



**GRAND MEDICA  
INDONESIA**

*Make SMILE and Be HEALTHY*

## PERSONAL DATA

No. MCU : 8182/GMI-MCU/XII/2021  
No. Badge : -  
N a m a : **ANTON SUSILO, Tn.**  
U m u r : 48 tahun  
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**  
Jabatan : Inspector  
Tgl Pemeriksaan : 30/12/2021  
Alamat : Perum. Wahana Asri 2 Blok C/06 Jl. Agung Tunggal.



PT. INSPEKTINDO SINERGI PERSADA

HEALTH AND MEDICAL SURVEILLANCE  
TAHUN 2021



NAMA : ANTON SUSILO  
TANGGAL LAHIR : 20 JULI 1973  
JENIS KELAMIN : LAKI - LAKI  
S/N : .....  
IGG : .....  
DEPT/SERVICE : INSPECTION  
LOKASI KERJA : ALL AREA

JENIS PEMERIKSAAN :  Pre-employment  
 Annual  
 Pre-retirement

**Medical Department**

**HEALTH SURVEILLANCE**

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

**IDENTITAS PEGAWAI**

- 1. Posisi : INSPECTOR
- 2. Golongan Darah : A / B / AB /  O Rhesus : + / -
- 3. Status : (1) Belum kawin (2)  Kawin (3) Janda (4) Duda (5) Cerai
- 4. Jumlah anak : Anak laki-laki ..... Orang, Anak Perempuan 2 orang
- 5. Alamat sekarang : PERJIM WAHANA ASRI 2 BLOK C/06  
Jl. AGUNG TUNGGAL  
..... Telpon /HP 08115910773
- 6. No. Extension Telpon. : Kantor : ..... Kamar (untuk lapangan) .....

**HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN**

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

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

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

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

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

**RIWAYAT KESEHATAN**

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

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

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

### RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

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



## KEBIASAAN MEROKOK

1. Apakah anda pernah merokok ?

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

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

3. Apakah saat ini Anda merokok ?

1. Ya, setiap hari

2. Ya, tidak setiap hari

3. Tidak - bila tidak langsung ke no. 14

4. Berapa banyak rokok yang Anda isap setiap harinya ?

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

1. Kadar nikotin rendah

2. Kadar nikotin sedang

3. Kadar nikotin tinggi

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

1. Tidak pernah

2. Kadang-kadang

3. Selalu

7. Berapa menit sehabis bangun tidur Anda mulai merokok?

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

1. Ya 2. Tidak

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

1. Ya 2. Tidak

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

1. Ya 2. Tidak

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

1. Rokok pertama di pagi

*Deri no. 11 langsung ke pertanyaan alkohol*

2. Rokok lainnya

12. Apakah anda ingin berhenti merokok?

1. Ya 2. Tidak

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

1. Ya 2. Tidak

*Langsung ke pertanyaan alkohol*

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

## KONSUMSI ALKOHOL

1. Apakah Anda pernah minum minuman beralkohol ?

1. Ya 2. Tidak

*Bila tidak, langsung ke olahraga*

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

1. Ya 2. Tidak

*Bila tidak, langsung ke olahraga*

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

1. Ya 2. Tidak

*Bila tidak, langsung ke olahraga*

4. Berapa kali Anda minum minuman beralkohol dalam sebulan ?

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

## AKTIFITAS FISIK DAN OLAHRAGA

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

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. Ringan 4. Berat  2

2. Sedang 5. Sangat berat

3. Cukup berat

### POLA KONSUMSI BAHAN MAKANAN

1. Berapa hari dalam seminggu biasanya Anda makan buah-buahan ?
2. 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, langsung 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 mengikuti keluarga berencana ?

1. Ya    2. Tidak   

*Bila tidak langsung ke Vaksinasi*

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

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

### RIWAYAT VAKSINASI

1. Apakah anda pernah mendapatkan vaksinasi tetanus ?

1. Ya    3. Tidak tahu      
2. Tidak

2. Apakah Anda pernah mendapatkn vaksinasi hepatitis ?

1. Ya    3. Tidak tahu      
2. Tidak

### DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?

1. Ya    2. Tidak   

2. Kapan Anda melakukan donor darah terakhir ?

/  /

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

Balikpapan, 30 - 12 - 2021  
Nama dan tanda tangan karyawan

  
( ANTON SUSILO )



## MEDICAL CHECK UP -2021

## PHYSICAL EXAMINATION

NAME	ANTON SUSILO, Tn.	S/N	-	DEPT	Inspection
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## I. VITAL SIGN

Blood Pressure (supine)	112/79	mmHg	Pulse	55	x/m	Respiration	20	x/m	Temp.	36,7	-C
Weight (W)	56	kg	Height (H)	164	cm	BMI	20,82	Waist	84	cm	

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

## II. PHYSICAL EXAMINATION

No	PHYSICAL	A = ABNORMAL; N = NORMAL	A	N	Describe abnormalities in detail (circle words of importance and explain)
1	GENERAL APPEARANCE	Appearance age/ Nutritional/ Development/ Mental & emotional status/Posture/Gait/Speech		✓	
2	HEAD / SCALP	Size/Shape/Tender over sinuses/ Hair/ Eruption/ Masses/Bruit		✓	
3	EYES	Conjunctiva /Sclera/ Cornea/ Pupils/ Ptosis/ Tension/ Eye lid/Bruit/Reflex/ Range of Movement		✓	
4	EARS	Ext. canal/Membran perforation/ Discharge/ Tophi/ Hearing problem/ Mastoids		✓	
5	NOSE / SINUSES	Septum/obstruction/ Turbinate /Discharges		✓	
6	MOUTH / THROAT	Odor/Lips/Tongue/Tonsils/ Gums/ Pharynx		✓	
7	TEETH	Caries ©, Filling(F), Missing (M), Radox®		✓	
8	NECK	Adenopathi/Thyroid/Carotids/ Tracheal/ Veins/ Mass/ Spine/ Motion/ Bruit		✓	
9	BACK / SPINE	Kyphosis/Scoliosis/ Lordosis/ Mobility/ CVA/ Bone/ Tenderness/ Other deformities		✓	
10	THORAX	Symmetry/Movement/Contour / Tender		✓	
11	BREAST	Size/Consistency/ Nipples/ Areola / Discharge/ Palpable mass/ enderness/ Nodes/ Scars		✓	
12	HEART	Rate/Rhythm/Apical/Impulse/Trills/ Quality of sound/intensity/Spitting/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		✓	



## 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:
	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 Bradycardia, HR : 55 bpm.
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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
	If Yes, what change :	No
✓	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 type="checkbox"/>
Field <input type="checkbox"/>
PERIODIC CHECK-UP <input type="checkbox"/>

Dear Schlumberger Employee,

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

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

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

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

Thank you for cooperation.

Schlumberger Medical Department and International SOS

**TO BE COMPLETED BY THE EMPLOYEE**

*PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH*

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

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

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

HOME ADDRESS .....

.....

Email address: .....

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

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

(ex: **WS, WG**, etc.)

- MEA       EAF
- LAM       SLR
- NAM

Country of assignment .....

- international commuter
- international mobile
- Home country mobile
- GeoMobile

GIN /EMPLOYEE NUMBER .....

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

POSITION / Job Title .....

**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](mailto:emedtrack@internationalsos.com)

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

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

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

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

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

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

Medical exam date : .....

And return only page 1 and 2 to:

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

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



# TO BE COMPLETED BY THE EMPLOYEE

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

## OPTION 1 :

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

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

#### INFORMATION AND CONSENT

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

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

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

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

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

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

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

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

(h) My personal data, for the sole purposes herein mentioned (which includes technical and organizational purposes, such as data storage on a server located in a country outside the EU), may be transferred outside the EU to third countries that do not have or may not have the same level of protection as the one in the EU. Such transfer of my personal data outside the EU requires my prior express consent.

(i) Pursuant to EU data protection laws and national laws adopted pursuant thereto, I have the right to require access to, correction of, or deletion of, my personal data, and oppose the collection or processing of my personal data, by contacting International SOS (Attention Med-Track department, Medical Director, 12-14 rue d'Alsace, P.O. Box 322, 92306 Levallois-Perret Cedex, France, tel: 00 33 1 55 63 32 32). Note that your request must be executed and accompanied by an executed copy of your ID card or passport.

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

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

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

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

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

Full name:.....

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

## TO BE COMPLETED BY THE EMPLOYEE

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

#### OPTION 2:

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

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

#### INFORMATION AND CONSENT

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

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

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

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

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

Full name: .....

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

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

**TO BE COMPLETED BY THE EMPLOYEE**

**BLOOD TYPE :**

(If known)

**PAST MEDICAL HISTORY**

**DO YOU HAVE OR HAVE YOU HAD**

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

	Yes	No		Yes	No	<b>HAVE YOU EVER BEEN</b>	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"/>	<b>FOR WOMEN ONLY</b>		
17. blood in stool	<input type="checkbox"/>	<input type="checkbox"/>	37. surgical operation	<input type="checkbox"/>	<input type="checkbox"/>	<b>Have you ever had</b>		
18. change in weight	<input type="checkbox"/>	<input type="checkbox"/>	38. accident/fracture	<input type="checkbox"/>	<input type="checkbox"/>	46. an abnormal smear	<input type="checkbox"/>	<input type="checkbox"/>
19. varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	39. tropical disease	<input type="checkbox"/>	<input type="checkbox"/>	47. a gynecological		
20. lump in breast	<input type="checkbox"/>	<input type="checkbox"/>	40. fear of heights	<input type="checkbox"/>	<input type="checkbox"/>	treatment	<input type="checkbox"/>	<input type="checkbox"/>
						48. are you pregnant ?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Medication taken regularly : .....

Do you take preventive malaria medication when in high malaria risk areas ? YES  NO

If yes, which medication ? .....

Allergies to medication: .....

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

polio ...../...../..... hepatitis B ...../...../..... 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 SUWILU FIRST NAME ANTON

**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 .....
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				GLASSES		COLOR Vision
cms	ft	kgs	lbs	mmHg		x/m		R	L	Dist	Near	R	L	Yes	No	N
164		56		112/79		55								<input type="checkbox"/>	<input checked="" type="checkbox"/>	

LAST NAME : SUSILO

FIRST NAME : ANTON

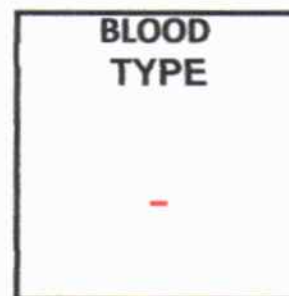
TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

ECG (n) a : Sinus Bradycardia, HR : 55 bpm
Treadmill (n) a : Negatif Ischemic Response, 12 Mets.
Chest X Ray (n) a : Within Normal Limits

BLOOD ANALYSIS

Table with 6 columns: Test Name, Value, Unit, Test Name, Value, Unit. Rows include RBC, WBC, NEUTROPHIL, EOSINOPHIL, BASOPHIL, LYMPHOCYTE, MONOCYTE, HEMATOCRIT, HEMOGLOBIN, ESR, SGOT (ASAT), SGPT (ALAT), GAMMA GT, GLYCEMIA, CHOLESTEROL TOTAL, HDL, LDL, CREATININE, URIC ACID, TRIGLYCERIDES.



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 [checked] No [ ] MUST BE REASSESSED Yes [ ] No [ ]
if you answer No. please detail your reasons)

Detail : .....
.....
.....
.....
.....



Date of medical examination (day/month/year) : 30/12/2021

EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS

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

Please write in clear capital letters !

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

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

**Med Track Plus Exam**

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

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

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

**EYES :**

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

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

**ADDITIONAL BLOOD TESTS :**

PSA .....ng/ml                      TSH.....UI

CEA ..... µg/l                      Alkaline phosphatase .....UI

**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 :	8182/GMI-MCU/XII/2021			Company :	PT. INSPEKTINDO SINERGI PERSADA
Name :	<b>ANTON SUSILO, Tn.</b>			Occupation :	Inspector
Gender :	Laki-Laki			Test Date :	30/12/2021
DOB / Age :	20/07/1973 / 48 Yo.			BMI :	20,82
Height (cm)	164	Weight (kg) :	56		

**Jakarta Cardiovascular Risk Table**

Risk Factor		Score	Result	Poin
<b>Sex</b>	Female	0	Male	1
	Male	1		
<b>Age</b>	25-34	-4	48	0
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
<b>Blood Pressure</b>	Normal	0	112/79	0
	High Normal	1		
	Grade 1 Hypertension	2		
	Grade 2 Hypertension	3		
	Grade 3 Hypertension	4		
<b>BMI (Kg/m2)</b>	13,79 - 25,99	0	20,82	0
	26,00 - 29,99	1		
	30,00 - 35,58	2		
<b>Smoke</b>	Never	0	Never	0
	Ex Smoker	3		
	Smoker	4		
<b>Diabetes Mellitus</b>	No	0	No	0
	Yes	2		
<b>Physical Exercise/Activity</b>	No	2	Medium	0
	Low	1		
	Medium	0		
	High	-3		
<b>Total Point</b>				<b>1</b>

**Determine the 10-year CVD risk (%)**

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

**Result**

Estimated 10-year CVD Risk

**9,0%**

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.** : 8182 /GMI-MCU/XII/2021  
*(Lab. Number)*

**Data Pasien (Patient Detail)**

<b>Nama</b> <i>(Name)</i>	: ANTON SUSILO, Tn.	/ Laki-Laki	<b>Umur</b> <i>(Age)</i>	: 48	Tahun <i>(Years old)</i>
<b>Pekerjaan</b> <i>(Job Position)</i>	: INSPECTOR		<b>Dokter</b> <i>(Doctor)</i>	: Dr. Hendra AZ	
<b>Perusahaan</b> <i>(Company)</i>	: PT. INSPEKTINDO SINERGI PERSADA		<b>Tgl Pemeriksaan</b> <i>(Date of Analysis)</i>	: 30 Desember 2021	

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>HEMATOLOGI</b>			
<b>HEMATOLOGI RUTIN</b>			
Hemoglobine ( Hgb )	16,0	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit ( Hct )	45,3	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35 ,0- 45,0	%
Erythrocyt (RBC)	5,1	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 <sup>6</sup> sel/mm <sup>3</sup>
Leucocyt (WBC)	5,6	Dewasa : 4,0 - 10,0	10 <sup>3</sup> / $\mu$ L
<b>Differential Count</b>			
Basophile	0,1	0 - 2	%
Eosinophile	3,0	0 - 3	%
Neutrofil	56	50 - 70	%
Lymphocyte	34	20 - 40	%
Monocyte	7	3 - 12	%
MCV	87	80 - 100	fL
MCH	31	27 - 34	pg/cell
MCHC	35	32 - 36	g/dL
RDW- CV	13	11 - 16	%
RDW-SD	41	35 - 56	fL
Thrombocyt	231	140 - 440	10 <sup>3</sup> /mm <sup>3</sup>
<b>KIMIA KLINIK</b>			
<b>METABOLISME GLUKOSA/DIABETES</b>			
Glucose Fasting	103	Normal : 70 - 110	mg/dL
Glucose 2h pp	113	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes mellitus : > 200	mg/dL
<b>PROFIL LEMAK</b>			
Cholesterol total	181	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : $\geq$ 240	mg/dL
Triglycerides	72	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : $\geq$ 500	mg/dL
HDL Cholesterol	56	Rendah : < 40	mg/dL







**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.** : 8182 /GMI-MCU/XII/2021  
*(Lab. Number)*

**Data Pasien (Patient Detail)**

**Nama** : ANTON SUSILO, Tn. / Laki-Laki **Umur** : 48 Tahun  
*(Name)* *(Age)* *(Years old)*  
**Pekerjaan** : INSPECTOR **Dokter** : Dr. Hendra AZ  
*(Job Position)* *(Doctor)*  
**Perusahaan** : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan** : 30 Desember 2021  
*(Company)* *(Date of Analysis)*

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
LDL Cholesterol	111	Tinggi : >= 60 Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	2,0	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
<b>FUNGSI HATI</b>			
SGOT / AST	31	0 - 37	U/L
SGPT / ALT	10	0 - 40	U/L
Gamma GT	38	11 - 51	U/L
<b>FUNGSI GINJAL</b>			
Uric Acid	3,8	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	28	10 - 50	mg/dL
<b>IMMUNOLOGI</b>			
<b>HEPATITIS</b>			
HBs Ag	Negatif	Negatif	
<b>URINALISA</b>			
<b>MAKROSKOPIS URIN</b>			
Warna	Kuning		
Kejernihan	Jernih		
<b>KIMIA</b>			
Berat jenis	1,015	Normal : 1,003 - 1,035	
pH	7,0	Normal : 4,5 - 8	
Protein	Negatif	Normal : < 7,5 (Negatif)	mg/dL
Glucose	Negatif	Normal : < 0,018 (Negatif)	mg/dL
Leukosit esterase	Negatif	Normal : < 9 (Negatif)	Leu/pl
Ketone	Negatif	Normal : < 2,5 (Negatif)	mg/dL
Urobilin	Negatif	Normal : < 0,2 (Negatif)	mg/dL
Bilirubin	Negatif	Normal : < 0,4 (Negatif)	mg/dL
Nitrite	Negatif	Normal : < 0,05 (Negatif)	mg/dL
Blood	Negatif	Normal : 1< 0,018 (Negatif)	mg/dL





**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.** : 8182 /GMI-MCU/XII/2021  
*(Lab. Number)*

**Data Pasien (Patient Detail)**

<b>Nama</b> <i>(Name)</i>	: ANTON SUSILO, Tn. / Laki-Laki	<b>Umur</b> <i>(Age)</i>	: 48 Tahun <i>(Years old)</i>
<b>Pekerjaan</b> <i>(Job Position)</i>	: INSPECTOR	<b>Dokter</b> <i>(Doctor)</i>	: Dr. Hendra AZ
<b>Perusahaan</b> <i>(Company)</i>	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> <i>(Date of Analysis)</i>	: 30 Desember 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>FAECES</b>			
<b>FAECES RUTIN</b>			
<b>MAKROSKOPIS</b>			
Warna	Kecoklatan		
Konsistensi	Lunak		
Darah	Negatif	Negatif	
Lendir	Negatif	Negatif	
<b>MIKROSKOPIS</b>			
Leukosit	Negatif	Negatif	
Eritrosit	Negatif	Negatif	
Telur cacing	Negatif	Negatif	
Amoeba	Negatif	Negatif	
Lainnya	Negatif	Negatif	

Tanggal pengambilan sampel : 30 Desember 2021

Penanggung Jawab  
Laboratorium,  
**Laboratorium**  
**GRAND Medica**  
Dr. Hendra Agus Z

Analisis Laboratorium  
  
Syamir Am. Ak





Nomor Pasien  
(Patient Number) :

Nomor Film  
(Film Number) : 8182

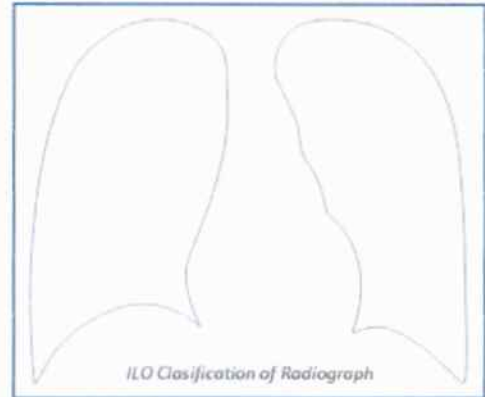
**Data Pasien (Patient Detail)**

Nama  
(Name) : **ANTON SUSILO, Tn.**  
Umur  
(Age) : 48 Tahun  
(years old)  
Jenis Kelamin  
(Gender) : **Male**

Perusahaan  
(Company) : **PT. INSPEKTINDO SINERGI PERSADA**  
Pekerjaan  
(Occupation) : **INSPECTOR**  
Tgl Pemeriksaan  
(Date of Analysis) : **30 Desember 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 Thorax oleh Spesialis Radiologi**  
(Chest X-ray Interpretation by the Radiologist)

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

- Kelainan Tulang dan/atau Jaringan Lunak?  
(Skleton 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	<input type="radio"/> Yes →
<input checked="" type="radio"/> No	<input type="radio"/> Yes →
<input checked="" type="radio"/> No	<input type="radio"/> Yes →
<input checked="" type="radio"/> No	<input type="radio"/> Yes →
<input checked="" type="radio"/> No	<input type="radio"/> Yes →
<input checked="" type="radio"/> No	<input type="radio"/> Yes →
<input checked="" type="radio"/> No	<input type="radio"/> Yes →

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

*Foto thorax normal*

**dr. ABDUL HAKIS, Sp.Rad**  
**Spesialis Radiologi**

**Patient Data**

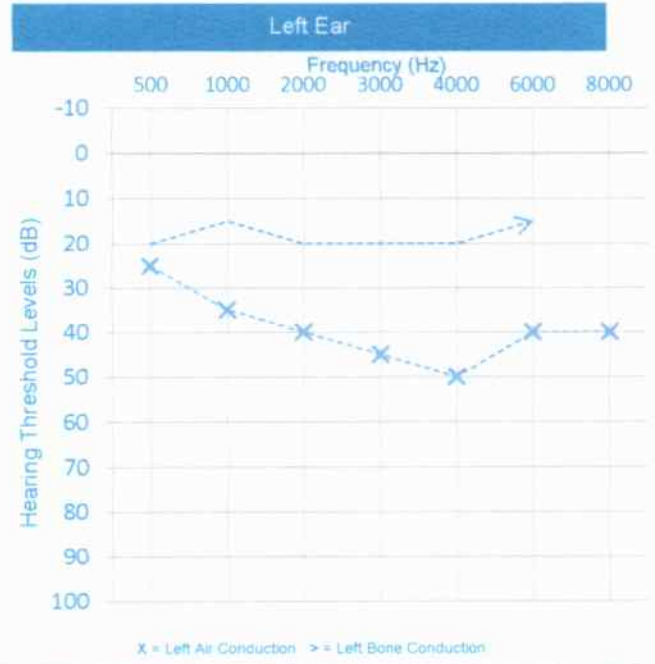
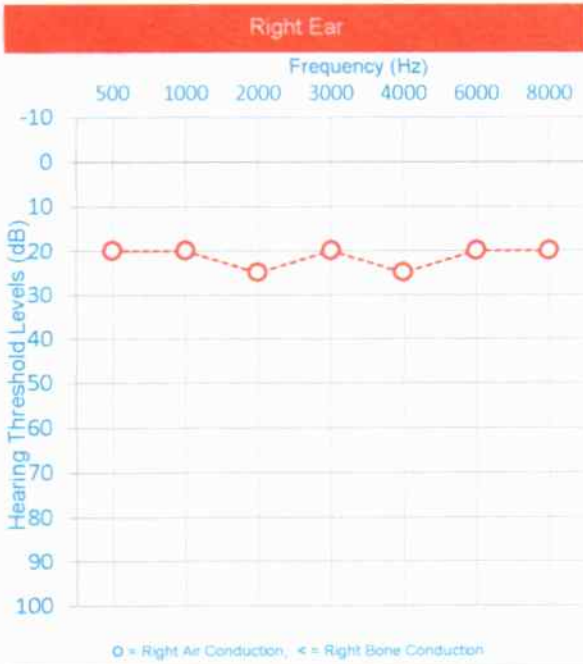
ID Number	<b>8182</b>	Gender	<b>Laki-laki</b>
First Name	<b>ANTON</b>	Occupation	<b>Inspector</b>
Last Name	<b>SUSILO</b>	Company	<b>PT. Inspektindo</b>
Age	<b>48</b> Yo.	Test Date	<b>30 Desember 2021</b>

**Occupational Noise Exposure**

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

**Test Detail**

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



**Right Ear Observation and Test Result**

Canal	Normal							HTL
Ear Drum	Normal							RIGHT EAR
Conduction	Frequency (Hz)							23,3
	500	1000	2000	3000	4000	6000	8000	
Air	20	20	25	20	25	20	20	
Bone							5,0	

**Left Ear Observation and Test Result**

Canal	Normal							HTL
Ear Drum	Normal							LEFT EAR
Conduction	Frequency (Hz)							45,0
	500	1000	2000	3000	4000	6000	8000	
Air	25	35	40	45	50	40	40	
Bone	20	15	20	20	20	15	20,0	

**Conclusion / Medical Report**

**Right Ear :** Fungsi pendengaran dalam batas normal.  
**Left Ear :** Conductive Hearing Loss Sedang

Signature   
 dr. Hendra A.Z.

Instrument used  
SIBELSOUND 427

Standard  
OSHA







**Nomor Pasien**  
(Patient Number) : 8182

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

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : **ANTON SUSILO,Tn**

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

**Umur**  
(Age) : **48** **Tahun**  
(Years old)

**Pekerjaan**  
(Occupation) : **INSPECTOR**

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

**Tgl Pemeriksaan**  
(Date of Analysis) : **30/12/2021**

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

**USG Abdomen:**

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

**GB :** *Dinding normal, tidak tampak batu .*

**Pancreas :** *Normal*

**Lien :** *normal*

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

**Bladder :** *Dinding normal, batu (-)*

**Prostat :** *normal.*

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

*Tidak tampak kelainan significans pada USG abdomen ini*

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



**Nomor Pasien** : **8182**  
*(Patient Number)*

**Tgl Pemeriksaan** : **30/12/2021**  
*(Date of Analysis)*

**Pemeriksaan**  
*Examination*

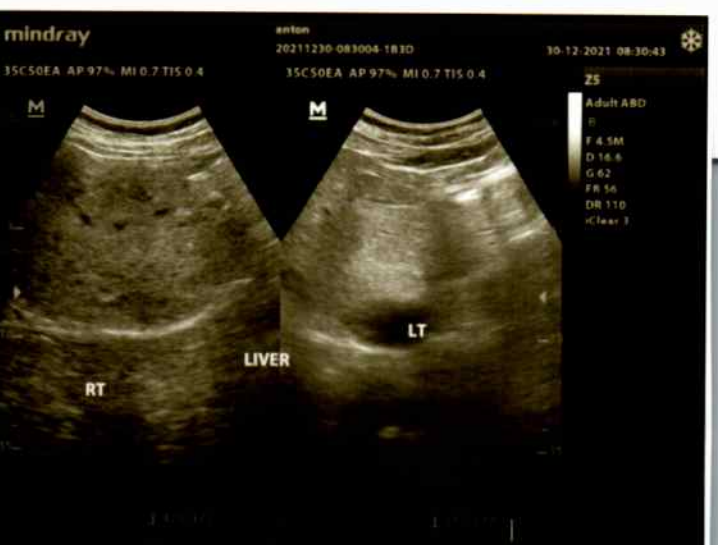
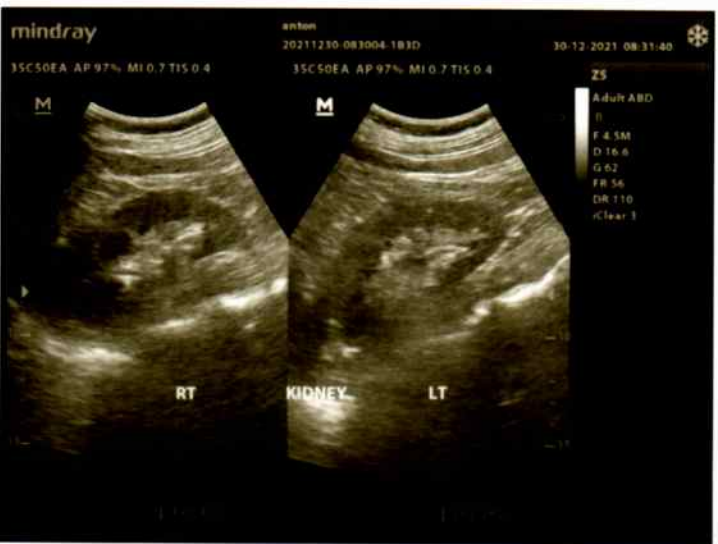
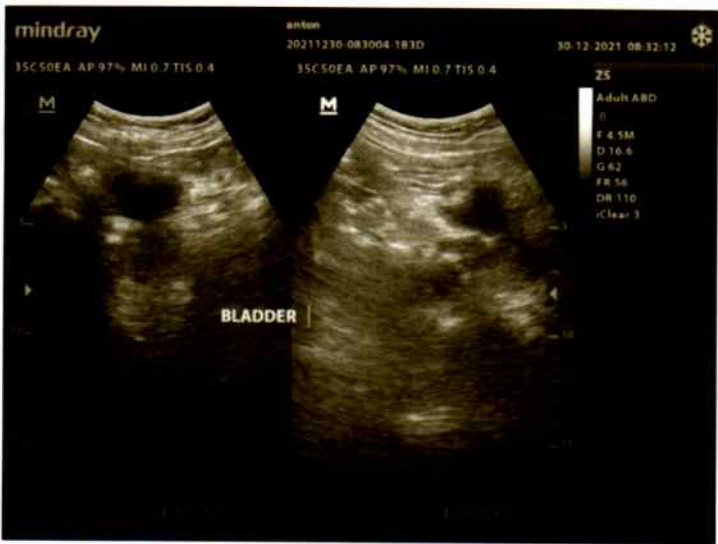
**Data Pasien (Patient Detail)**

**Nama** : **ANTON SUSILO,Tn**  
*(Name)*  
**Umur** : **48**  
*(Age)*

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

**Perusahaan** :  
*(Company)*

**PT.INSPEKTINDO SINERGI PERSADA**  
**INSPECTOR**  
*(Occupation)*





**Patient Data**

ID Number	8182				
Name	ANTON SUSILO, Tn		Company	PT. Inspektindo Sinergi	
Gender	Male		Occupation	INSPECTOR	
DOB / Age	20 Juli 1973	/ 48 Yo.	Test Date	30 Desember 2021	
Height (cm)	164	Weight (kg)	56	BMI	20,82

**Pre-exercise Test**

Indication	Medical Check Up		
Pre-exercise BP	112/79	mmHg	
Heart Rate	64	bpm	
Respiration	20	x/mnt	
Resting ECG	body angle		

**Exercise Test Summary**

Exercise Time	12:10	mm:ss	End Stage	4
Max Heart Rate	153	bpm	Target Heart Rate	146 bpm
Max Blood Pressure	120/80	mmHg	Max Heart Rate	104,8 %
Aerobic Capacity	17	METs.	VO2 Max	43,13 ml/kg/min

**Reason Of End**

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

**ST-T segment changes**

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

**Abnormal Lead :**

**Classification of Physical Fitness**

Low       Fair       Average       Good       High

**Blood Pressure Response**

Normal Response       Hipertensive Response

**Functional Classification**

Clas I       Clas II       Clas III

**Conclusion / Medical Report**

Negative Ischemic Response  
fit to work at remote Area

**Recommendation :**

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





ID : 8182  
Name : Anton Susilo  
Age : 48 Years  
Department : PT. Inspektindo  
Gender : Male

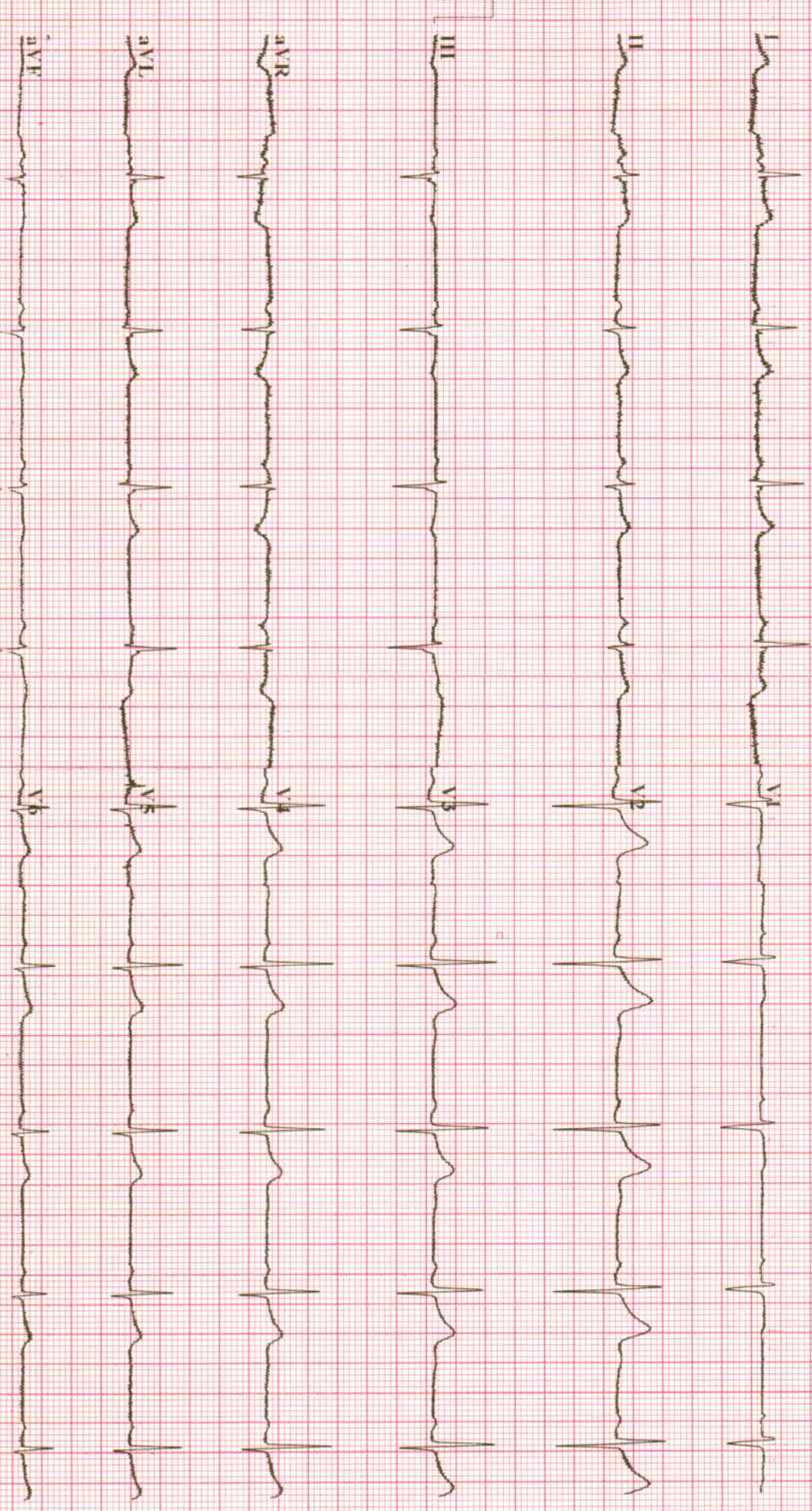
HR : 55 BPM  
P Dur : 117 ms  
PR int : 172 ms  
QRS Dur : 75 ms  
QT/QTc int : 421/403 ms  
P/QRS/T axis : 47/-25/24 °  
RV5/SV1 amp : 0.857/0.683 mV  
RV5+SV1 amp : 1.540 mV  
RV6/SV2 amp : 0.511/1.078 mV

Technician : Rinda, A.Md.Kej  
Report Confirmed by:

Diagnosis Information:  
811: Sinus Bradycardia  
\*\*\*Normal ECG\*\*\*

*Indragati*

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





# Grand Medica Indonesia Stress Exercise Report

ID:8182      Section:      Name:Anton Susilo,Tn      Sex:Male      Age:48      Exam Time:30-12-2021 09:35

DOB:1973-07-20 Height:164.00 cm Weight:56.00 kg		Race:Oriental Race Indications:MCU	
<input type="checkbox"/> Smoking <input type="checkbox"/> Hypertension		<input type="checkbox"/> Diabetic <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> History of MI <input type="checkbox"/> Family History	
Address: Telephone:		Medications:	

Stage Name	HR(bpm)	BP(mmHg)	Summary	Result	Max Values	ST Segment		
PRE-EXE	73	112/79	Protocol Name: BRUCE	HR: 153	bpm	09:20	Max Elevation: 1.57 mV Max Depression: 04:10	III
EXE1	69	----/----	Target HR: 146	Target HR: 104.8	%	09:30	Max Depression: -1.49 mV Max Elevation Change: 1.30 mV	avR
EXE2	95	112/79	Exercise Time: 12:10	METS: 13.5	METS	09:30	Max Depression Change: -1.30 mV Max Elevation Change: 04:10	III
EXE3	123	----/----	Max Speed: 6.8	HR*BP: 11173.5	bpm*mmHg	04:10	Max Depression Change: -1.30 mV	III
EXE4	103	----/----	Max Grade: 16.0	SYS: 120.0	mmHg	12:08	Max Depression Change: -1.30 mV	I
REC1	103	120/80	Exeed +/-100uV Leads: I II III aVL aVR aVF V1 V2 V3 V4 V5 V6 DUKE Score: ----	DIA: 80.0	mmHg	12:08		

Total Beats: 1278 Total V: 116 V Pairs: 1 V Run: 3 V bigeminal: 0 V trigeminal: 0 Total Long: 0		Arrhythmia Abnormal Beats: 279 Total S: 163 S Pairs: 1 S Run: 10 S bigeminal: 0 S trigeminal: 0		Reason for End : Symptoms:	
---	--	---	--	-------------------------------	--

Conclusions:

*Negativa*      *Iskemik*      *Reperusa*

Operator:

  
**Dr. ACHMAD YUSRI, SpJP**  
 SPESIALIS JANTUNG DAN PEMBULUH DARAH

Reviewing Physician:



# Grand Medica Indonesia Stress ECG Report

## Average QRS

ID: 8182      Section:      Name: Anton Susilo, Tn      Sex: Male      Age: 48      Exam Time: 30-12-2021 09:35

Time: 00:20 HR: 76 bpm	Time: 03:20 HR: 68 bpm BP: 112/79 mmHg	Time: 06:20 HR: 113 bpm BP: 112/79 mmHg	Time: 09:20 HR: 153 bpm BP: 112/79 mmHg	Time: 12:00 HR: 104 bpm BP: 112/79 mmHg
-0.62 I P0.22	-0.26 I P1.10	-1.23 I P9.09	-0.33 I P6.49	0.02 I P8.55
0.19 II P3.88	0.01 II P3.72	-0.29 II P7.07	-0.45 II P9.91	0.06 II P0.71
0.80 aVR P9.74	0.27 aVR P0.84	1.05 aVR P0.88	-0.11 aVR P6.84	0.04 aVR P1.7
0.21 aVL P1.47	0.13 aVL P3.06	0.76 aVL P7.1	0.36 aVL P9.28	-0.04 aVL P4.03
-0.71 aVF P5.85	-0.27 aVF P4.36	-1.08 aVF P7.2	-0.10 aVF P7.8	-0.01 aVF P5.47
0.49 V1 P1.10	0.14 V1 P1.19	0.32 V1 P1.19	-0.28 V1 P5.04	0.05 V1 P9.73
0.27 V2 P2.96	0.18 V2 P5.80	0.60 V2 P2.16	0.20 V2 P3.03	0.03 V2 P2.01
0.27 V3 P0.02	0.15 V3 P7.90	-0.23 V3 P7.52	-0.29 V3 P4.90	0.10 V3 P4.9
0.44 V4 P5.52	0.22 V4 P4.72	0.56 V4 P2.86	0.06 V4 P8.28	0.04 V4 P4.78
0.45 V5 P3.86	0.21 V5 P5.90	0.31 V5 P7.9	-0.22 V5 P9.31	0.08 V5 P5.34
0.37 V6 P5.09	0.19 V6 P3.90	-0.03 V6 P6.33	0.10 V6 P6.91	0.05 V6 P8.7
0.29 V7 P5.71	0.14 V7 P6.66	-0.13 V7 P0.89	0.16 V7 P1.34	0.06 V7 P2.17



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:8182

Section:

Name:Anton Susilo, Tn

Sex:Male

Age:48

Exam Time:30-12-2021 09:35

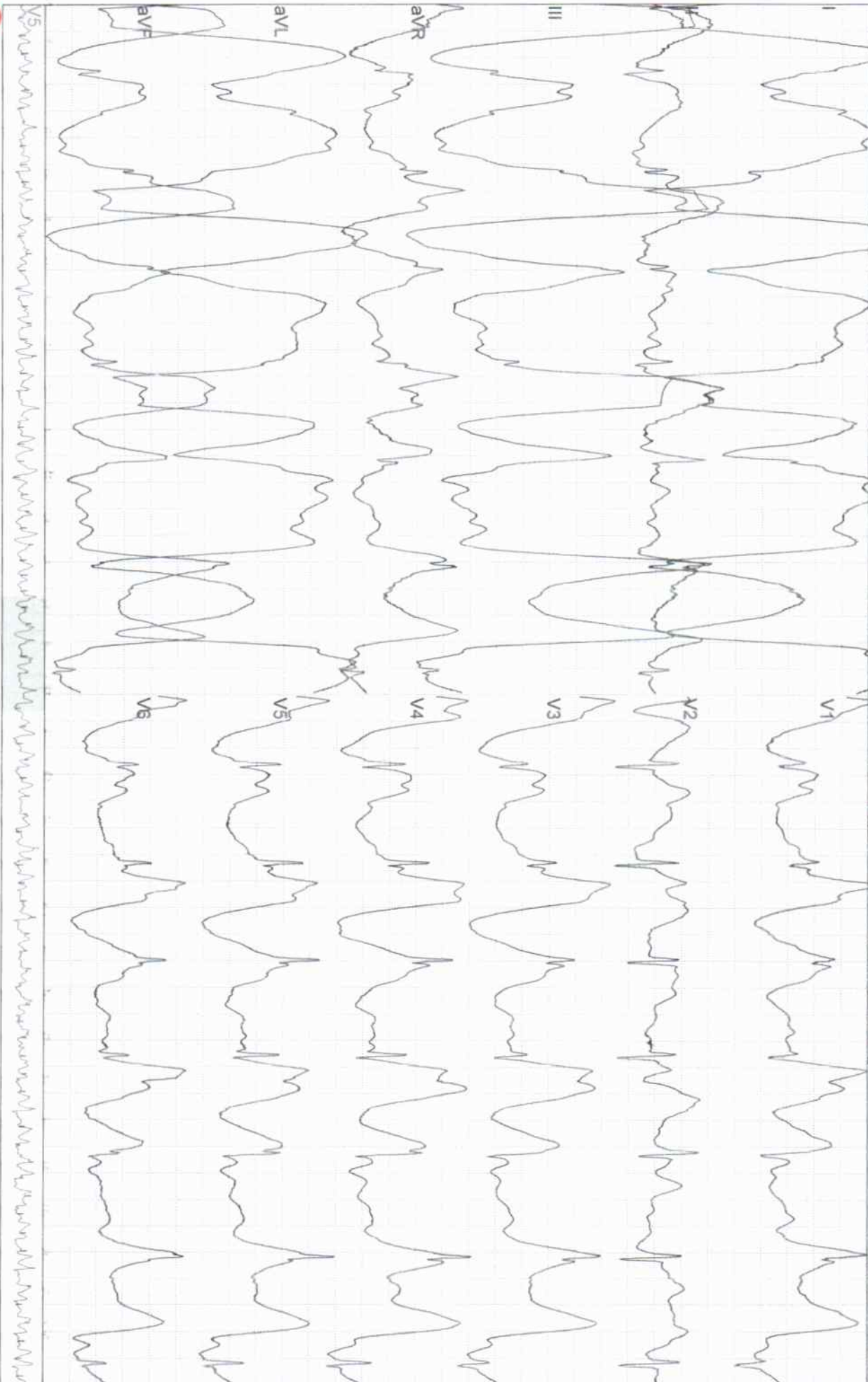
Time:00:40

Stage: 2 / 6 | EXE1 00:10 [ 2.2 Km/h 10.0 % ]

HR:84 bpm

BP:112/79 mmHg

10mm/mV 25mm/s



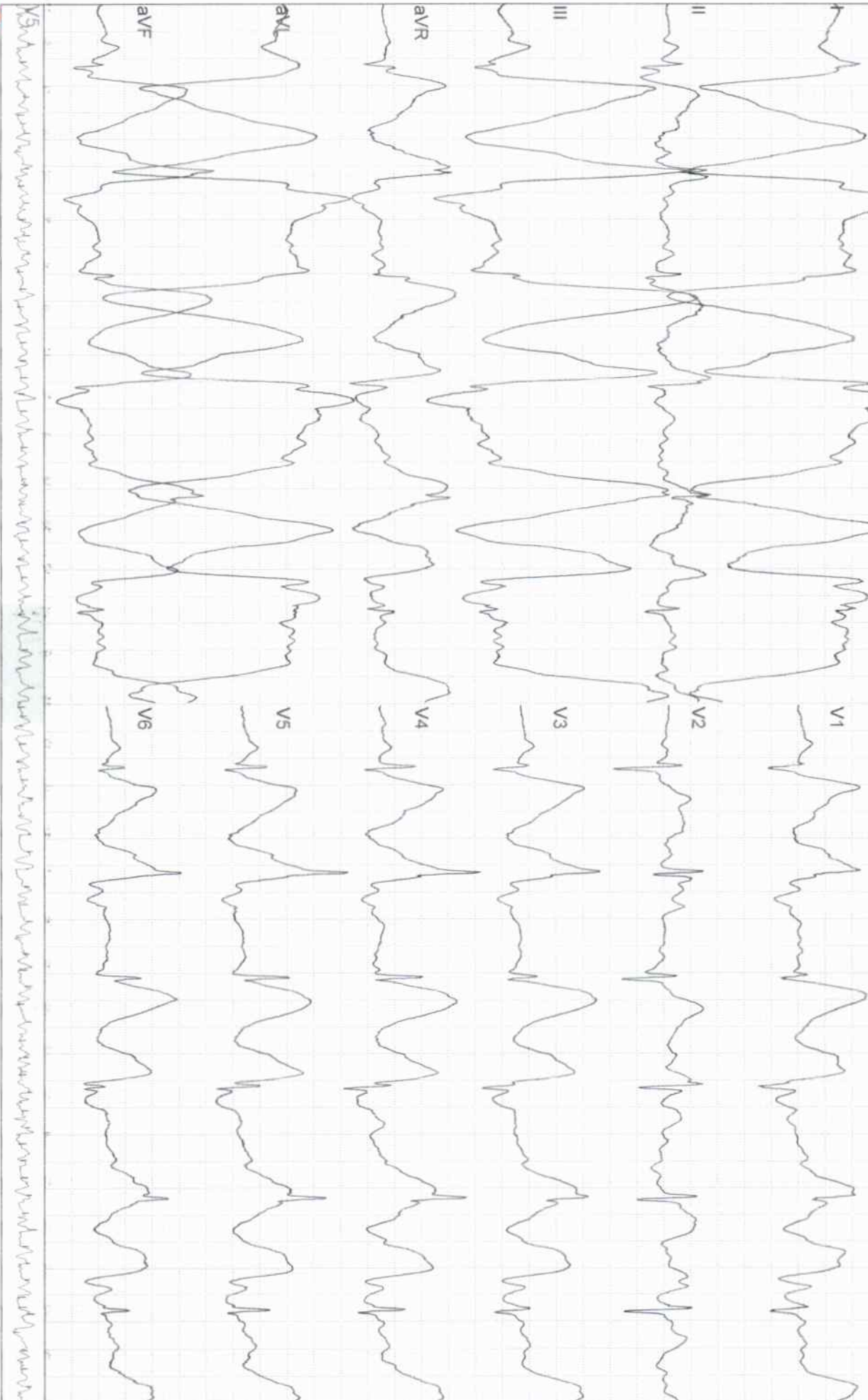


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:8182      Section:      Name:Anton Susilo, Tn      Sex:Male      Age:48      Exam Time:30-12-2021 09:35

Time:03:20      Stage: 2 / 6 | EXE1 02:50 | 2.7 Km/h 10.0 % |      HR:68 bpm      BP:112/79 mmHg      10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 8182

Section:

Name: Anton Susilo, Tr

Sex: Male

Age: 48

Exam Time: 30-12-2021 09:35

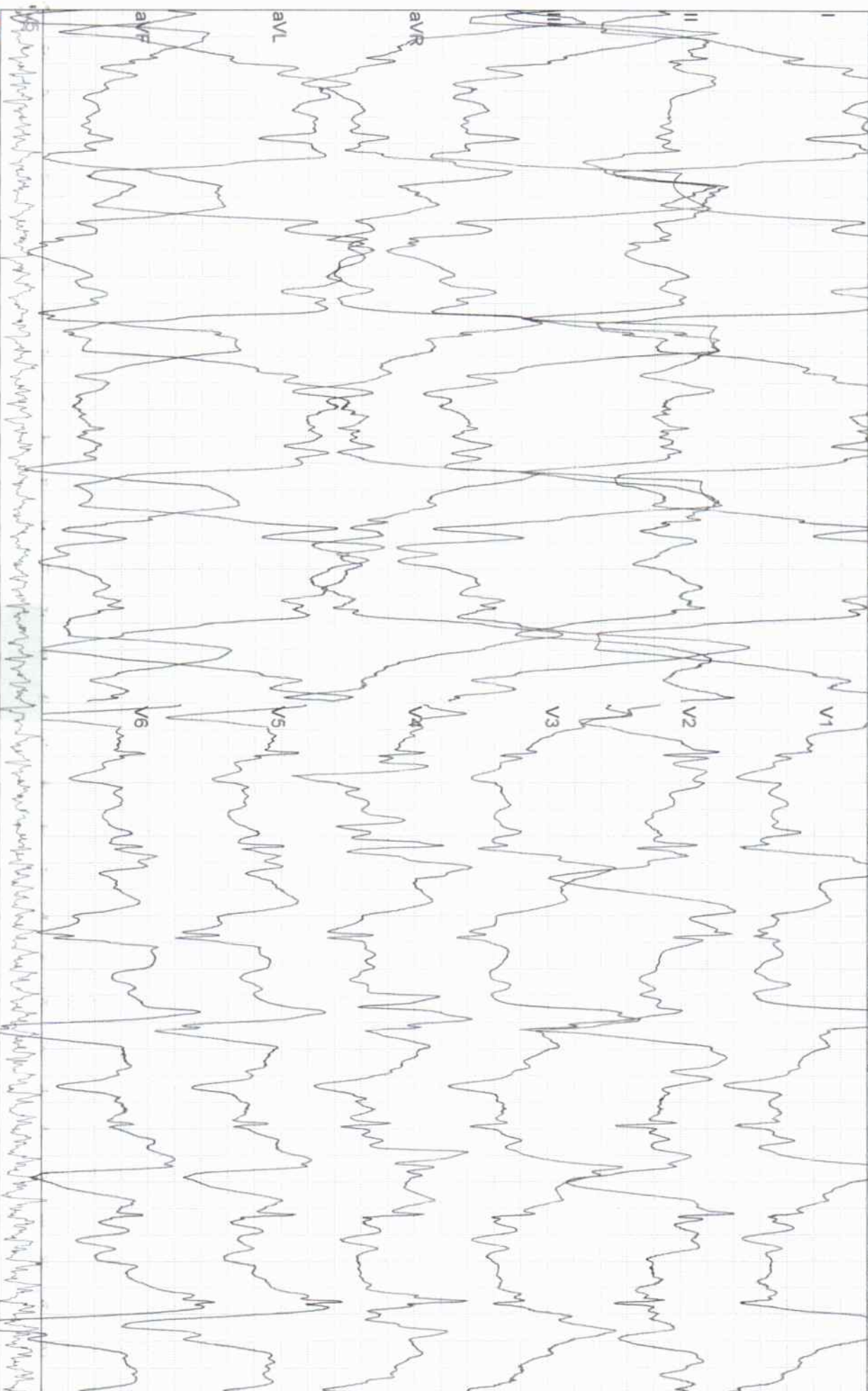
Time: 06:30

Stage: 14 / 6 | EXERCISE: 00:00 | 5.5 Km/h | 14.0% |

HR: 104 bpm

BP: 112/79 mmHg

10mm/mV 25mm/s

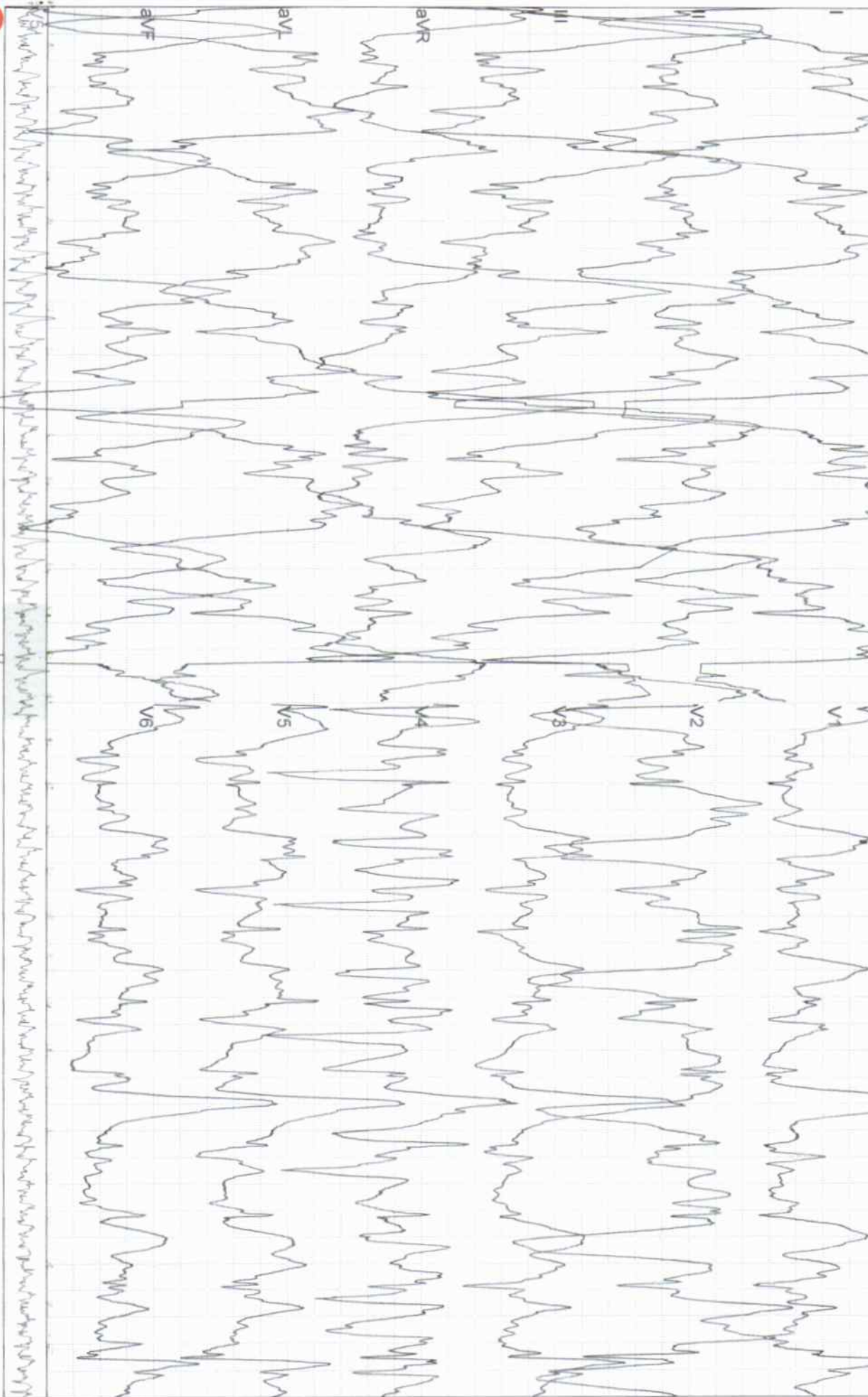


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:8182      Section:      Name:Anton Susilo, Tn      Sex:Male      Age:48      Exam Time:30-12-2021 09:35

Time:09:36      Stage:5 / 6 | EXE4 00:06 | 6.8 km/h 16.0 % |      HR:153 bpm      BP:112/79 mmHg      10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:8182

Section:

Name:Anton Susilo, Tn

Sex:Male

Age:48

Exam Time:30-12-2021 09:35

Time:1:56

Stage: [ 5 / 6 ] EXE4 02:26 [ 6.8 Km/h 16.0 % ]

HR:103 bpm

BP:112/79 mmHg

10mm/mV 25mm/s

