Jan-2021



SURAT RUJUKAN BALIK

Teman sejawat Yth.
Mohon kontrol selanjutnya penderita :

Nama : ANDRI TRIEKA AGUSTIANTO
Diagnosa :
Terapi :

Tindak lanjut yang dianjurkan

Pengobatan dengan obat- obatan :
 Kontrol kembali ke RS tanggal :
 Lain-lain :

Perlu rawat inap
 Konsultasi selesai
.....tgl.....

Dokter RS,



Nomor Pasien
(Patient Number) :

Nomor Film
(Film Number) : 2399

Data Pasien (Patient Detail)

Nama
(Name) : ANDRI TRIEKA AGUSTIANTO, Tn.

Perusahaan
(Company) : PT. INSPEKTINDO SINERGI PERSADA

Umur
(Age) : 37 Tahun
(years old)

Pekerjaan
(Occupation) : INSPECTOR

Jenis Kelamin
(Gender) : Male

Tgl Pemeriksaan
(Date of Analysis) : 12 Oktober 2020

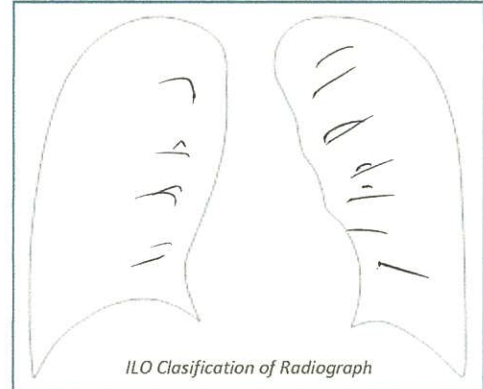
Rincian Pemeriksaan (Examination Detail)

Jenis Pemeriksaan
(Type of Examination) : Thorax

Posisi Penyinaran
(Exposure Position) : PA

Kondisi Penyinaran
(Exposure Condition) : kV : 66

mAs : 0,30



ILO Classification of Radiograph

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

- 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)

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

<input checked="" type="radio"/> No	Yes →	Corakan bronchovaskuler kasar.
<input checked="" type="radio"/> No	Yes →	
<input checked="" type="radio"/> No	Yes →	
<input checked="" type="radio"/> No	Yes →	
No	<input checked="" type="radio"/> Yes →	
<input checked="" type="radio"/> No	Yes →	
<input checked="" type="radio"/> No	Yes →	

Kesimpulan Spesialis Radiologi (Radiologist Conclusion)

Gambaran Bronchitis

dr. ABDUL HARIS, Sp.Rad

Spesialis Radiologi



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Allengers

Passion for excellence



Patient Data

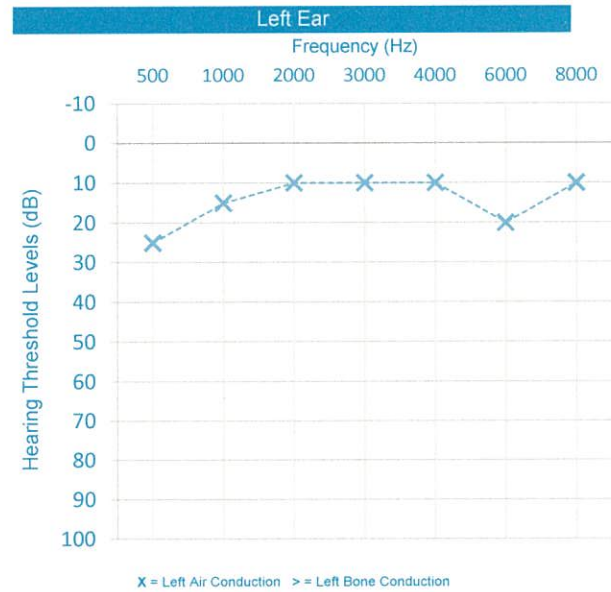
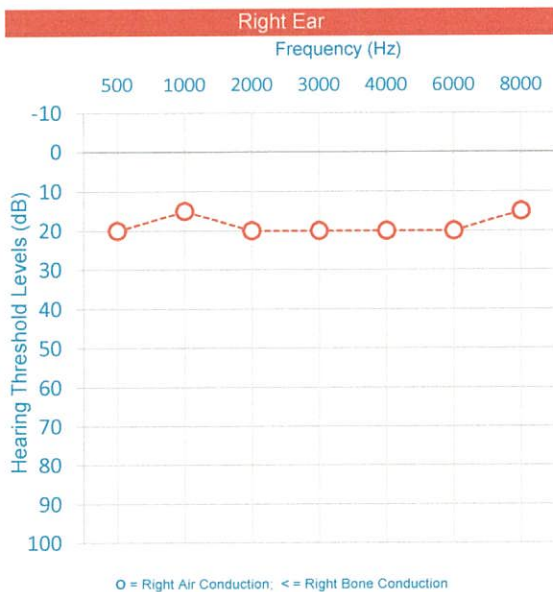
ID Number 2399 Gender **Laki-laki**
 First Name **ANDRI** Occupation **Inspection**
 Last Name **T. A** Company **PT. Inspektindo Sinergi Persada**
 Age **37** Yo. Test Date **12 Oktober 2020**

Occupational Noise Exposure

Present	Type of work: Inspection	Period of work: 7 Years	Hearing Protection Worn: No
Previous	1) -	-	-
	2) -	-	-
Military Services	<input type="checkbox"/>		

Otological History / Symptoms

<input type="checkbox"/> Serious Head Injury	<input type="checkbox"/> Bleeding	Detail:
<input type="checkbox"/> Broken Ear Drum	<input type="checkbox"/> Pressure/Fulness	
<input type="checkbox"/> Ear Surgery	<input type="checkbox"/> Pain	
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Tinnitus	
<input type="checkbox"/> Decrease Hearing	<input type="checkbox"/> Exposure to Loud Blast	
<input type="checkbox"/> Discharge	<input type="checkbox"/> Medication	



Test Detail

Test Location Sound Booth Other
 Technician **Susi Rindayani, A.Md.Kep**
 Hours Away from Noise < 14 hours 14 - 24 hours > 24 hours

Right Ear Observation and Test Result

Left Ear Observation and Test Result

Canal	Normal							HTL	Canal	Normal							HTL
Ear Drum	Normal							RIGHT	Ear Drum	Normal							LEFT
Conduction	Frequency (Hz)							EAR	Conduction	Frequency (Hz)							EAR
	500	1000	2000	3000	4000	6000	8000			500	1000	2000	3000	4000	6000	8000	
Air	20	15	20	20	20	20	15	20,0	Air	25	15	10	10	10	20	10	10,0
Bone								0,0	Bone								0,0

Conclusion / Medical Report

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

Signature **Grand Medica Indonesia**
 dr. Hendra A.Z.

Instrument used **SIBELSOUND 400**

Standard **OSHA**





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Radiological Analysis
Radiological Examination

Nomor Pasien : **2399**
(Patient Number)

Tgl Pemeriksaan : **12/10/2020**
(Date of Analysis)

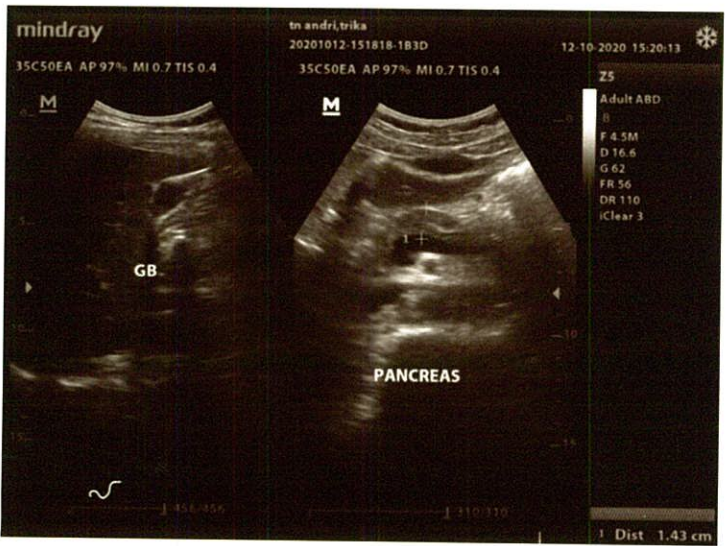
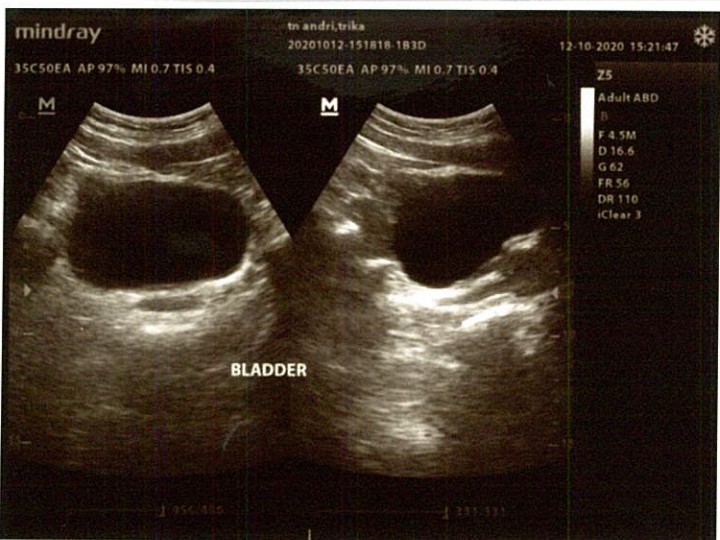
Pemeriksaan : **USG WHOLE ABDOMEN**
Examination

Data Pasien (Patient Detail)

Nama : **ANRI TRIEKA AGUSTIANTO, TN**
(Name)
Umur : **37** Tahun
(Age) (Years old)
Jenis : **Laki-laki**
(Gender)

Perusahaan:
(Company)
Pekerjaan
(Occupation)

PT. INSPEKTINDO SINERGI PERSADA
INSPECTOR





Patient Data

ID Number	2399				
Name	ANDRI TRIEKA AGUSTIANTO, Tn		Company	PT. Inspektindo Sinergi	
Gender	Male		Occupation	INSPECTOR	
DOB / Age	31 Agustus 1983	/ / 37 Yo.	Test Date	12 Oktober 2020	
Height (cm)	177	Weight (kg)	72	BMI	22,98

Pre-exercise Test

Indication	Medical Check Up		
Pre-exercise BP	110/70	mmHg	
Heart Rate	60	bpm	
Respiration	18	x/mnt	
Resting ECG	<i>Normal</i>		

Exercise Test Summary

Exercise Time	12:26	mm:ss	End Stage	4
Max Heart Rate	186	bpm	Target Heart Rate	156 bpm
Max Blood Pressure	120/80	mmHg	Max Heart Rate	119,2 %
Aerobic Capacity	<i>13</i>	METs.	VO2 Max	44,26 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 **PT. Inspektindo Sinergi***

Recommendation :

Cardiologist Signature

[Signature]
DR. ACHMAD YUSRI, SpJP
 KARDILOGI DAN FISILOGI DARAH

Instrument Used

CONTEC 8000S S/N 140203027



12-10-2020 09:55:01

ID : 2399

Name : Tn. Andri.T.A

Age : 37 Years

Department: PT. Inspektindo

Gender : Male

HR : 60 BPM

P Dur : 106 ms

PR int : 150 ms

QRS Dur : 72 ms

QT/QTc int : 393/394 ms

P/QRS/T axis : 1/18/42 °

RV5/SV1 amp : 2.480/0.597 mV

RV5+SV1 amp : 3.077 mV

RV6/SV2 amp : 1.803/0.922 mV

Diagnosis Information:

800: Sinus Rhythm

Normal ECG



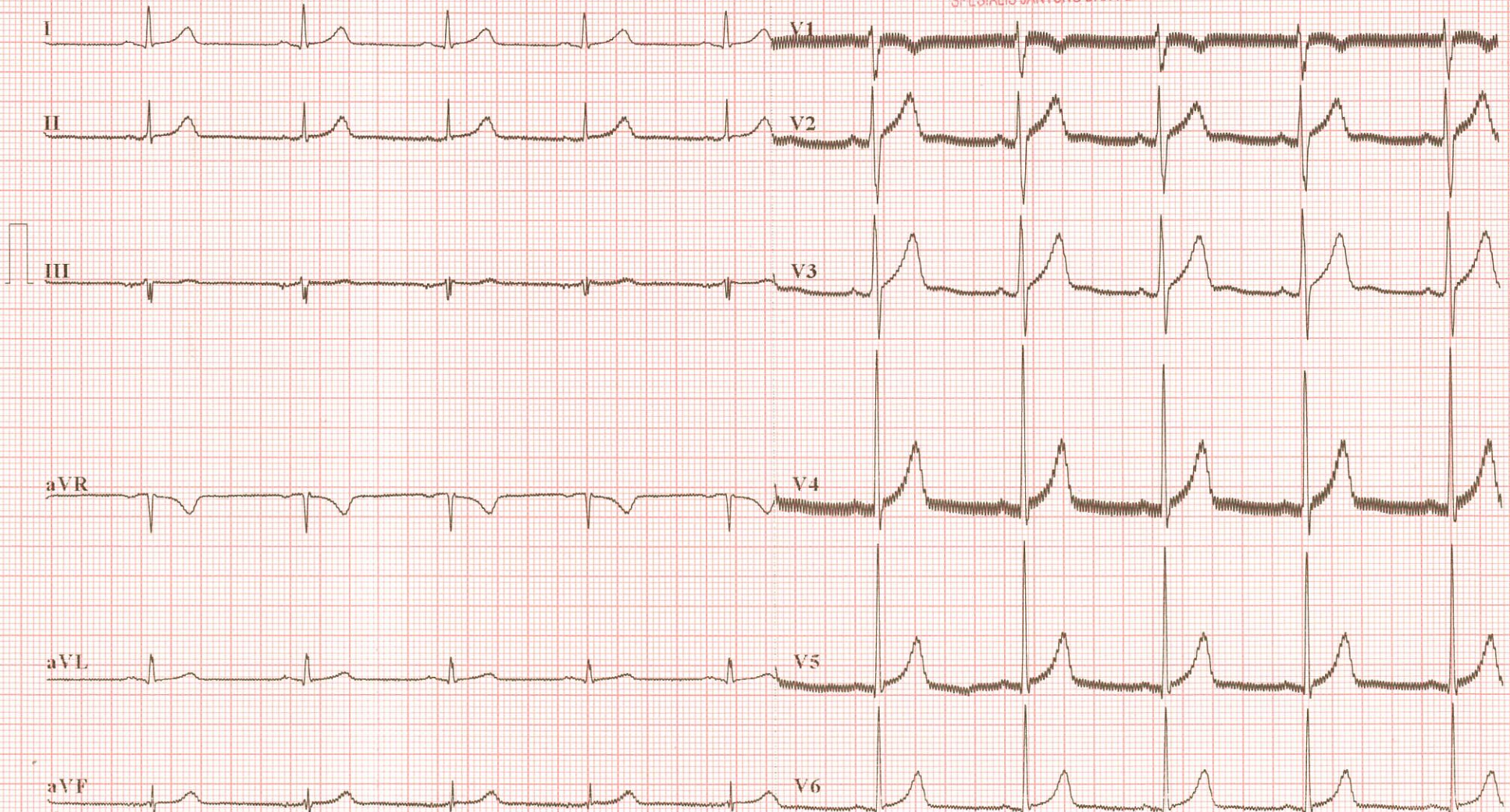
Handwritten signature

Technician : Rinda Amd.Kep

Report Confirmed by:

dr. ACHMAD YUSRI, SpJP

SPEKIALIS JANTUNG DAN PEMBULUH DARAH



Grand Medica Indonesia Stress Exercise Report

ID:2399

Section:

Name:Tn. ANdri.T.a

Sex:Male

Age:37

Exam Time:12-10-2020 10:56

Information

DOB:1983-08-31 Height:177.00 cm	Race:Oriental Race Weight:72.00 kg	Indications:MCU
<input type="checkbox"/> Smoking <input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetic <input type="checkbox"/> Hyperlipidemia	Medications:
<input type="checkbox"/> History of MI <input type="checkbox"/> Family History		
Address: Telephone:		

Result

Stage Name	HR(bpm)	BP(mmHg)	Summary	Max Values	ST Segment
PRE-EXE	104	110/70	Protocol Name: BRUCE	HR: 186 bpm 10:00	Max Elevation: 0.83 mV 02:30 II
EXE1	105	110/70	Target HR: 156 bpm	Target HR: 119.2 %	Max Depression: -0.75 mV 00:10 III
EXE2	125	110/70	Exercise Time: 12:26 mm:ss	METS: 13.5 METs 09:30	Max Elevation Change: 0.88 mV 02:30 II
EXE3	167	115/70	Max Speed: 6.8 km/h	HR*BP: 13042.5 bpm*mmHg 07:20	Max Depression Change: -0.80 mV 00:10 III
EXE4	163	----/----	Max Grade: 16.0 %	SYS: 120.0 mmHg 12:14	
REC1	156	120/80	Exceed +/-100uV Leads: I II III aVL aVR aVF V1 V2 V3 V4 V5 V6 DUKE Score: ---	DIA: 80.0 mmHg 12:14	
			Arrhythmia Total Beats: 1623 Abnormal Beats: 245 Total V: 107 Total S: 138 V Pairs: 0 S Pairs: 3 V Run: 1 S Run: 5 V bigeminal: 0 S bigeminal: 2 V trigeminal: 0 S trigeminal: 0 Total Long: 0		Reason for End : Symptoms:



Conclusions:

Negative. Ischemic response

Operator:

Dr. ACHMAD YUSRI SpJP
 Spesialis Jantung Dan Pembuluh Darah
 Reviewing Physician:

Grand Medica Indonesia Stress Exercise Report

Average QRS

ID:2399

Section:

Name:Tn. ANdri.T.a

Sex:Male

Age:37

Exam Time:12-10-2020 10:56

Time:00:20 HR:85 bpm	Time:03:20 HR:104 bpm BP:110/70 mmHg	Time:06:20 HR:117 bpm BP:110/70 mmHg	Time:09:20 HR:177 bpm BP:115/70 mmHg	Time:12:00 HR:161 bpm BP:115/70 mmHg	Time:12:10 HR:156 bpm BP:115/70 mmHg
0.13 16.53 I	0.05 21.96 I	0.02 12.95 I	0.03 9.52 I	-0.21 81.47 I	0.48 72.39 I
0.19 66.56 II	0.81 67.02 II	0.09 12.95 II	0.49 64.62 II	-0.22 53.42 II	0.03 58.31 II
0.05 63.44 aVR	0.74 64.94 aVR	0.06 0.39 aVR	0.48 67.26 aVR	0.00 83.31 aVR	-0.46 -55.93 aVR
-0.16 -52.18 aVL	-0.45 -45.91 aVL	-0.06 -13.54 aVL	-0.26 -43.73 aVL	0.21 69.25 aVL	-0.25 -67.02 aVL
0.04 -40.35 aVF	-0.36 -34.87 aVF	-0.02 6.56 aVF	-0.22 -51.04 aVF	-0.10 -82.25 aVF	0.47 66.75 aVF
0.12 65.01 V1	0.77 66.00 V1	0.08 7.17 V1	0.48 65.52 V1	-0.11 77.96 V1	-0.21 2.48 V1
-0.04 -27.98 V2	-0.26 -13.61 V2	0.03 17.57 V2	-0.16 -16.65 V2	0.12 66.19 V2	-0.14 -45.07 V2
0.22 18.04 V3	-0.15 7.63 V3	0.11 39.02 V3	0.10 58.81 V3	0.06 67.95 V3	-0.03 -9.60 V3
0.23 31.75 V4	-0.13 16.29 V4	0.13 48.14 V4	0.18 62.29 V4	0.01 71.14 V4	-0.03 26.78 V4
0.31 42.14 V5	-0.04 25.91 V5	0.21 57.04 V5	0.39 69.80 V5	-0.03 71.46 V5	0.01 52.52 V5
0.11 8.26 V6	-0.15 14.34 V6	0.11 41.72 V6	0.27 57.90 V6	-0.07 67.03 V6	-0.06 28.12 V6
0.01 -14.47	-0.15 20.55	0.02 16.51	0.11 34.19	-0.04 62.77	-0.13 -10.13

Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:2399

Section:

Name:Tn. ANdri.T.a

Sex:Male

Age:37

Exam Time:12-10-2020 10:56

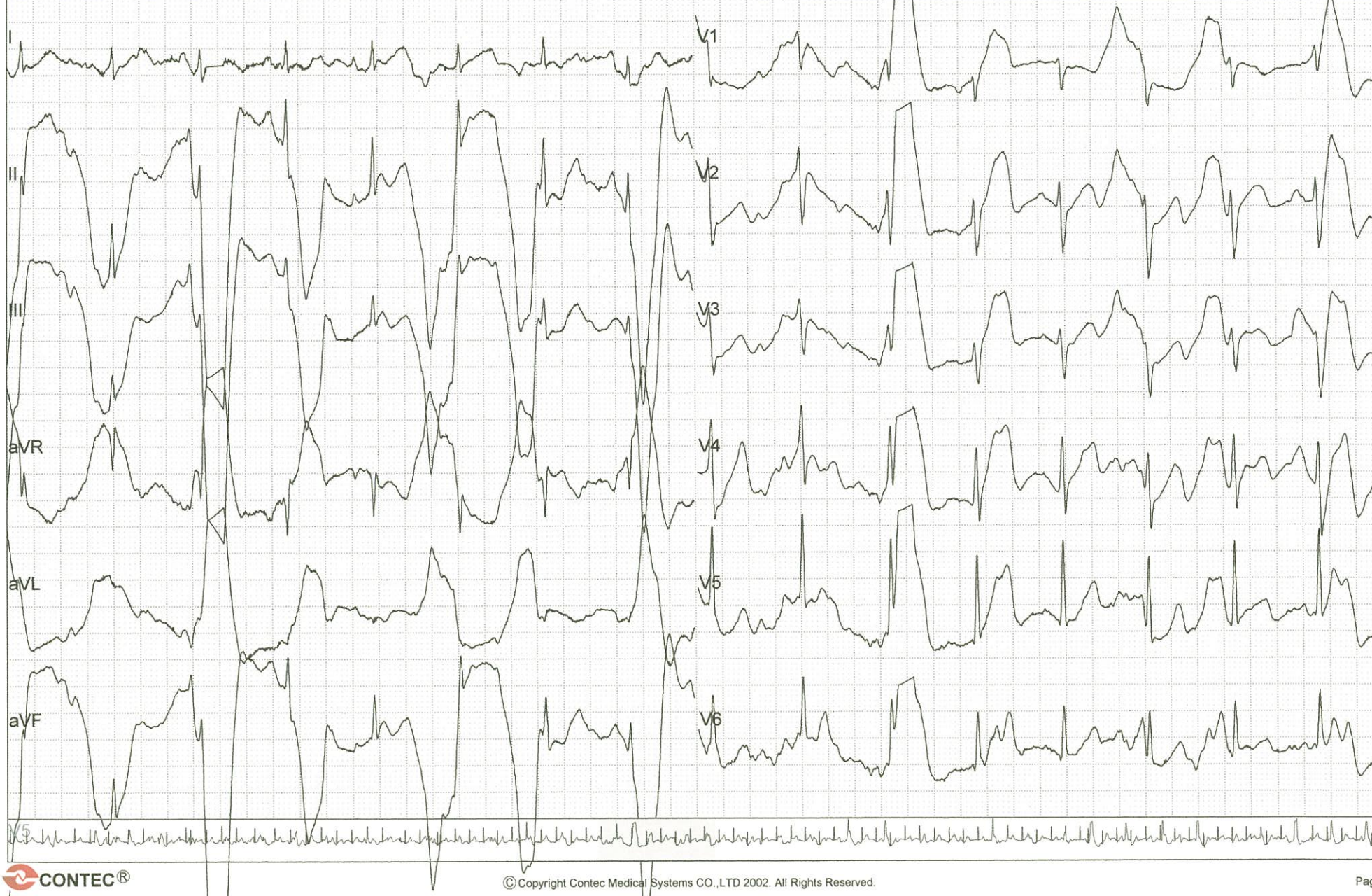
Time:00:33

Stage:[2 / 6] EXE1 00:03 [2.7 Km/h 10.0 %]

HR:91 bpm

BP:110/70 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:2399

Section:

Name:Tn. ANdri.T.a

Sex:Male

Age:37

Exam Time:12-10-2020 10:56

Time:03:23

Stage:[2 / 6] EXE1 02:53 [2.7 Km/h 10.0 %]

HR:104 bpm

BP:110/70 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:2399

Section:

Name:Tn. ANdri.T.a

Sex:Male

Age:37

Exam Time:12-10-2020 10:56

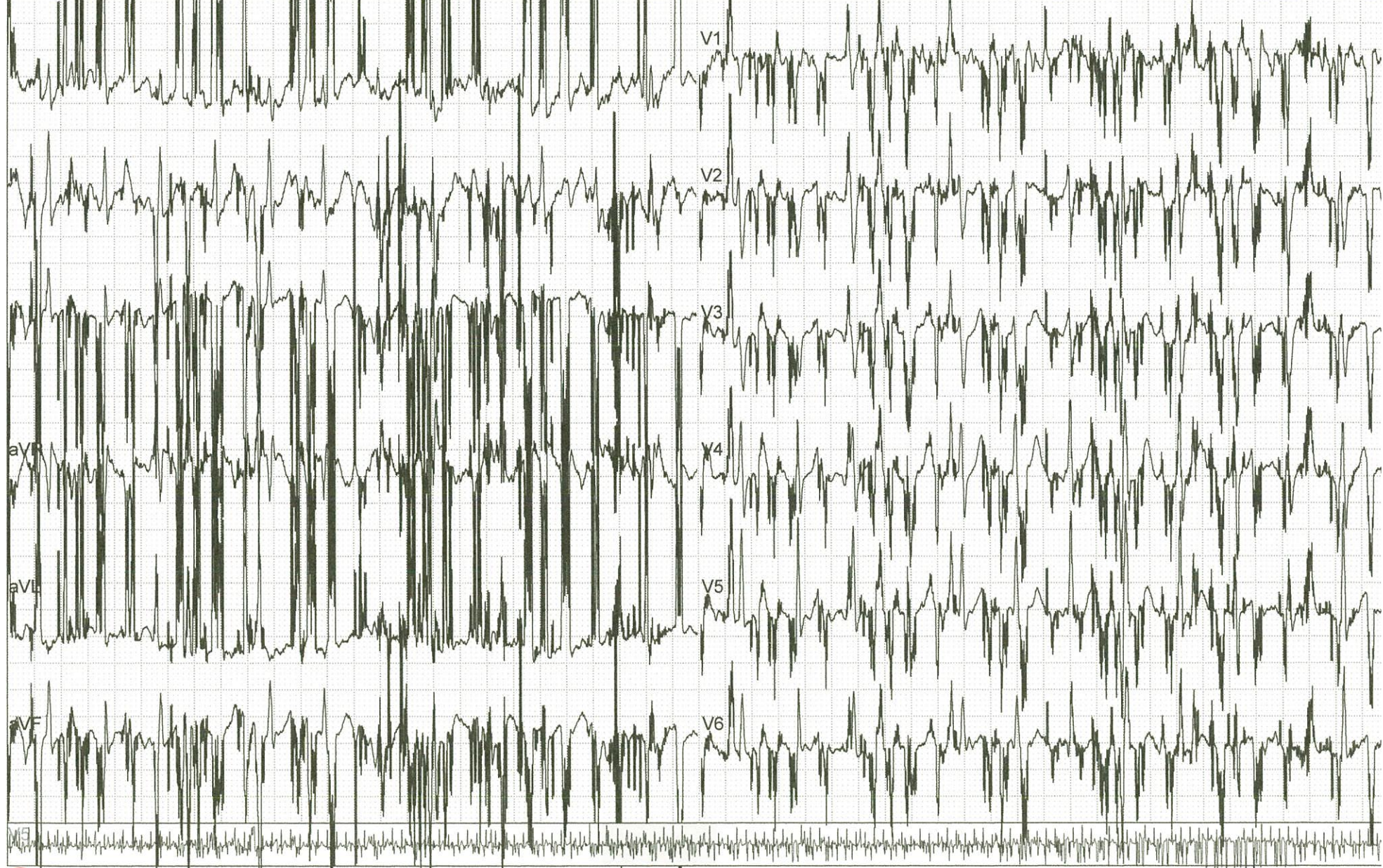
Time:06:33 Stage:[4 / 6] EXE3 00:03 [5.5 Km/h 14.0 %] HR:116 bpm BP:110/70 mmHg 10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:2399 Section: Name: Tn. Andri T.a Sex: Male Age: 37 Exam Time: 12-10-2020 10:56
Time: 09:40 Stage: 5/5 [EXE4] [0.1] [8.8 Km/H 15.0 %] HR: 167 bpm BP: 115/70 mmHg 10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:2399	Section	Name:Tr. Andri.T.a	Sex:Male	Age:37	Exam Time:12-10-2020 10:56
Time:11:56	Stage:5/6 EXE4	02:26 [5.8 Km/h 15.0 %]	HR:163 bpm	BP:115/70 mmHg	10mm/mV 25mm/s

