



**GRAND MEDICA
INDONESIA**

Make SMILE and Be HEALTHY

PERSONAL DATA

No. MCU : 5103/GMI-MCU/IX/2021
No. Badge : -
N a m a : **MUHAMMAD HUSEIN, Tn.**
U m u r : 30 tahun
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**
Jabatan : Project Administrator
Tgl Pemeriksaan : 16/09/2021
Alamat : Perumahan Bukit Taman Sari VIP 1 Blok U10 RT 27 Kel. Graha Indah



HEALTH AND MEDICAL SURVEILLANCE
TAHUN 2021



NAMA : MUHAMMAD HUSEIN

TANGGAL LAHIR : 24 OKTOBER 1990

JENIS KELAMIN : PRIA

S/N :

IGG :

DEPT/SERVICE :

LOKASI KERJA : SCHLUMBERGER MANGGAR BASE

JENIS PEMERIKSAAN : Pre-employment
 Annual
 Pre-retirement

Medical Department

HEALTH SURVEILLANCE

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

IDENTITAS PEGAWAI

- 1. Posisi : PROJECT ADMINISTRATOR
- 2. Golongan Darah : A / B / AB / 0 Rhesus : + / -
- 3. Status : (1) Belum kawin (2) Kawin (3) Janda (4) Duda (5) Cerai
- 4. Jumlah anak : Anak laki-laki Orang, Anak Perempuan 1orang
- 5. Alamat sekarang : PERUMAHAN BUKIT TAMANSARI VIP 1 BLOK U10 RT. 27
KELUAHAN GWAHA INDAH, KECAMATAN BAHUPAPAN UTARA
Telpon/HP 085349151333
- 6. No. Extension Telpon. : Kantor : Kamar (untuk lapangan)

HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN

No.	Posisi	Lama Kerja	Perusahaan	Lama paparan dalam jam/hari					
				Statis	Debu	Kimia	Radiasi	Ergonomi	lain-lain
1	PROJECT ADMINISTRATOR	1	PT. ISP	✓					

HANYA UNTUK KARYAWAN RIWAYAT PEKERJAAN

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

- 1. Office : 8 jam/hari
- 2. Warehouse : 8 jam/hari
- 3. Workshop : jam/hari
- 4. Process area : jam/hari
- 5. Well/Offshore : jam/hari

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

RIWAYAT KESEHATAN

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

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

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

RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

1. Dalam satu tahun terakhir apakah Anda pernah mengalami kecelakaan akibat kerja ? 1. Ya 2. Tidak 2
Bila tidak, lungeung ke no. 6
2. Bila YA, berapa kali dalam setahun terakhir Anda mengalami kecelakaan ?
3. Apakah Anda perlu mendapatkan perawatan di rumah sakit karena kecelakaan tersebut ? 1. Ya 2. Tidak 2
4. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan akibat kecelakaan tersebut ?
5. Apakah timbul gangguan fungsi maupun kecacatan setelah sembuh ? 1. Ya 2. Tidak 2
6. Dalam satu tahun terakhir apakah Anda pernah dirawat di rumah sakit ? 1. Ya 2. Tidak 2
Bila tidak, lungeung ke no. 8
7. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?
8. Apakah Anda menderita penyakit yang dikontrol terus menerus selama satu tahun terakhir ? 1. Ya 2. Tidak 2

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 2
Bila tidak, langsung ke alkohol

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

1. Ya 2. Tidak 2
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

1. Ringan 4. Berat 4
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 ?

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. 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
3. Di antara Ayah/Ibu/Saudara Kandung Anda, apakah ada yang meninggal karena penyakit-penyakit di atas pada usia kurang dari 45 tahun untuk laki-laki dan 55 tahun untuk perempuan ? 1. Ya 2. Tidak

UNTUK KARYAWAN WANITA

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

KELUARGA BERENCANA

1. Apakah keluarga Anda 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 mendapatkan vaksinasi hepatitis ?

1. Ya 3. Tidak tahu

2. Tidak

DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?

1. Ya 2. Tidak


2. Kapan Anda melakukan donor darah terakhir ?

/ /

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

Balikpapan, 16 SEPTEMBER 2022.

Nama dan tanda tangan karyawan


(MUHAMMAD HUSEIN)

MEDICAL CHECK UP –2021

PHYSICAL EXAMINATION

NAME	MUHAMMAD HUSEIN, Tn.	S/N	-	DEPT	-
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I. VITAL SIGN

Blood Pressure (supine)	130/70	mmHg	Pulse	76	x/m	Respiration	20	x/m	Temp.	36,4	°C
Weight (W)	65	kg	Height (H)	158	cm	BMI	26,04	Waist	70	cm	

(*) BMI = W / H² (Underweight = < 18, Normal 18-25, Overweight 25-30, Obese > 30)

II. PHYSICAL EXAMINATION

No	PHYSICAL	A = ABNORMAL; N = NORMAL	A	N	Describe abnormalities in detail (circle words of importance and explain)
1	GENERAL APPEARANCE	Appearance age/ Nutritional/ Development/ Mental & emotional status/Posture/Gait/Speech		✓	
2	HEAD / SCALP	Size/Shape/Tender over sinuses/ Hair/ Eruption/ Masses/Bruit		✓	
3	EYES	Conjunctiva /Sclera/ Cornea/ Pupils/ Ptosis/ Tension/ Eye lid/Bruit/Reflex/ Range of Movement		✓	
4	EARS	Ext. canal/Membran perforation/ Discharge/ Tophi/ Hearing problem/ Mastoids		✓	
5	NOSE / SINUSES	Septum/obstruction/ Turbinate /Discharges		✓	
6	MOUTH / THROAT	Odor/Lips/Tongue/Tonsils/ Gums/ Pharynx		✓	
7	TEETH	Caries ☉, Filling(F), Missing (M), Radix☉	✓		Caries, 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 208 mg/dL (Meningkat), LDL 132 mg/dL (Meningkat), SGPT 64 U/L (Meningkat)
✓	Abnormal	

III. CHEST X-RAY

See attached result

Pneumoconiosis	Yes	No	✓
If Yes – ILO Classification			
Evidence of TB	Yes	No	✓
Other Abnormalities			
COMMENT	Foto Thorax Normal		

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, 12 Mets.
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VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease,)

See attached result

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

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

See attached result

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

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 checked="" type="checkbox"/>
	Field <input type="checkbox"/>
PERIODIC CHECK-UP	<input checked="" type="checkbox"/>

Dear Schlumberger Employee,

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

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

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

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

Thank you for cooperation.

Schlumberger Medical Department and International SOS

TO BE COMPLETED BY THE EMPLOYEE

PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH

LAST NAME (as appears in LDAP) MUSEIN FIRST NAME MUHAMMAD

SEX PRIA BIRTH DATE (day/month/year) 1/1/

HOME PHONE 0853 49151337 NATIONALITY INDONESIA

HOME ADDRESS PERUMAHAN BUNIT TAMAN SARI VIP 1 BLOK 410 RT. 27
KELUYAHAN GRAHA INDAH KECAMATAN BALIUDAPAN UTARA

Email address:

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

Business segment:

(ex: WS, WG, etc.)

MEA EAF

LAM SLR

NAM

GIN /EMPLOYEE NUMBER 1SP20241

POSITION / Job Title PROJECT ADMINISTRATOR

PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE

Country of assignment

International commuter

International mobile

Home country mobile

GeoMobile

Other (HCR, HCC, etc.):

TO BE COMPLETED BY THE EMPLOYEE

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

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

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

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

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

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

Medical center: Name of doctor:

Medical exam date:

And return only page 1 and 2 to:

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

• **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 personal data (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 the processing and to the resulting transfer of such data outside the EU.

INFORMATION AND CONSENT

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

- 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).
- 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 needed for the medical examination, including health data.
- 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 sensitive data and their collection and processing requires my prior express consent.
- I undertake to provide complete and accurate data.
- 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.
- International SOS and its contractors (the licensed physician(s) and medical staff who perform this medical examination) may collect, process and record my personal data, on behalf of SCHLUMBERGER. International SOS has 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 regulations. It also undertakes to implement adequate confidentiality and security measures in order to protect and maintain my personal data in a secured manner 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.
- I acknowledge and expressly agree that without prejudice to the liability of International SOS (or its representative) and its contractors (the licensed physician(s) and medical staff who perform this medical examination), 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).
- My personal data, for the sole purposes herein mentioned, may be transferred outside the EU for technical and organizational purposes, such as data storage on a server located in a country outside the EU, to a country that may not have or may not have the same level of protection as the one in the EU. Such transfer of my personal data outside the EU requires my prior express consent.
- Pursuant to EU data protection laws and national laws applicable in the country where I am assigned, 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. To exercise this right, I must contact International SOS (Attention Med-Track department, Medical Director, 12-14 rue d'Alcece, P.O. Box 322, 92306 Levallois-Perret Cedex, France, tel: 00 33 1 55 55 55 55). Your request must be executed and accompanied by an executed copy of your ID card or passport.
- SCHLUMBERGER has complied with its notification obligations under the Directive 95/46/EC of 24 October 1995.
- SCHLUMBERGER will record my personal data via the eMed-Track program. Except as provided to the contrary by law or legal authorities, SCHLUMBERGER will record my personal data for the time necessary to perform the operation 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 (original or 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: MUHAMMAD HUSEIN

Date (day/month/year): 16 SEPTEMBER 2013 Employee's signature: [Signature]

TO BE COMPLETED BY THE EMPLOYEE

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

OPTION 2:

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

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

INFORMATION AND CONSENT

I am informed of, and agree to, the following

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

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

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

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

Full name MUHAMMAD HUSKIN

Date (day/month/year) 16 September 2021 Employee's signature 

LAST NAME HUSEIN FIRST NAME MUHAMMAD

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 checked="" 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 checked="" type="checkbox"/> |
| | | | | | | 48. are you pregnant ? | <input type="checkbox"/> | <input checked="" 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 HUSEIN FIRST NAME MUHAMMAD

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 | (b) (c) (e) (u) |
| 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	Yes	Normal
48		65		130/70	76	L	n	a	L	L	No	
									Near	R		
									L	L		

LAST NAME : HUSEIN

FIRST NAME : MUHAMMAD

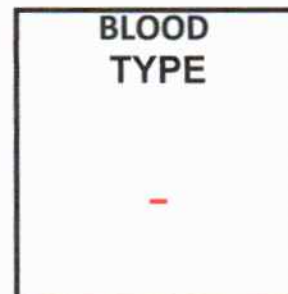
TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

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

BLOOD ANALYSIS

RBC	4.700.000	/mm3	SGOT (ASAT)	20	U/L
WBC	5100	/mm3	SGPT (ALAT)	64	U/L
NEUTROPHIL	54,5	%	GAMMA GT	34	U/L
EOSINOPHIL	1,5	%	GLYCEMIA	86	mg/dL
BASOPHIL	0,2	%	CHOLESTEROL TOTAL	208	mg/dL
LYMPHOCYTE	35,6	%	HDL	59	mg/dL
MONOCYTE	6,9	%	LDL	132	mg/dL
HEMATOCRIT	42,0	%	CREATININE	0,8	mg/dL
HEMOGLOBIN	14,5	g/dL	URIC ACID	5,1	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	87	mg/dL



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) : 16/09/2021

DOCTOR'S SIGNATURE

MEDICAL CENTER STAMP/SEAL



EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS

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

Please write in clear capital letters !

LAST NAME HUSEIN FIRST NAME MUHAMMAD

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Med Track Plus Exam

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

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

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

EYES :

Tonometry Right eye (Glaucoma testing)mmHG

Tonometry Left eye (Glaucoma testing)mmHG

ADDITIONAL BLOOD TESTS :

PSAng/ml TSH.....UI

CEA µg/l Alkaline phosphataseUI

IF ABNORMAL, PLEASE DETAIL

LUNGS/ Functional Respiratory testing n a

ABDOMINAL AND PELVIC ECHOGRAPHY n a

CARDIOVASCULAR RISK FACTORS :

Stress test n a

Carotid Echo-Doppler n a

Cardiac Echography n a

FOR MEN ONLY :

Prostate Echography n a

FOR WOMEN ONLY :

Mammogram n a

PAP Smear n a

Doctor's additional comments or conclusions:

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

Patient Data

ID Number :	5103/GMI-MCU/IX/2021			Company :	PT. INSPEKTINDO SINERGI PERSADA
Name :	MUHAMMAD HUSEIN, Tn.			Occupation :	Project Administrator
Gender :	Laki-Laki			Test Date :	16/09/2021
DOB / Age :	24/10/1990	/	30 Yo.	BMI :	26,04
Height (cm)	158	Weight (kg) :	65		

Jakarta Cardiovascular Risk Table

Risk Factor	Score	Result	Poin
Sex	Female	Male	1
	Male		
Age	25-34	30	-4
	35-39		
	40-44		
	45-49		
	50-54		
	55-59		
	60-64		
Blood Pressure	Normal	130/70	1
	High Normal		
	Grade 1 Hypertension		
	Grade 2 Hypertension		
	Grade 3 Hypertension		
BMI (Kg/m2)	13,79 - 25,99	26,04	1
	26,00 - 29,99		
	30,00 - 35,58		
Smoke	Never	Never	0
	Ex Smoker		
	Smoker		
Diabetes Mellitus	No	No	0
	Yes		
Physical Exercise/Activity	No	Low	1
	Low		
	Medium		
	High		
Total Point			0

Determine the 10-year CVD risk (%)

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

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

Advice

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

References

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



HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab.
(Lab. Number) : 5103 /GMI-MCUJ/01/2021

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama (Name) : MUHAMMAD JHUSEIN, Tn. / Laki-Laki **Umur** (Age) : 30 Tahun (Years old)
Pekerjaan (Job Position) : PROJECT ADMINISTRATOR **Dokter** (Doctor) : Dr. Hendra AZ
Perusahaan (Company) : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan** (Date of Analysis) : 16 September 2021

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)	42,0	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35,0- 45,0	%
Erythrocyt (RBC)	4,7	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 ⁶ sel/mm ³
Leucocyt (WBC)	5,1	Dewasa : 4,0 - 10,0	10 ³ /μL
Differential Count			
Basophile	0,2	0 - 2	%
Eosinophile	1,5	0 - 3	%
Neutrofil	54,5	50 - 70	%
Lymphocyte	35,6	20 - 40	%
Monocyte	6,9	3 - 12	%
MCV	88	80 - 100	fL
MCH	30	27 - 34	pg/cell
MCHC	34	32 - 36	g/dL
RDW- CV	12,7	11 - 16	%
RDW-SD	40,6	35 - 56	fL
Thrombocyt	344	140 - 440	10 ³ /mm ³
KIMIA KLINIK			
METABOLISME GLUKOSA/DIABETES			
Glucose Fasting	86	Normal : 70 - 110	mg/dL
Glucose 2h pp	105	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes melitus : > 200	mg/dL
PROFIL LEMAK			
Cholesterol total	208	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : >= 240	mg/dL
Triglycerides	87	Normal : < 150	





HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

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(Lab. Number) : 5103 /GMI-MCU/IX/2021

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama
(Name) : MUHAMMAD JHUSEIN, Tn. / Laki-Laki **Umur**
(Age) : 30 Tahun
(Years old)

Pekerjaan
(Job Position) : PROJECT ADMINISTRATOR **Dokter**
(Doctor) : Dr. Hendra AZ

Perusahaan
(Company) : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan**
(Date of Analysis) : 16 September 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
		Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : >= 500	mg/dL
HDL Kolesterol	59	Rendah : < 40 Tinggi : >= 60	mg/dL
LDL Kolesterol	132	Optimal : < 100 Mendekati optimal : 100 - 129	mg/dL
		Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	2,2	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
FUNGSI HATI			
SGOT / AST	20	0 - 37	U/L
SGPT / ALT	64	0 - 40	U/L
Gamma GT	34	11 - 51	U/L
FUNGSI GINJAL			
Uric Acid	5,1	Laki-laki dewasa : 3,5 - 7,2 Perempuan dewasa : 2,6 - 6,0	mg/dL
Creatinine	0,8	0,8 - 1,4	mg/dL
Ureum	16	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/μL
Ketone	Negatif	Normal : < 2,5 (Negatif)	mg/dL
Urobilin	Negatif	Normal : < 0,2 (Negatif)	mg/dL
Bilirubin	Negatif	Normal : < 0,4 (Negatif)	mg/dL





HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. : 5103 /GMI-MCU/01/2021
(Lab. Number)

Dokter Konsulen
dr. Novita Indayani, Sp. PK

Data Pasien (Patient Detail)

Nama : MUHAMMAD JHUSEIN, Tn. / Laki-Laki **Umur** : 30 Tahun
(Name) *(Age)* *(Years old)*
Pekerjaan : PROJECT ADMINISTRATOR **Dokter** : Dr. Hendra AZ
(Job Position) *(Doctor)*
Perusahaan : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan** : 16 September 2021
(Company) *(Date of Analysis)*

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
Nitrite	Negatif	Normal < 0,05 (Negatif)	mg/dL
Blood	Negatif	Normal : 1 < 0,018 (Negatif)	mg/dL
MIKROSKOPIS URIN			
Epithel	2-3		
WBC	1-2		
RBC	1-2		
Cast	Negatif		
Crystal	Negatif		
Bacterie	Negatif		
Others	Negatif		
FAECES			
FAECES RUTIN			
MAKROSKOPIS			
Warna	Kecoklatan		
Konsistensi	Lunak		
Darah	Negatif	Negatif	
Lendir	Negatif	Negatif	
MIKROSKOPIS			
Leukosit	Negatif	Negatif	
Eritrosit	Negatif	Negatif	
Telur cacing	Negatif	Negatif	
Amoeba	Negatif	Negatif	
Lainnya	Negatif	Negatif	

Tanggal pengambilan sampel : 16 September 2021

Penanggung Jawab
Laboratorium,

Laboratorium
GRAND Medica
Dr. Hendra Agus Z

Analisis Laboratorium

Syamsiar Am. Ak





Nomor Pasien
(Patient Number) : 5103

Pemeriksaan
Examination : **USG WHOLE ABDOMEN**

Data Pasien (Patient Detail)

Nama
(Name) : **MUHAMMAD HUSEIN , Tn.**

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

Umur
(Age) : **30** **Tahun**
(Years old)

Pekerjaan
(Occupation) : **PROJECT ADMINISTRATOR**

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

Tgl Pemeriksaan
(Date of Analysis) : **16/09/2022**

Interpretasi Foto oleh Spesialis Radiologi
(Interpretation by the Radiologist)

USG Abdomen:

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

GB : *Dinding normal, tidak tampak batu .*

Pancreas : *Normal*

Lien : *normal*

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

Bladder : *Dinding normal, batu (-)*

Prostat : *normal*

Kesimpulan Spesialis Radiologi (Radiologist Conclusion)

Tidak tampak kelainan significans pada USG abdomen ini

dr. ABDUL HARIS, Sp.Rad

Spesialis Radiologi
(Radiologist signature)



Grand
MEDICA INDONESIA

mindray
ULTRASOUND



GRAND MEDICA
INDONESIA

Radiological Analysis
Radiological Examination

Nomor Pasien : **5103**
(Patient Number)

Tgl Pemeriksaan : **16/09/2022**
(Date of Analysis)

Pemeriksaan
Examination

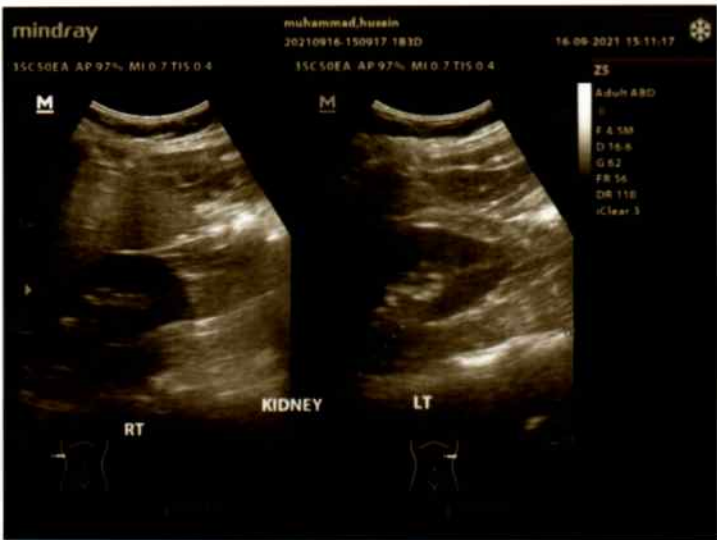
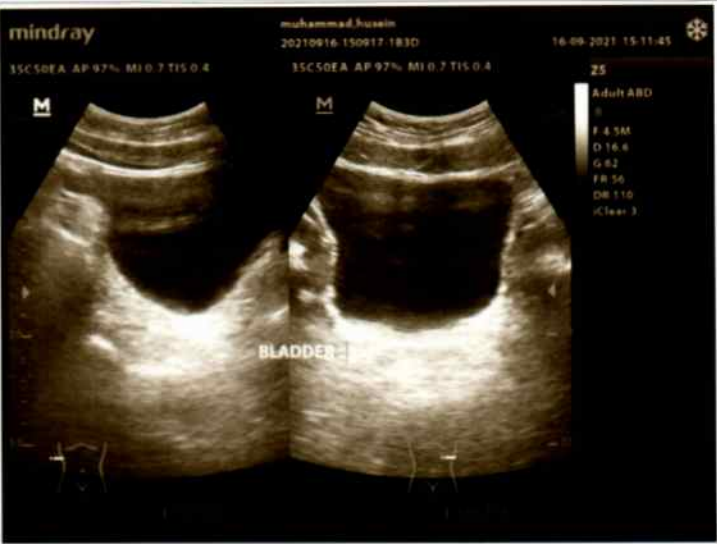
Data Pasien (Patient Detail)

Nama : **MUHAMMAD HUSEIN, Tn.**
(Name)
Umur : **30** **Tahun**
(Age) *(Years old)*

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

Perusahaan:
(Company)
Pekerjaan
(Occupation)

PT. INSPEKTINDO SINERGI PERSADA
PROJECT ADMINISTRATOR





Nomor Pasien
(Patient Number) :

Nomor Film
(Film Number) : 5103

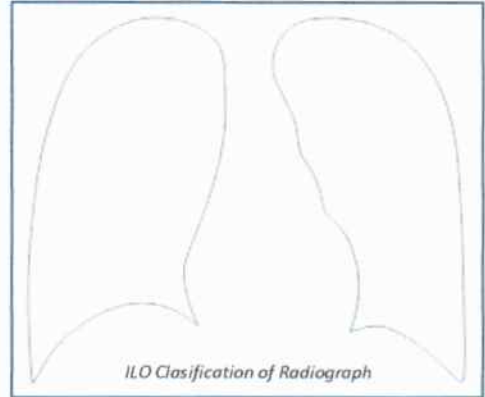
Data Pasien (Patient Detail)

Nama
(Name) : MUHAMMAD HUSEIN, Tn.
Umur
(Age) : 30 **Tahun**
(years old)
Jenis Kelamin
(Gender) : Male

Perusahaan
(Company) : PT. INSPEKTINDO SINERGI PERSADA
Pekerjaan
(Occupation) : PROJECT ADMINISTRATOR
Tgl Pemeriksaan
(Date of Analysis) : 16 September 2021

Rincian Pemeriksaan (Examination Detail)

Jenis Pemeriksaan
(Type of Examination) : Foto thorax
Posisi Penyinaran
(Exposure Position) : PA
Kondisi Penyinaran
(Exposure Condition) : kV : 58
mAs : 0,30



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

Penjelasan Keadaan Abnormal
(Comment on Abnormalities)

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

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

Kesimpulan Spesialis Radiologi (Radiologist Conclusion)

Foto thorax normal

dr. ABDUL HARIS, Sp.Rad
Spesialis Radiologi

Allengers
Passion for excellence



Patient Data

ID Number	5103		
Name	MUHAMMAD HUSEIN, Tn	Company	PT. Inspektindo
Gender	Male	Occupation	Project Administrator
DOB / Age	24 Oktober 1990 / 30 Yo.	Test Date	16 September 2021
Height (cm)	158	Weight (kg)	65
		BMI	26,04

Pre-exercise Test

Indication	Medical Check Up
Pre-exercise BP	130/70 mmHg
Heart Rate	76 bpm
Respiration	18 x/mnt
Resting ECG	regh

Exercise Test Summary

Exercise Time	12:00	mm:ss	End Stage	4
Max Heart Rate	191	bpm	Target Heart Rate	161 bpm
Max Blood Pressure	140/70	mmHg	Max Heart Rate	118,6 %
Aerobic Capacity	12	METS.	VO2 Max	42,42 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 Isoketona Response
Fit to work at Remote Area

Recommendation :

Cardiologist Signature

Dr. Achmad Yusri, SpJP
SPESIALIS JANTUNG DAN PEMBULUH DARAH

Instrument Used

CONTEC 8000S S/N 140203027



16-09-2021 08:56:27

ID : 5103
Name : Muhammad Huscin
Age : 30 Years
Gender : Male
Department: PT. Inspektindo

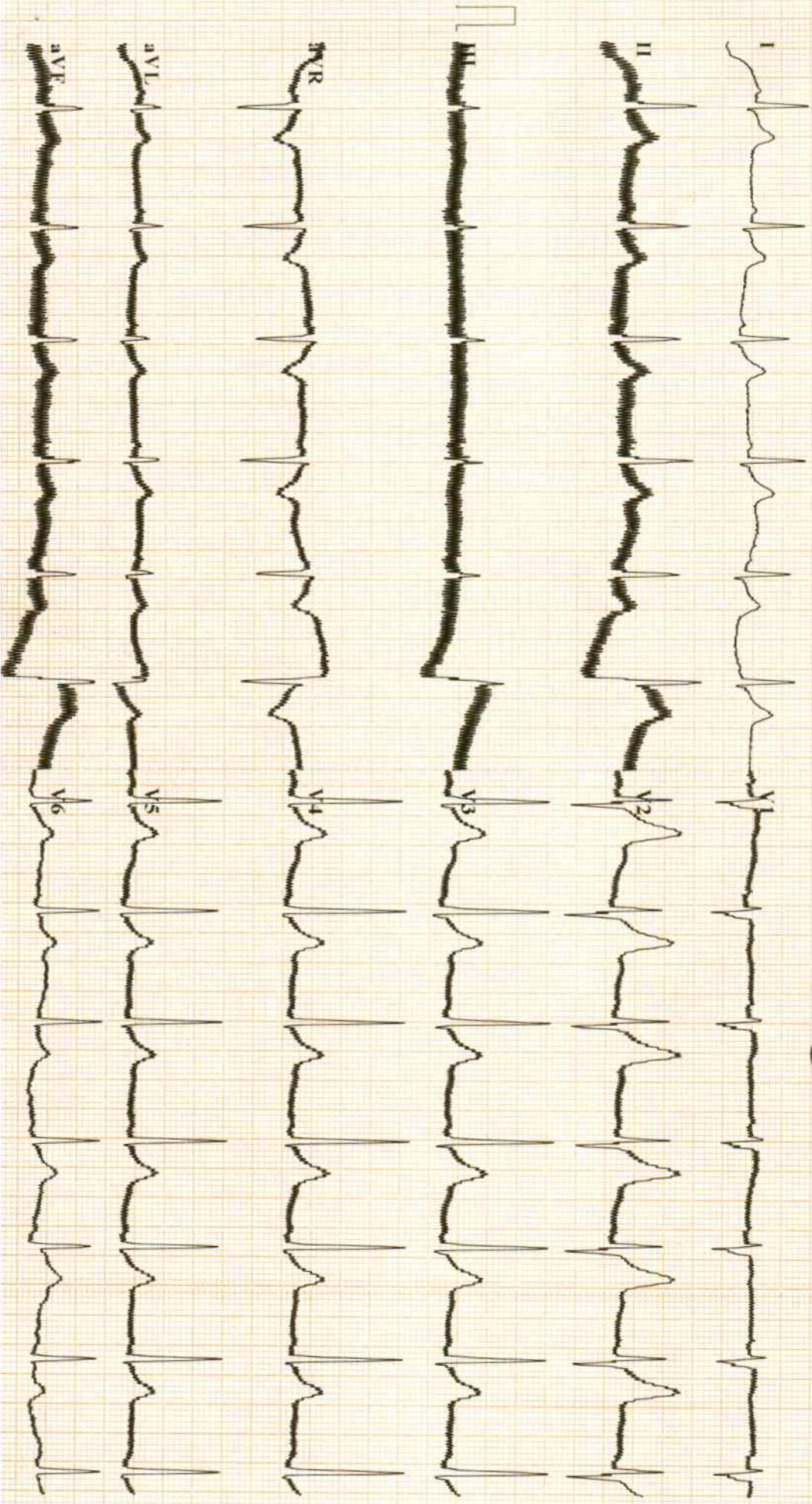
HR : 76 BPM
P Dur : 103 ms
PR int : 137 ms
QRS Dur : 82 ms
QT/QTc int : 347/392 ms
P/QRS/T axis : 39/48/31 °
RV5/SV1 amp : 1.676/0.567 mV
RV6/SV2 amp : 2.243 mV
RV6/SV2 amp : 1.132/0.762 mV

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

MSK

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

Dr. Achmad Yusri SpJP
SPECIALIS JANTUNG DAN PEMBULUH DARAH



Grand Medica Indonesia Stress Exercise Report

ID:5103 Section: Name: M. Husein Sex: Male Age: 31 Exam Time: 16-09-2021 09:15

Information

DOB: 1990-10-24 Race: Oriental Race
 Height: 158.00 cm Weight: 65.00 kg

Indications: MCU

Smoking Diabetic History of MI
 Hypertension Hyperlipidemia Family History

Medications:

Address:
 Telephone:

Result

Stage Name HR(bpm) BP(mmHg)
 PRE-EXE 97 130/70
 EXE1 135 130/70
 EXE2 159 -----
 EXE3 184 -----
 EXE4 190 -----
 REC1 179 140/70

Summary
 Protocol Name: BRUCE
 Target HR: 161 bpm
 Exercise Time: 12:00 mm:ss
 Max Speed: 6.8 km/h
 Max Grade: 16.0 %
 Exceed +/-100uV Leads:
 I III III aVL aVR aVF
 V1 V2 V3 V4 V5 V6
 DUKE Score: ----

Max Values
 HR: 191 bpm
 Target HR: 118.6 %
 METs: 13.5 METs
 HR*BP: 20055.0 bpm*mmHg
 SYS: 140.0 mmHg
 DIA: 70.0 mmHg

ST Segment
 Max Elevation: 0.51 mV 11:50 II
 Max Depression: -0.46 mV 11:30 aVL
 Max Elevation Change: 0.39 mV 11:50 II
 Max Depression Change: -0.36 mV 11:30 aVL

Arrhythmia

Total Beats: 1869 Abnormal Beats: 0
 Total V: 0 Total S: 0
 V Pairs: 0 S Pairs: 0
 V Run: 0 S Run: 0
 V bigeminal: 0 S bigeminal: 0
 V trigeminal: 0 S trigeminal: 0
 Total Long: 0

Reason for End :

Symptoms:

Conclusions:

Negative Ischemic Response

Operator:

dr. ~~ACHMAD YUSRI, SpJP~~
 SES SINTIS JANTUNG DAN PEMBULUH DARAH
 Reviewing Physician:

Grand Medica Indonesia Stress Exercise Report

Average QRS

ID:5103 Section: Name: M. Husein Sex: Male Age: 31 Exam Time: 16-09-2021 09:15

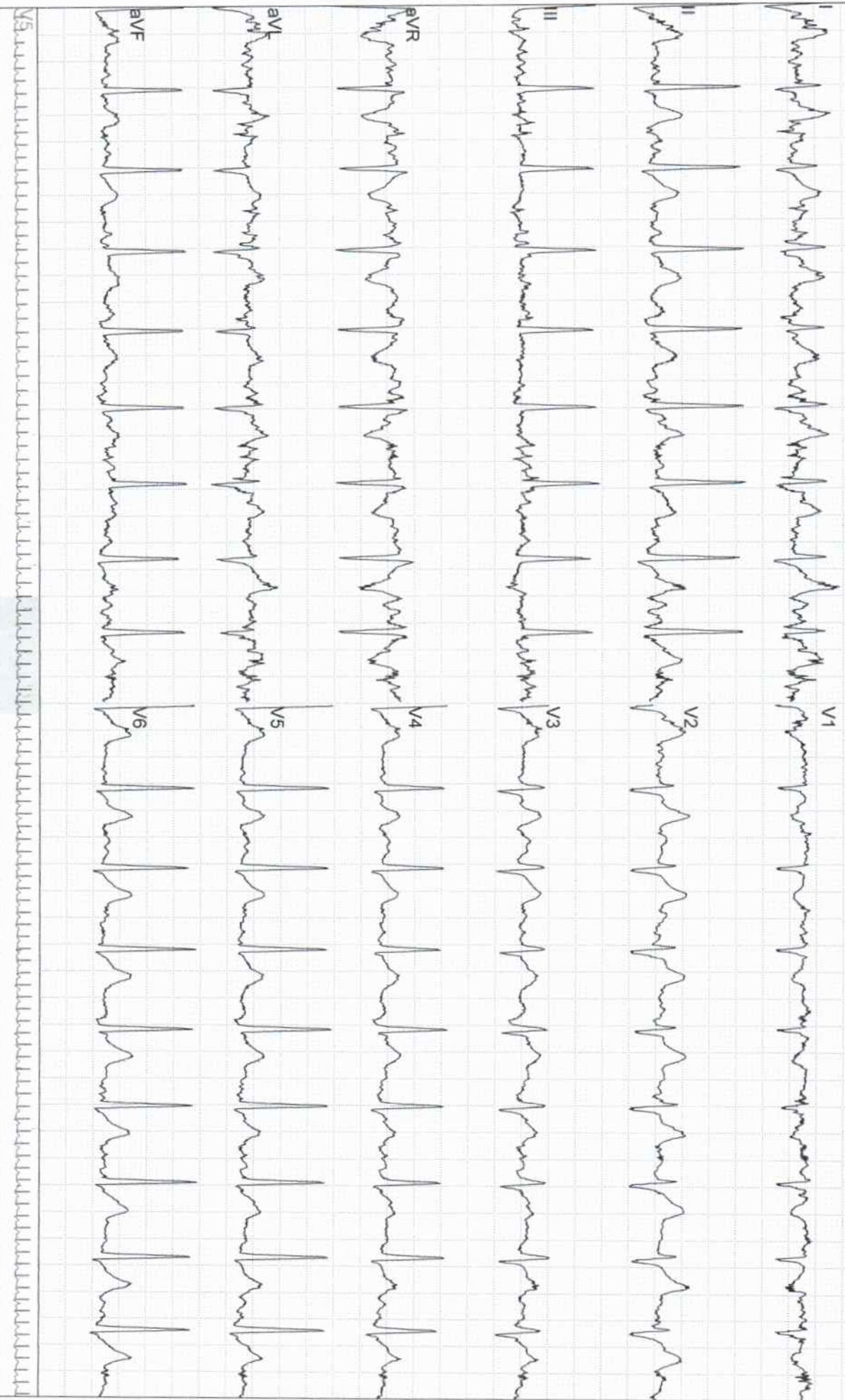
Time:00:20	Time:03:20	Time:06:20	Time:09:20	Time:10:50	Time:11:50
HR:99 bpm BP:130/70 mmHg	HR:135 bpm BP:130/70 mmHg	HR:160 bpm BP:130/70 mmHg	HR:185 bpm BP:130/70 mmHg	HR:191 bpm BP:130/70 mmHg	HR:173 bpm BP:140/70 mmHg
0.12 I3.12	0.13 I7.02	0.17 I3.53	0.18 I1.65	0.21 I0.68	0.36 I1.07
0.13 II.99	0.06 II.69	0.02 II.77	0.04 II.91	0.13 II.79	0.51 II.27
0.01 aVR.38	-0.06 aVR.58	-0.15 aVR.3	-0.15 aVR.9	-0.08 aVR.27	0.16 aVR.49
-0.12 aVL.32	-0.10 aVL.91	-0.09 aVL.09	-0.11 aVL.77	-0.17 aVL.50	-0.44 aVL.42
0.05 aVF.65	0.09 aVF.06	0.16 aVF.7	0.16 aVF.65	0.14 aVF.02	0.10 aVF.06
0.07 V1.96	0.00 V1.76	-0.06 V1.58	-0.06 V1.57	0.03 V1.49	0.33 V1.67
-0.04 V2.93	0.02 V2.36	-0.04 V2.84	-0.02 V2.72	-0.08 V2.03	-0.14 V2.30
0.15 V3.09	0.16 V3.76	0.16 V3.52	0.27 V3.46	0.26 V3.96	0.31 V3.41
0.15 V4.89	0.12 V4.99	0.10 V4.45	0.20 V4.87	0.21 V4.31	0.42 V4.01
0.10 V5.75	0.07 V5.00	0.03 V5.14	0.11 V5.95	0.15 V5.14	0.38 V5.29
0.11 V6.22	0.06 V6.67	0.01 V6.55	0.09 V6.42	0.12 V6.77	0.39 V6.62
0.13 V3.53	0.09 V3.22	0.03 V3.37	0.16 V3.01	0.15 V3.20	0.38 V3.20

Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID: 5103 Section: Name: M. Husein Sex: Male Age: 31 Exam Time: 16-09-2021 09:15

Time: 00:26 Stage: [1 / 6] PRE-EXE 00:26 [0.0 Km/h 0.0 %] HR: 99 bpm BP: 130/70 mmHg 10mm/mV 25mm/s

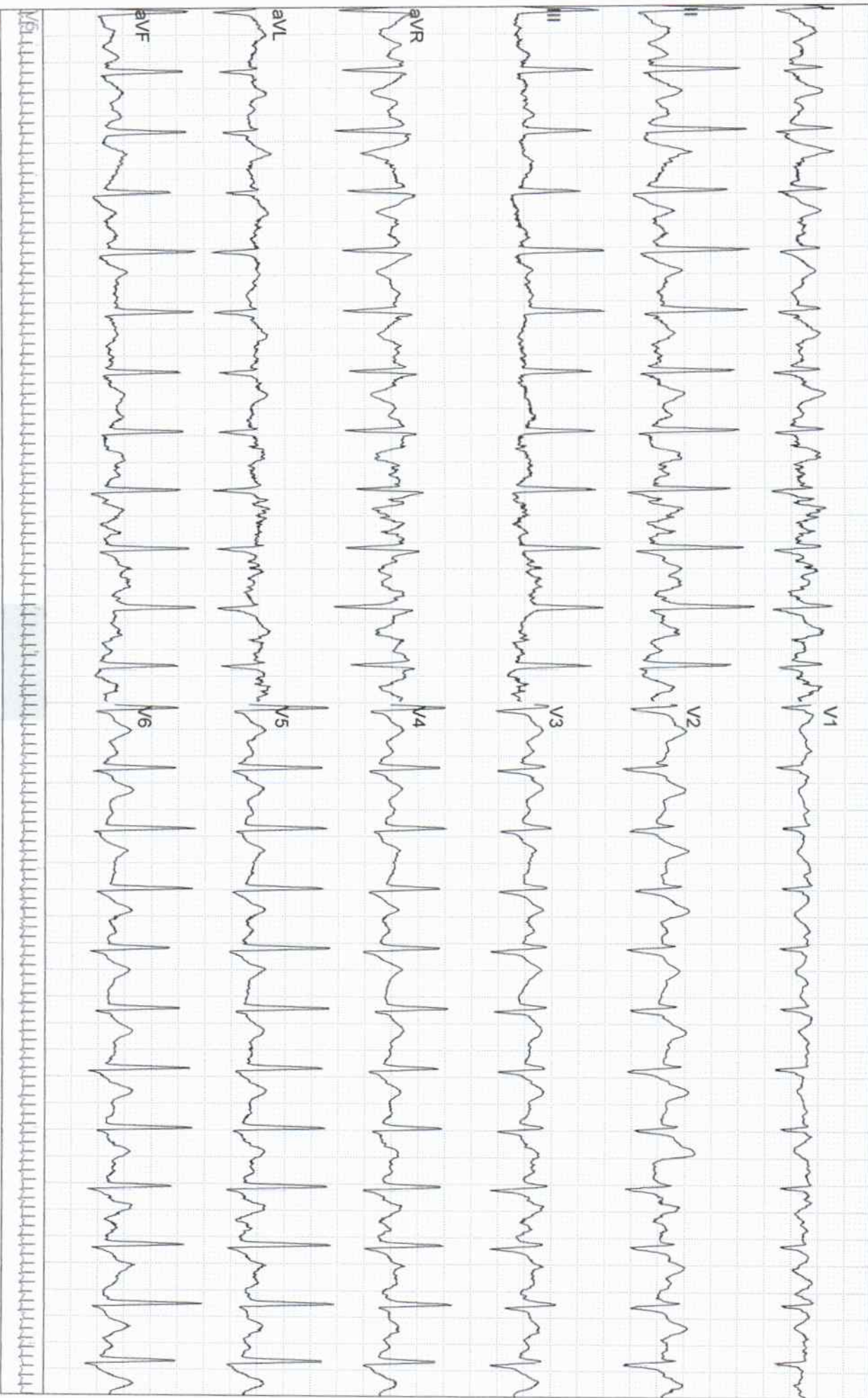


Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:5103 Section: Name:M. Husein Sex:Male Age:31 Exam Time:16-09-2021 09:15

Time:03:30 Stage: [3 / 6] EXE2 00:00 [4.0 Km/h 12.0 %] HR:136 bpm BP:130/70 mmHg 10mm/mV 25mm/s

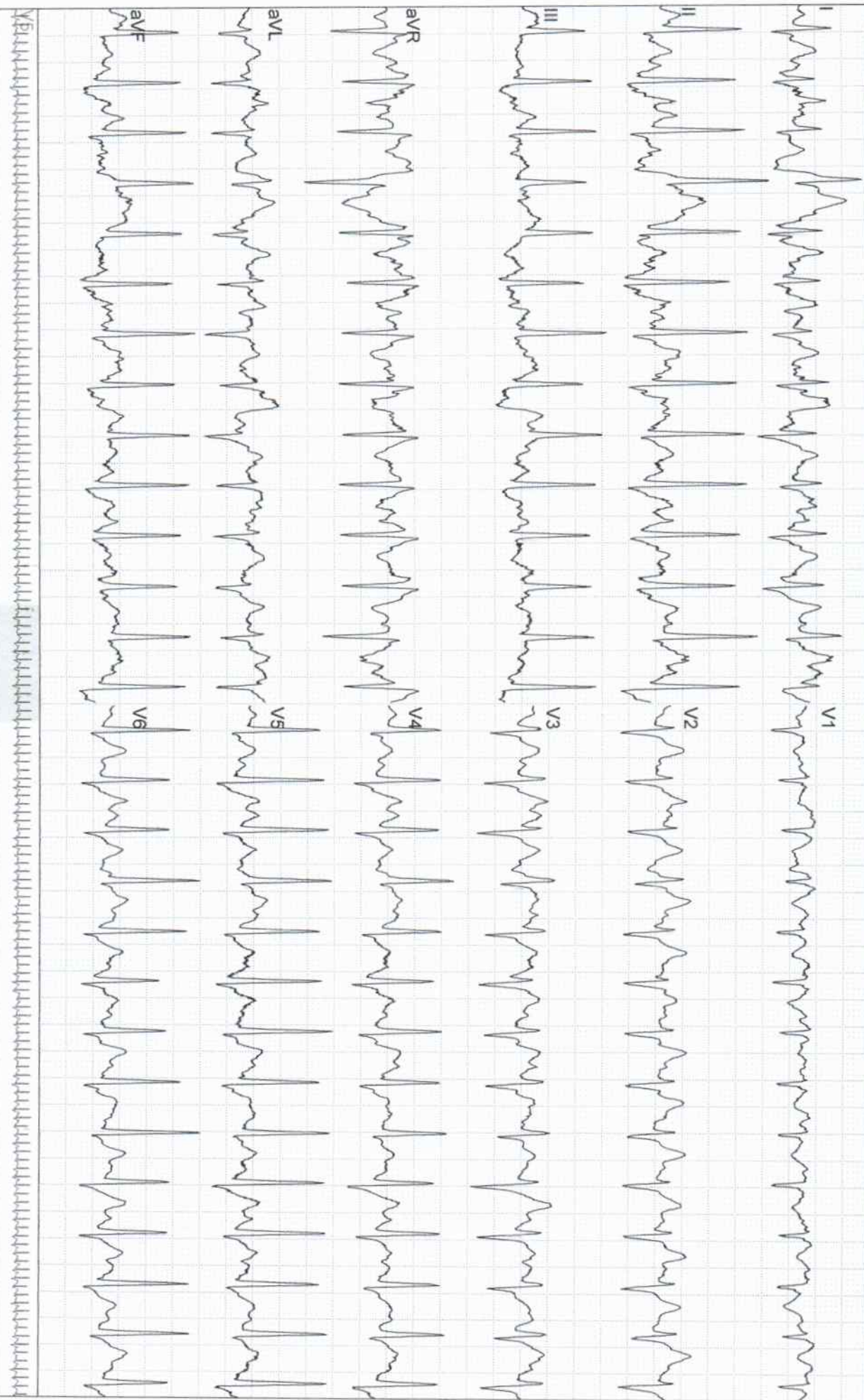


Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:5103 Section: Name: M. Husein Sex: Male Age: 31 Exam Time: 16-09-2021 09:15

Time: 06:00 Stage: [3 / 6] EXE2 02:30 [4.0 Km/h 12.0 %] HR: 159 bpm BP: 130/70 mmHg 10mm/mV 25mm/s

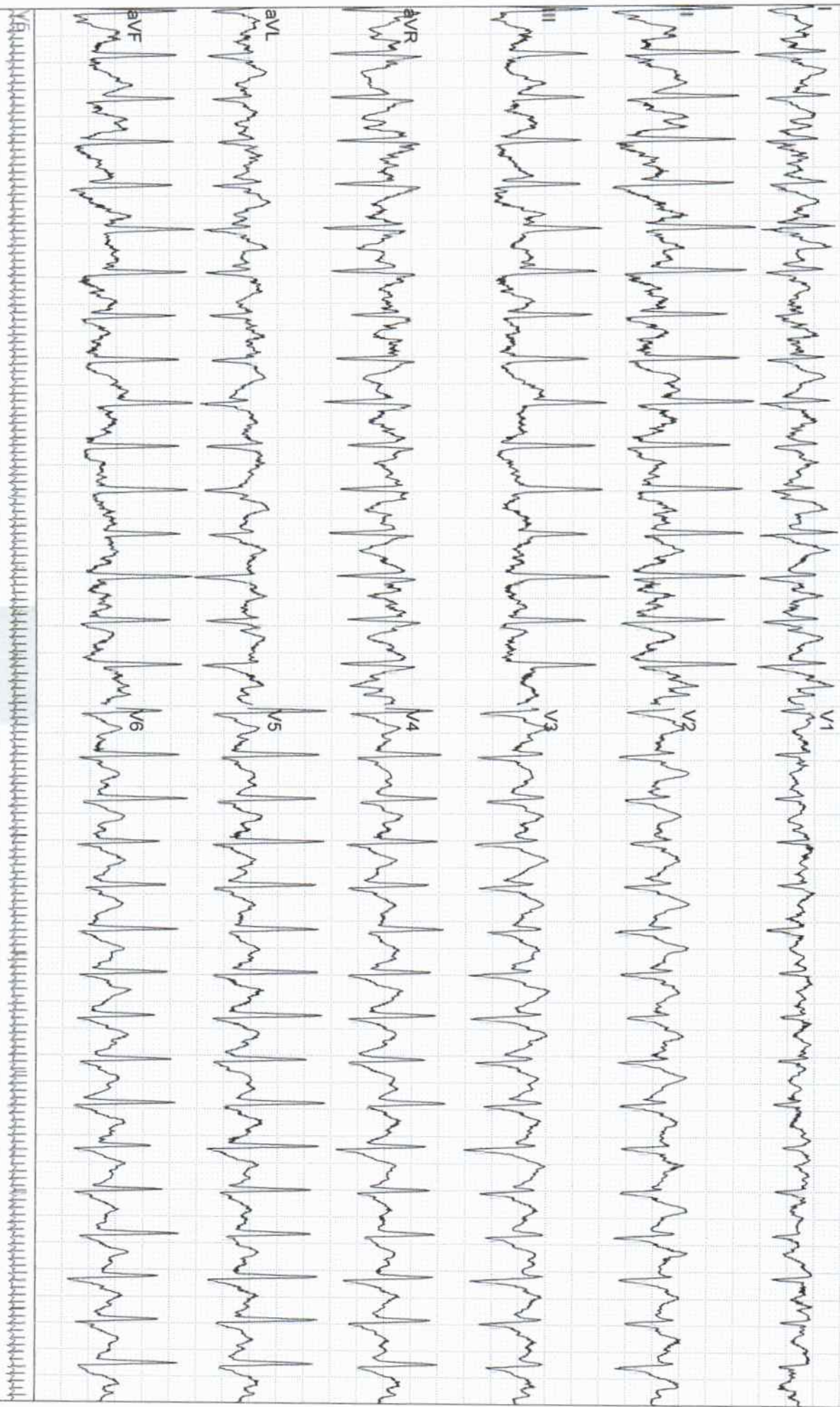


Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:5103 Section: Name: M. Husein Sex: Male Age: 31 Exam Time: 16-09-2021 09:15

Time: 09:20 Stage: [4 / 6] EXE3 02:50 [5.5 Km/h 14.0 %] HR: 185 bpm BP: 130/70 mmHg 10mm/mV 25mm/s

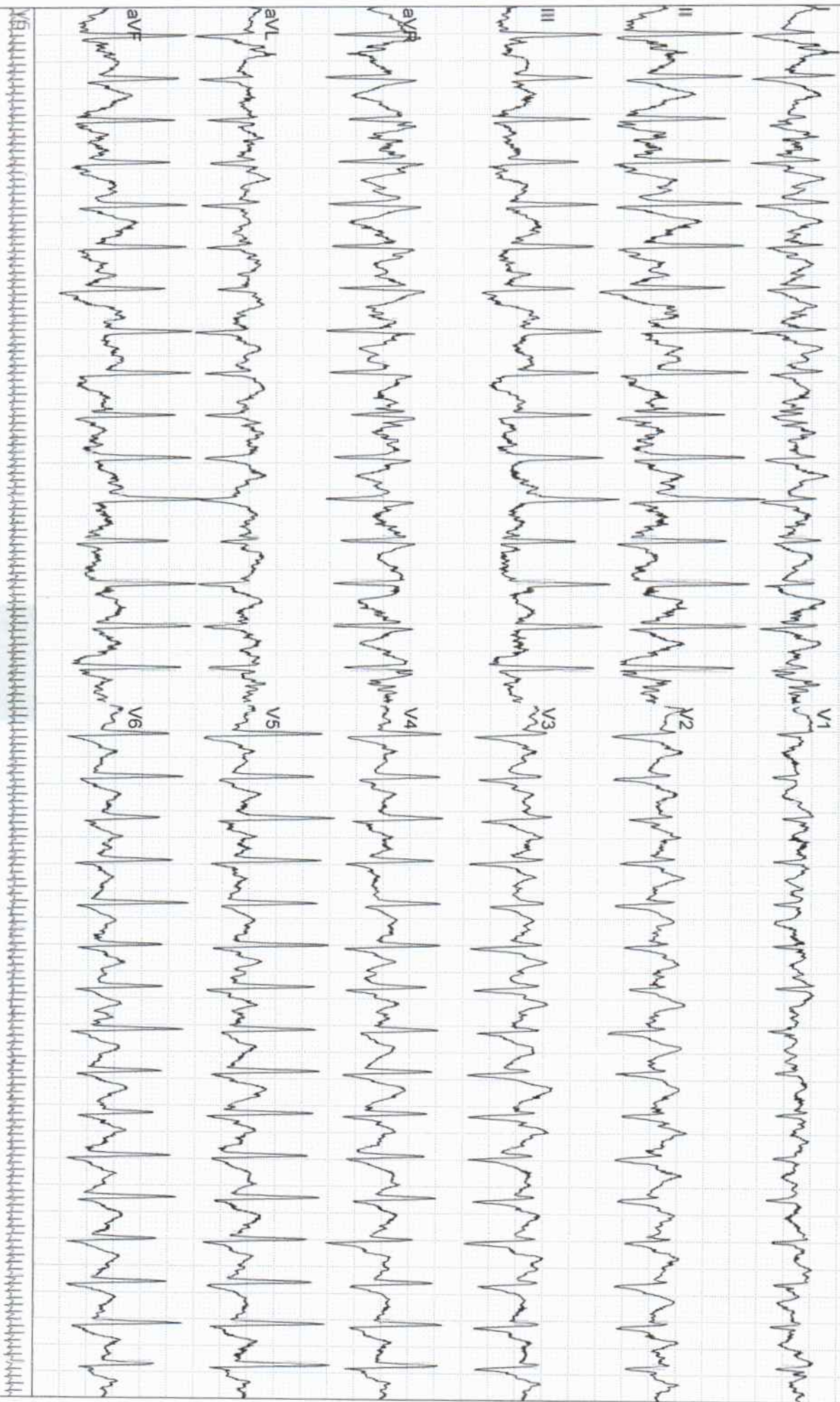


Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:5103 Section: Name: M. Husein Sex: Male Age: 31 Exam Time: 16-09-2021 09:15

Time: 10:33 Stage: [5 / 6] EXE4 01:03 [6.8 Km/h 16.0 %] HR: 190 bpm BP: 130/70 mmHg 10mm/mV 25mm/s



Patient Data

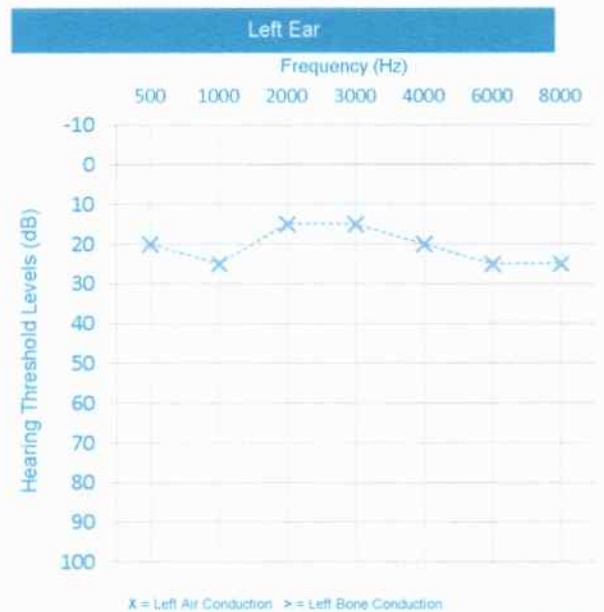
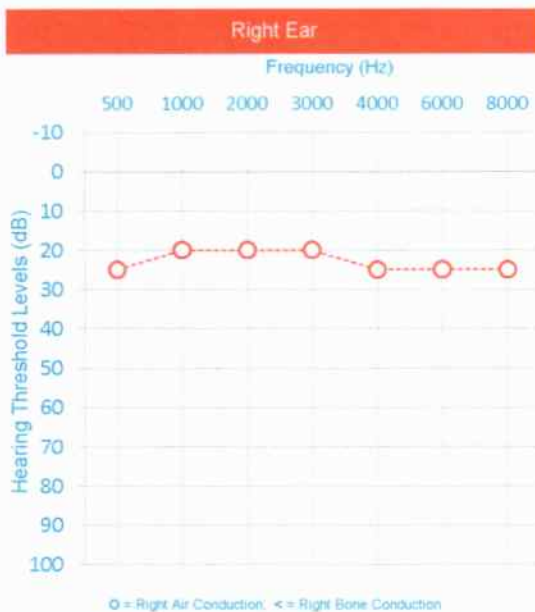
ID Number	5103	Gender	Laki-laki
First Name	MUHAMMAD	Occupation	Project Administrator
Last Name	HUSEIN	Company	PT. Inspektindo Sinergi Persada
Age	30 Yo.	Test Date	16 September 2021

Occupational Noise Exposure

Present	Type of work Project Administrator	Period of work -	Hearing Protection Worn No
Previous 1)	-	-	-
2)	-	-	-
Military Services	-		

Test Detail

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



Right Ear Observation and Test Result

Canal	Normal							HTL
Ear Drum	Normal							RIGHT EAR
Conduction	Frequency (Hz)							21,7
	500	1000	2000	3000	4000	6000	8000	
Air	25	20	20	20	25	25	25	
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	25	15	15	20	25	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 427

Standard
 OSHA

