



**GRAND MEDICA
INDONESIA**

Made SIMPLE and Be HEALTHY

PERSONAL DATA

No. MCU : 6918/GMI-MCU/IX/2022
No. Badge : -
N a m a : **ACHMAD WAHYU SYAMSURI, Tn.**
U m u r : 27 tahun
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**
Jabatan : Asst. Inspector
Tgl Pemeriksaan : 07/09/2022
Alamat : *Jl. Ir. Soekarno, Kel. Muara Jawa Ulu.*

0918

PEMERIKSAAN KESEHATAN TAHUN 2022

Health and Medical Surveillance of 2022

Bagian 1. Untuk diisi oleh karyawan/calon karyawan

Part 1. To be completed by the employee / preemployee

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

Fill out this form with real and complete as possible. If there are things that are poorly understood immediately

IDENTITAS KARYAWAN/CALON KARYAWAN

IDENTITY OF EMPLOYEES / PREEMPLOYEES

Nama : **ACHMAD WAHYU SYAMSURI**
 Name
 Nomor Badge :
 Badge number
 Tempat, Tanggal Lahir : **MUARA JAWA, 27 / 10 / 1994** Jenis Kelamin : Laki-laki / ~~Perempuan~~*
 Date of birth Gender Male / Female
 Status : Belum menikah / ~~Nikah~~ / ~~Janda~~ / ~~Duda~~*
 Marital Not married / Married / Widow / Widower
 Jabatan/Posisi Pekerjaan : **ASST. Inspector** Lokasi kerja :
 Job position Site Location
 Alamat Sekarang : **Jl. Ir. Soekarno kel. Mubia Jalwa Ulu**
 Address
 Telepon : **0812 49680509**
 Phone

* pilih salah satu / *Select one*

RIWAYAT PEKERJAAN DAN POTENSI BAHAYA AKIBAT PEKERJAAN

WORK HISTORY AND POTENTIAL HAZARD DUE TO WORK

Pilih semua potensi bahaya yang mungkin dapat terpapar, termasuk riwayat pekerjaan sebelumnya.

Select all the potential hazards that may be exposed, including previous work history.

Jabatan/Posisi Pekerjaan <i>Job position</i>	Lama Kerja <i>Years</i>	Jenis potensi bahaya di tempat kerja <i>Types of potential hazards in the workplace</i>				
		Bising <i>Noisy</i>	Debu <i>Dust</i>	Kimia <i>Chemical</i>	Panas/Dingin <i>Hot/cold</i>	Lainnya <i>Other</i>

RIWAYAT KESEHATAN

MEDICAL HISTORY

Selama 1 tahun terakhir, apakah anda pernah sakit:

Over the last 1 year, if you get sick:

	Yes	No		Yes	No
1. Tekan darah tinggi <i>High blood pressure</i>		✓	17. Nyeri punggung <i>Back pain</i>		✓
2. Tekan darah rendah <i>Low blood pressure</i>		✓	18. Diare berulang <i>Recurrent diarrhea</i>		✓
3. Kepala <i>Headaches</i>		✓	19. Masalah kulit <i>Skin problems</i>		✓

MEDICAL HISTORY Continue

4. Mata
Eyes problems
5. Telinga
Ear problems
6. Hidung
Nose problems
7. Tenggorok
Throat problems
8. Gigi / Mulut
Mouth / Teeth problems
9. Sesak napas
Shortness of breath
10. Asma
Asthma
11. Batuk berdarah
Bloody cough
12. Jantung
Heart problems
13. Nyeri dada
Chest pain
14. Nyeri ulu hati / Maag
Dyspepsia / Ulcer
15. Takut ketinggian
Afraid of heights
16. Epilepsi / Gangguan saraf
Epilepsy / neurological disorders

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>

20. Alergi makanan tertentu
Food allergies
21. Alergi obat tertentu
Medicine allergies
22. Nyeri persendian
Pain of joint
23. Berat badan :bertambah / normal / berkurang
Body weight problems
24. Sukar tidur
Sleep disorders
25. Sakit kuning
Yellow Fever
26. Kencing manis
Diabetic mellitus
27. Types
Thypoid
28. Malaria
Malaria
29. Batu ginjal
Stones of kidney
30. Wasir
Hemorhoid
31. Hepatitis
Hepatitis
32. Timbul benjolan / Tumor
Mass / Tumor

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

* berilah tanda ✓ pada salah satu kolom ya atau tidak / mark on one of the columns yes or no

Penjelasan lebih rinci terhadap sakit yang dipilih: _____

Detailed description of the selected illness: _____

POLA HIDUP SEHAT

HEALTHY LIVING PATTERNS

1. Apakah anda pernah merokok
Did you ever smoked : Yes / ~~No~~
2. Berapa banyak rokok yang anda hisap dalam sehari
How many cigarettes do you consume in a day : 8 Qty/ day
3. Jenis rokok apa yang anda hisap
Type of cigarettes do you consume : filter
4. Sudah berapa lama anda berhenti merokok
How long have you quit smoking : _____
5. Apakah anda pernah konsumsi minuman beralkohol
Did you ever consumption of alcoholic beverages : ~~Yes~~ / No
6. Berapa banyak minuman beralkohol yang anda habiskan tiap kalinya : _____ cc
How many alcoholic drinks do you spend each time
7. Berapa kali anda berolah raga dalam 1 minggu
How many times did you exercise in 1 week : _____ times / week

HEALTHY LIVING PATTERNS Continue

8. Jenis olah raga apa yang anda lakukan
Sporting type what you are doing

: FUTSAL

**RIWAYAT PENYAKIT DAHULU
PAST MEDICAL HISTORY**

1. Apakah anda pernah dirawat di rumah sakit
Did you ever hospitalized

: Yes / No

2. Dirawat karena apa
Causes of hospitalized

: -

3. Berapa lama anda dirawat
How long have you been hospitalized

: -

4. Apakah anda menderita penyakit yang dikontrol terus-menerus selama satu tahun terakhir
Did you suffer illness controlled continuously during the past year

: Yes / No

5. Jika "Ya", karena apa
If "Yes", because what

: _____

6. Sejak kapan anda menderita penyakit tersebut
Since when you are suffering from the disease

: _____

**RIWAYAT PENYAKIT KELUARGA
DISEASE FAMILY HISTORY**

1. Berapa usia ayah anda : _____ years old
How old is your father

: Hidup / Meninggal
Life / Death

2. Apakah ayah anda pernah menderita penyakit
Was your father had suffered from the disease
Aleri/Astma/Kanker/Lainnya :
Diabetes mellitus, Allergic, Cancer, Others :

: Darah tinggi/Stroke/Jantung/Kencing manis/
Hypertension, Stroke, Heart problems,

3. Berapa usia ibu anda : 53 years old
How old is your mother

: Hidup / ~~Meninggal~~
Life / Death

4. Apakah ibu anda pernah menderita penyakit
Was your mother had suffered from the disease
Aleri/Astma/Kanker/Lainnya :
Diabetes mellitus, Allergic, Cancer, Others :

: Darah tinggi/Stroke/Jantung/Kencing manis/
Hypertension, Stroke, Heart problems,

5. Apakah ada saudara kandung anda menderita penyakit
Is there a sibling you suffer illness: Hypertension, Stroke, Heart problems, Diabetes mellitus, Allergic, Cancer, Others :

: Darah tinggi/Stroke/Jantung/Kencing manis/
Hypertension, Stroke, Heart problems,

**UNTUK KARYAWAN / CALON KARYAWAN WANITA
FOR FEMALE EMPLOYEE / PREEMPLOYEE**

1. Apakah saat ini anda sedang hamil
Are you currently pregnant

: Yes / No

2. Berapa bulan usia kehamilan anda
How many months of your pregnancy

: _____

3. Berapa jumlah kehamilan yang pernah anda alami
How many preanancies you've ever experienced

: _____

UNTUK KARYAWAN / CALON KARYAWAN WANITA

FOR FEMALE EMPLOYEE / PREEMPLOYEE

4. Berapa jumlah keguguran yang pernah anda alami : _____
How many of you have ever experienced a miscarriage
5. Berapa usia anda saat terjadi haid pertama : _____ years old
How old are you when menstruation occurs first
6. Keluhan saat terjadi haid : _____
Complaint occurs when menstruation
7. Pola haid anda : Banyak / Sedikit ; Teratur / Tidak teratur
Menstrual pattern Many / Few; Regular / Irregular
8. Apakah anda sering menderita keputihan : Yes / No
Did you often suffer from vaginal discharge
9. Apakah anda pernah melakukan "Pap's Smear" : Yes / No
Did you ever do a "Pap's Smear"
10. Jika "Ya", apa hasil pemeriksaannya : _____
If "Yes", what the results of the examination
11. Apakah anda menggunakan alat kontrasepsi : Yes / No
Did you use a tool contraceptives
12. Jenis kontrasepsi apa yang anda gunakan : _____
Contraception Type what you use

RIWAYAT VAKSINASI

HISTORY OF VACCINATION

1. Apakah anda pernah mendapatkan vaksin tetanus : Sudah / Belum / Tidak tahu
Did you ever get a tetanus vaccine Already / Not / Do not know
2. Jika "Sudah", kapan terakhir anda divaksin : _____
If "Already", when did you last vaccinated
3. Apakah anda pernah mendapatkan vaksin Hepatitis : Sudah / Belum / Tidak tahu
Did you ever get a hepatitis vaccine Already / Not / Do not know
4. Jika "Sudah", kapan terakhir anda divaksin : _____
If "Already", when did you last vaccinated
5. Vaksin lainnya yang sudah anda dapatkan : _____
Other vaccine that you have got

DONOR DARAH

BLOOD DONOR

1. Kapan anda melakukan donor darah terakhir : _____
Whenever you make a blood donation last
2. Bersediakah anda medonorkan darah bila diperlukan : Yes / ~~No~~
Would you donate blood when needed


PERNYATAAN KESEDIAAN MEMBERIKAN INFORMASI MEDIS
WILLINGNESS TO GIVE MEDICAL INFORMATION STATEMENT

Saya menyatakan bahwa jawaban dan pernyataan di atas adalah benar dan telah diisi sesuai dengan 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.

I certify that the above answers and statements are true and have been filled in accordance with the truth. I agree my test results are stored in the form of written or electronic documents and if necessary medical information related to my work, can be given to the leadership of the company where I work.

BALIKPAPAN, 07 September 2022

Name and Signature Employee / Pre Employee


(Achmad Wahyu Syamsuri.....)

MEDICAL CHECK UP -2022

PHYSICAL EXAMINATION

NAME	ACHMAD WAHYU SYAMSURI, Tn.	S/N	-	DEPT	-
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I. VITAL SIGN

Blood Pressure (supine)	122/63 mmHg	Pulse	79 x/m	Respiration	20 x/m	Temp.	36 -C
Weight (W)	71 kg	Height (H)	177 cm	BMI	22,7	Waist	86 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 Ø, Filling(F), Missing (M), Radii®	✓		Caries, Radix
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/ tenderness/ 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/ Hemias/ 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		✓	

Vision	Unaided		With Spectacles		Depth Perception	Colour Blindness	
	Left	Right	Left	Right			
Distant	20/30	20/30	-	-	✓	Normal	
Near	20/20	20/20	-	-		Red - Green Absent	
Visual fields (Normal > 70°)			Left	85°	Right	85°	Colour Blind



RECEIVED <small>(reserved for International SOS)</small>
REVIEWED <small>(reserved for International SOS)</small>
PROCESSED <small>(reserved for International SOS)</small>

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 a broad. In order to process your medical data, we now require that you sign a Consent Form authorizing International SOS and the Schlumberger Medical Department to access your information.

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

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

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

Thank you for cooperation.

Schlumberger Medical Department and International SOS

TO BE COMPLETED BY THE EMPLOYEE

PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH

LAST NAME (as appears in LDAP) FIRST NAME

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

HOME PHONE NATIONALITY

HOME ADDRESS

.....

Email address:

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

Business segment:

(ex: WS, WG, etc.)

<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		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
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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 employees' and their family's medical risks. In addition, the eMed-Track program provides employees and their family with online access to their (or part of their) medical information. SCHLUMBERGER will not have access to the personal data resulting from the medical examination. Only the Schlumberger Medical Department, and International SOS (which provides the eMed-Track program and its contractors (the licensed physician(s) and medical staff who perform this medical examination), and are subject to ethical/confidentiality rules of the medical profession, will have access to such personal data. The data processing mentioned earlier in this introductory paragraph may only be carried out with your consent, and therefore, SCHLUMBERGER wishes to inform you of the data processing, and obtain your consent to such processing and to the resulting transfer of such data outside the EU.

INFORMATION AND CONSENT

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

(a) SCHLUMBERGER will transfer to International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, nationality, job description/title, country of assignment and contact details).

(b) SCHLUMBERGER via the Schlumberger Medical Department, and International SOS which provides the eMed-Track program and its contractors (the licensed physician(s) and medical staff who perform this medical examination), will collect, process and record my personal data required for the eMed-Track program needs, to provide access to authorized physicians or medical staff to the data related to my medical examination, including health data.

(c) The personal data collected and processed are necessary for SCHLUMBERGER to achieve the purposes stated in the introductory paragraph above. For these purposes, relevant and adequate data are collected. These data are mostly sensitive data and their collection and processing requires my prior express consent.

(d) I undertake to provide complete and accurate data.

(e) SCHLUMBERGER (Schlumberger Limited, the ultimate parent company with a principal office at 42 rue Saint Dominique, 75007 Paris, France) is the data controller of the data processing related to the eMed-Track program.

(f) International SOS and its contractors (the licensed physician(s) and medical staff who perform this medical examination) may collect, process and record my personal data, on behalf of SCHLUMBERGER. International SOS entered into an agreement with SCHLUMBERGER (or its representative) under which it undertakes to comply with, and cause its contractors (the licensed physician(s) and medical staff who perform this medical examination) to comply with, EU personal data protection laws and national laws adopted pursuant thereto, and applicable medical and health regulations. It also undertakes to implement adequate confidentiality and security measures in order to protect and maintain my personal data in a secured manner. Except as required by law or legal authorities or upon expiry or termination of the agreement between SCHLUMBERGER (or its representative) and International SOS, my personal data will not be transferred to any other recipients.

(g) I acknowledge and expressly agree that without prejudice to paragraph (f), International SOS shall not be liable for the accuracy or medical conclusions of the medical examination carried out by its contractors (the licensed physician(s) and medical staff who perform this medical examination).

(h) My personal data, for the sole purposes herein mentioned (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 53 32 32). Note that your request must be executed and accompanied by an executed copy of your ID card or passport.

(j) SCHLUMBERGER has complied with its notification obligation under the Directive 95/46/EC of 24 October 1995.

(k) SCHLUMBERGER will record my personal data via International SOS. Except as provided to the contrary by law or legal authorities, SCHLUMBERGER will record my personal data for the time necessary to perform the operations related to the eMed-Track program, which duration is of 10 years.

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

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

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

Full name:

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

TO BE COMPLETED BY THE EMPLOYEE

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

OPTION 2:

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

In relation to the high mobility which applies to many jobs in the company and the unequal/inconsistent level of protection provided by local labor regulations and local medical facilities in the large number of countries concerned, SCHLUMBERGER has implemented the eMed-Track program and is carrying out personal data processing related to its employees' and their family's medical examination under this program, to reduce its 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 La Vallée-Pearce Cedex, France, tel. 00 33 1 55 63 32 32). Note that your request must be executed and accompanied by an executed copy of your ID card or passport.
- (i) SCHLUMBERGER has complied with its notification obligation under the Directive 95/46/EC of 24 October 1995.
- (j) SCHLUMBERGER will record my personal data via International SOS. Except as provided to the contrary by law or legal authorities, SCHLUMBERGER will record my personal data for the time necessary to perform the operations related to the eMed-Track program, which duration is of 10 years.

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

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

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

Full name:

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

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :

(If known)

PAST MEDICAL HISTORY

DO YOU HAVE OR HAVE YOU HAD

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

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

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

.....

Medication taken regularly :

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

Allergies to medication:

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

polio/...../..... hepatitis B/...../..... 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 WAHYU SYAMSURI FIRST NAME ACHMAD

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) (C) (R) |
| 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					R	n	a	Distant	R	L	Yes	No	N
177		71		122/63		79										
				mmHg		x/m		L	n	a	Near	R	L			

LAST NAME : WAHYU SYAMSURI

FIRST NAME : ACHMAD

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

ECG (n) a : Normal Sinus Rhythm
Treadmill n a : -
Chest X Ray (n) a : Within Normal Limits

BLOOD ANALYSIS

RBC	4.900.000	/mm ³	SGOT (ASAT)	28	U/L
WBC	4800	/mm ³	SGPT (ALAT)	40	U/L
NEUTROPHIL	57	%	GAMMA GT	33	U/L
EOSINOPHIL	3,0	%	GLYCEMIA	76	mg/dL
BASOPHIL	0	%	CHOLESTEROL TOTAL	180	mg/dL
LYMPHOCYTE	33	%	HDL	56	mg/dL
MONOCYTE	7,8	%	LDL	107	mg/dL
HEMATOCRIT	44,3	%	CREATININE	1,0	mg/dL
HEMOGLOBIN	15,5	g/dL	URIC ACID	5,8	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	86	mg/dL

BLOOD
TYPE

A/+

test only if not already known

URINE ANALYSYS

ALBUMIN : -

SUGAR : Negative

BLOOD : Negative

STOOL ANALYSIS

PARASITES : Negative

BLOOD : Negative

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

MUST BE REASSESSSED Yes No

Detail :

DOCTOR'S SIGNATURE

MEDICAL CENTER STAMP/SEAL



Date of medical examination (day/month/year) : 07/09/2022

EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS

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

Please write in clear capital letters !

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Med Track Plus Exam

Only for high mobility employees (IM, IC, GM, HCM) over 40 years of age

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

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

EYES :

Tonometry Right eye (Glaucoma testing)mmHG

Tonometry Left eye (Glaucoma testing)mmHG

ADDITIONAL BLOOD TESTS :

PSAng/ml TSHUI

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:

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

Patient Data

ID Number :	6918/GMI-MCU/IX/2022		
Name :	ACHMAD WAHYU SYAMSURI, Tn.	Company :	PT. INSPEKTINDO SINERGI PERSADA
Gender :	Laki-Laki	Occupation :	Asst. Inspector
DOB / Age :	27/10/1994 / 27 Yo.	Test Date :	07/09/2022
Height (cm)	177	Weight (kg) :	71
		BMI :	22,66

Jakarta Cardiovascular Risk Table

Risk Factor		Score	Result	Poin	Determine the 10-year CVD risk (%)			
Sex	Female	0	Male	1	Total Points	10-year CVD risk (%)		
	Male	1				-4	Low Risk	<1
Age	25-34	-4	27	-4		-3	Low Risk	2,6
	35-39	-3				-2	Low Risk	4,2
	40-44	-2				-1	Low Risk	5,8
	45-49	0				0	Low Risk	7,4
	50-54	1				1	Low Risk	9
	55-59	2				2	Moderate Risk	10,0
	60-64	3				3	Moderate Risk	13,1
Blood Pressure	Normal	0	122/63	0		4	Moderate Risk	17,2
	High Normal	1				5	High Risk	20,0
	Grade 1 Hypertension	2				6	High Risk	21,2
	Grade 2 Hypertension	3				7	High Risk	22,5
	Grade 3 Hypertension	4				8	High Risk	23,7
BMI (Kg/m²)	13,79 - 25,99	0	22,66	0		9	High Risk	25
	26,00 - 29,99	1				10	High Risk	26,2
	30,00 - 35,58	2				11	High Risk	27,5
Smoke	Never	0	Smoker	4		12	High Risk	28,7
	Ex Smoker	3				13	High Risk	>30
	Smoker	4						
Diabetes Mellitus	No	0	No	0		Result		
	Yes	2				Estimated 10-year CVD Risk		
Physical Exercise/Activity	No	2	Medium	0		9,0%		
	Low	1				Risk Category		
	Medium	0				Low Risk		
	High	-3						
Total Point				1				

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.*

Nomor Lab.
(Lab. Number) : 6918 /GMI-MCU/IX/2022

Data Pasien (Patient Detail)

Nama (Name)	: ACHMAD WAHYU S., Tn. / Laki-Laki	Umur (Age)	: 27 Tahun (Years old)
Pekerjaan (Job Position)	: ASST INSPECTOR	Dokter (Doctor)	: Dr. Hendra AZ
Perusahaan (Company)	: PT. INSPEKTINDO SINERGI PERSADA	Tgl Pemeriksaan (Date of Analysis)	: 07 September 2022

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
HEMATOLOGI			
HEMATOLOGI RUTIN			
Hemoglobine (Hgb)	15,5	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit (Hct)	44,3	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)	4,8	Dewasa : 4,0 - 10,0	10 ³ / μ L
Differential Count			
Basophile	0	0 - 2	%
Eosinophile	3,0	0 - 3	%
Neutrofil	56,5	50 - 70	%
Lymphocyte	32,7	20 - 40	%
Monocyte	7,8	3 - 12	%
MCV	89	80 - 100	fL
MCH	31	27 - 34	pg/cell
MCHC	34	32 - 36	g/dL
RDW - CV	12,9	11 - 16	%
RDW-SD	42,7	35 - 56	fL
Thrombocyt	193	140 - 440	10 ³ /mm ³
GOLONGAN DARAH ABO			
ABO System	A		
Rhesus	+		
KIMIA KLINIK			
METABOLISME GLUKOSA/DIABETES			
Glucose Fasting	76	Normal : 70 - 110	mg/dL
Glucose 2h pp	114	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes mellitus : > 200	mg/dL
PROFIL LEMAK			
Cholesterol total	180	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : >= 240	mg/dL

Nomor Lab.
(Lab. Number) : 6918 /GMI-MCU/IX/2022

Data Pasien (Patient Detail)

Nama (Name)	: ACHMAD WAHYU S., Tn. / Laki-Laki	Umur (Age)	: 27 Tahun (Years old)
Pekerjaan (Job Position)	: ASST INSPECTOR	Dokter (Doctor)	: Dr. Hendra AZ
Perusahaan (Company)	: PT. INSPEKTINDO SINERGI PERSADA	Tgl Pemeriksaan (Date of Analysis)	: 07 September 2022

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
Triglycerides	86	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : >= 500	mg/dL
HDL Cholesterol	56	Rendah : < 40 Tinggi : >= 60	mg/dL
LDL Cholesterol	107	Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	1,9	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
FUNGSI HATI			
SGOT / AST	28	0 - 37	U/L
SGPT / ALT	40	0 - 40	U/L
Gamma GT	33	11 - 51	U/L
FUNGSI GINJAL			
Uric Acid	5,8	Laki-laki dewasa : 3,5 - 7,2 Perempuan dewasa : 2,6 - 6,0	mg/dL
Creatinine	1,0	0,8 - 1,4	mg/dL
Ureum	17	10 - 50	mg/dL
IMMUNOLOGI			
HEPATITIS			
HBs Ag	Negatif	Negatif	
URINALISA			
MAKROSKOPIS URIN			
Warna	Kuning		
Kejernihan	Jernih		
KIMIA			
Berat jenis	1,015	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

Nomor Lab.
(Lab. Number) : 6918 /GMI-MCU/IX/2022

Data Pasien (Patient Detail)

Nama (Name)	: ACHMAD WAHYU S., Tn. / Laki-Laki	Umur (Age)	: 27 Tahun (Years old)
Pekerjaan (Job Position)	: ASST INSPECTOR	Dokter (Doctor)	: Dr. Hendra AZ
Perusahaan (Company)	: PT. INSPEKTINDO SINERGI PERSADA	Tgl Pemeriksaan (Date of Analysis)	: 07 September 2022

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 : 1< 0,018 (Negatif)	mg/dL
MIKROSKOPIS URIN			
Epithel	2-3		
WBC	2-3		
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 : 07 September 2022

Penanggung Jawab Laboratorium,



Dr. Hendra Agus Z

Analisis Laboratorium



Syamsiar Am. Ak



Nomor Pasien
(Patient Number)

Nomor Film
(Film Number) : 6918

Data Pasien (Patient Detail)

Nama
(Name) : ACHMAD WAHYU SYAMSURI, Tn.

Perusahaan
(Company) : PT. INSPEKTINDO SINERGI PERSADA

Umur
(Age) : 27 Tahun
(years old)

Pekerjaan
(Occupation) : ASST INSPECTOR

Jenis Kelamin
(Gender) : Male

Tgl Pemeriksaan
(Date of Analysis) : 7 September 2022

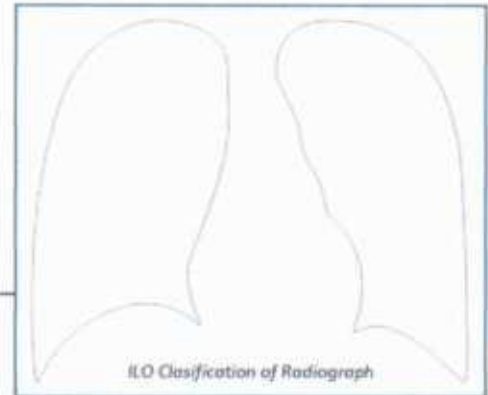
Rincian Pemeriksaan (Examination Detail)

Jenis Pemeriksaan
(Type of Examination) : Foto thorax

Posisi Penyinaran
(Exposure Position) : PA

Kondisi Penyinaran
(Exposure Condition) : kV : 58

mAs : 3,6



**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)

<input checked="" type="radio"/> No	Yes →
<input checked="" type="radio"/> No	Yes →
<input checked="" type="radio"/> No	Yes →
<input checked="" type="radio"/> No	Yes →
<input checked="" type="radio"/> No	Yes →
<input checked="" type="radio"/> No	Yes →
<input checked="" type="radio"/> No	Yes →

Kesimpulan Spesialis Radiologi (Radiologist Conclusion)

Foto thorax normal

Grand
MEDICA INDONESIA

dr. ABDUL HARIS, Sp.Rad
Spesialis Radiologi

Allengers
Passion for excellence

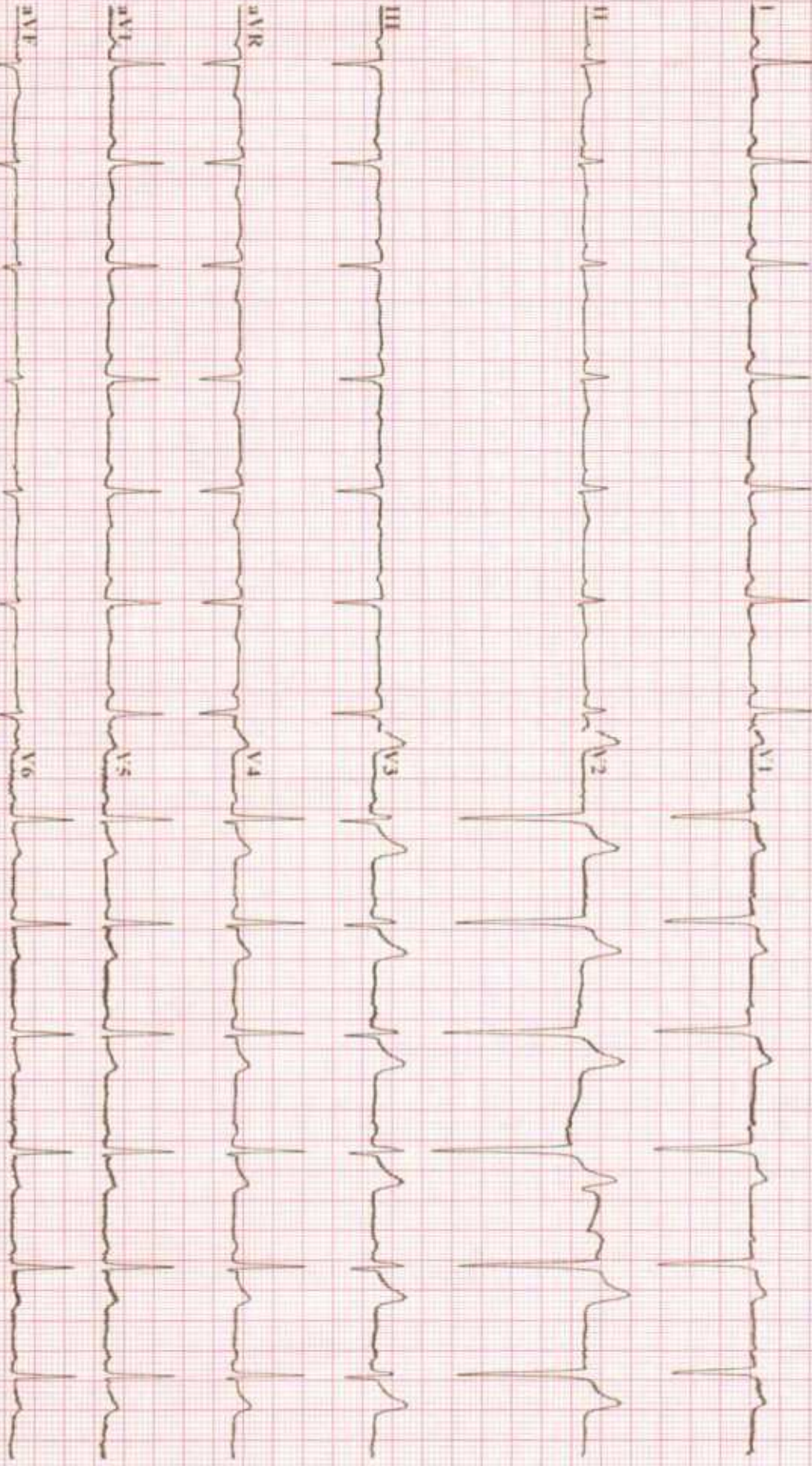
ID : 6918
Name : Achmad Wahyu S
Age : 27 Years
Gender : Male
Department: PT. Inspektindo

HR : 79 BPM
P Dur : 111 ms
PR Int : 158 ms
QRS Dur : 78 ms
QT/QTc Int : 339/390 ms
P/QRS/T axis : -6/-9/-2 °
RV5/SV1 amp : 1.218/1.647 mV
RV6/SV2 amp : 2.865 mV
RV6/SV2 amp : 1.082/2.372 mV

Diagnosis Information:
800: Sinus Rhythm
734: Suspect Anteroseptal Myocardial Infarction?
(V1,V2)
NSM

Technician : Rinda.Amd.KeP
Report Confirmed by:

dr. ACHMAD YUSRI, SpJP
Spesialis Jantung Dan pembuluh Darah



Patient Data

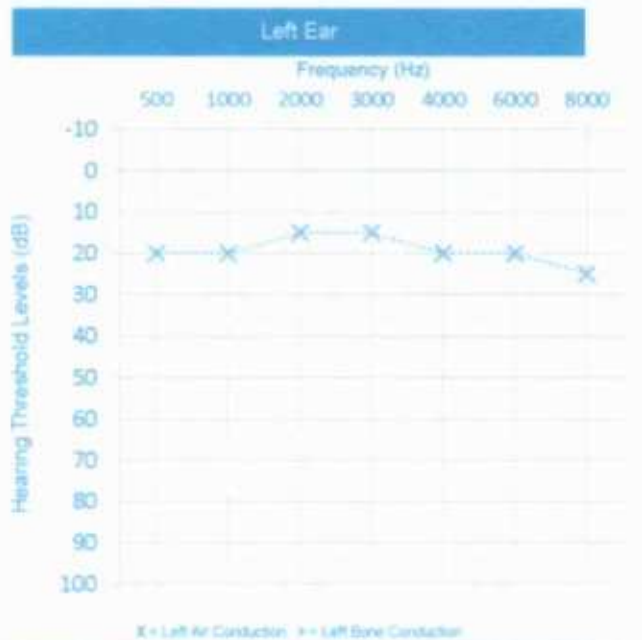
ID Number	6918	Gender	Laki-laki
First Name	ACHMAD	Occupation	ASST INSPECTOR
Last Name	WAHYU .S	Company	PT. INSPEKTINDO
Age	27 Yo.	Test Date	7 September 2022

Occupational Noise Exposure

Present	Type of work ASST INSPECTOR	Period of work -	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	Rentivia Apriyani A.Md. Kep		



Right Ear Observation and Test Result

Canal	Normal							HTL
Ear Drum	Normal							RIGHT EAR
Conduction	Frequency (Hz)							18,3
	500	1000	2000	3000	4000	6000	8000	
Air	20	15	15	20	20	20	20	
Bone								

Left Ear Observation and Test Result

Canal	Normal							HTL
Ear Drum	Normal							LEFT EAR
Conduction	Frequency (Hz)							16,7
	500	1000	2000	3000	4000	6000	8000	
Air	20	20	15	15	20	20	25	
Bone								

Conclusion / Medical Report

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

Signature 
dr. Hendra A.Z.

Instrument used
SIBEL SOUND 400

Standard
OSHA

