



## PERSONAL DATA

No. MCU : 1843/GMI-MCU/VIII/2020  
No. Badge : -  
N a m a : **RIFALDI ARIF, Tn.**  
U m u r : 25 tahun  
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**  
Jabatan : Asst. Tubular Inspection  
Tgl Pemeriksaan : 19/08/2020  
Alamat : Jl. Mayjend Soetoyo No.12 Rt 01 Balikpapan Tengah



**HEALTH AND MEDICAL SURVEILLANCE  
TAHUN 2020**



NAMA : RIFALDI ARIF  
TANGGAL LAHIR : 19 Maret 1995  
JENIS KELAMIN : Laki - Laki  
S/N :  
IGG :  
DEPT/SERVICE : Tubular Inspection SLB yard  
LOKASI KERJA : SLB Balikpapan  
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 : ASS - Tubular 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 ..... orang
- 5. Alamat sekarang : Jl. Mayjanda Satoyu No. 12 RT 01 Bm Tengah
- 6. No. Extension Telpon. : Telpon / HP 0821 89045599  
 Kantor : ..... Kamar (untuk lapangan) .....

**HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN**

No.	Posisi	Lama Kerja	Perusahaan	Lama pemaparan dalam jam/hari					
				Bising	Debu	Kimia	Radiasi	Ergonomi	lain-lain
1	<u>Logistic &amp; Inventory, ± 2Hm, Frankfurt</u>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

**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 : 3 jam/hari
- 2. Warehouse : 2 jam/hari
- 3. Workshop : 2 jam/hari
- 4. Process area : 1 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 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 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 type="checkbox"/>
y. Sendi - sendi	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
z. Kandungan	1. Ya	2. Tidak	<input checked="" type="checkbox"/>

**RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT**

1. Dalam satu tahun terakhir apakah Anda pernah mengalami kecelakaan akibat kerja ?
 

1. Ya	2. Tidak	<input checked="" type="checkbox"/>
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*Bila tidak, langsung ke no. 8*
2. Bila YA, berapa kali dalam setahun terakhir Anda mengalami kecelakaan ?
 

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

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

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

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

1. Ya	2. Tidak	<input checked="" type="checkbox"/>
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*Bila tidak, langsung ke no. 8*
7. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?
 

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

1. Ya	2. Tidak	<input checked="" type="checkbox"/>
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**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)

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

**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)

1. Ya    2. Tidak     2  
*Bila tidak, langsung ke olahraga*
1. Ya    2. Tidak      
*Bila tidak, langsung ke olahraga*
1. Ya    2. Tidak      
*Bila tidak, langsung ke olahraga*
- 
- 

**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     1  
2. Sedang    5. Sangat berat  
3. Cukup berat

**POLA KONSUMSI BAHAN MAKANAN**

- 1. Berapa hari dalam seminggu biasanya Anda makan buah-buahan ? 4
- 2. Berapa hari dalam seminggu biasanya Anda makan sayur-sayuran ? 6

**RIWAYAT PENYAKIT KELUARGA**

- 1. Apakah ada diantara Ayah/Ibu Anda menderita penyakit berikut
  - a. Tekanan darah tinggi 1. Ya 2. Tidak 1
  - b. Penyakit jantung 1. Ya 2. Tidak 2
  - c. Stroke 1. Ya 2. Tidak 2
  - d. Kencing manis 1. Ya 2. Tidak 2
  - e. Kanker 1. Ya 2. Tidak 2
  - f. Alergi 1. Ya 2. Tidak 2
  - g. Asma 1. Ya 2. Tidak 2
- 2. Apakah ada saudara kandung Anda menderita penyakit berikut
  - a. Tekanan darah tinggi 1. Ya 2. Tidak 2
  - b. Penyakit jantung 1. Ya 2. Tidak 2
  - c. Stroke 1. Ya 2. Tidak 2
  - d. Kencing manis 1. Ya 2. Tidak 2
  - e. Kanker 1. Ya 2. Tidak 2
  - f. Alergi 1. Ya 2. Tidak 2
  - g. Asma 1. Ya 2. Tidak 2
- 3. Di antara Ayah/Ibu/Saudara Kandung Anda, apakah ada yang meninggal karena penyakit-penyakit di atas pada usia kurang dari 45 tahun untuk laki-laki dan 55 tahun untuk perempuan ? 1. Ya 2. Tidak 2

**UNTUK KARYAWAN WANITA**

- 1. Apakah saat ini Anda sedang hamil ? 1. Ya 2. Tidak 1
- 2. Berapa bulan umur kehamilan Anda saat ini ? Bila tidak, langgung ke no. 3 [ ] [ ]
- 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   

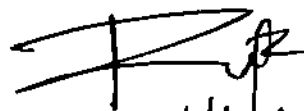
2. Kapan Anda melakukan donor darah terakhir ?

/  /

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

Balikpapan, 19/08/..... 2020

Nama dan tanda tangan karyawan

  
(..... Ripaldi Arif .....)

**MEDICAL CHECK UP -2020**

**PHYSICAL EXAMINATION**

<b>NAME</b>	<b>RIFALDI ARIF, Tn.</b>	<b>S/N</b>	-	<b>DEPT</b>	-
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**I. VITAL SIGN**

Blood Pressure (supine)	<b>130/80</b> mmHg	Pulse	<b>77</b> x/m	Respiration	<b>20</b> x/m	Temp.	<b>36,8</b> -C
Weight (W)	<b>51</b> kg	Height (H)	<b>164</b> cm	BMI	<b>18,96</b>	Waist	<b>62</b> 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), Radix@	✓		Caries
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/ endemess/ 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				<input checked="" type="checkbox"/>	Normal
Near	20/20	20/20				<input type="checkbox"/>	Red – Green Absent
Visual fields (Normal > 70°)			Left	85°	Right	85°	Colour Blind

### II. LABORATORIUM SUMMARY

<input type="checkbox"/>	Normal	<b>COMMENT:</b> Cholesterol 224 mg/dl (Meningkat), LDL 147 mg/dl (Meningkat), RDW-SD 57,8 fl (Meningkat).	<i>See attached result</i>
<input checked="" type="checkbox"/>	Abnormal		

### III. CHEST X-RAY

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

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

Normal	<input checked="" type="checkbox"/>	Abnormal	(specify) : <b>Sinus Rhythm</b>	<i>See attached result</i>
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### V. TREADMILL (Optional for over 35 years of age)

Normal	<input checked="" type="checkbox"/>	Abnormal	(specify) : <b>Negative Ischemic Response, 13 Mets.</b>	<i>See attached result</i>
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### VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease, ....)

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

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

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



RECEIVED (reserved for International SOS)
REVIEWED (reserved for International SOS)
PROCESSED (reserved for International SOS)

**Med-Track**  
**SCHLUMBERGER PHYSICAL**  
**Confidential Medical**

PRE-EMPLOYMENT	<input type="checkbox"/>
Name of recruiter.....	.....
Job proposed :	Office <input type="checkbox"/>
	Field <input type="checkbox"/>
PERIODIC CHECK-UP	<input type="checkbox"/>

Dear Schlumberger Employee,

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

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

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

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

Thank you for cooperation.

Schlumberger Medical Department and International SOS

**TO BE COMPLETED BY THE EMPLOYEE**

*PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH*

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

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

GIN /EMPLOYEE NUMBER .....

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 description/title, country of assignment and contact details).
- (b) SCHLUMBERGER via the Schlumberger Medical Department, and International SOS which provides the eMed-Track program and its contractors (the licensed physician(s) and medical staff who perform this medical examination), will collect, process and record my personal data required for the eMed-Track program needs, to provide access to authorized physicians or medical staff to the data related to my medical examination, including health data.
- (c) The personal data collected and processed are necessary for SCHLUMBERGER to achieve the purposes stated in the introductory paragraph above. For these purposes, relevant and adequate data are collected. These data are mostly sensitive data and their collection and processing requires my prior express consent.
- (d) I undertake to provide complete and accurate data.
- (e) SCHLUMBERGER (Schlumberger Limited, the ultimate parent company with a principal office at 42 rue Saint Dominique, 75007 Paris, France) is the data controller of the data processing related to the eMed-Track program.
- (f) International SOS and its contractors (the licensed physician(s) and medical staff who perform this medical examination) may collect, process and record my personal data, on behalf of SCHLUMBERGER. International SOS entered into an agreement with SCHLUMBERGER (or its representative) under which it undertakes to comply with, and cause its contractors (the licensed physician(s) and medical staff who perform this medical examination) to comply with, EU personal data protection laws and national laws adopted pursuant thereto, and applicable medical and health regulations. It also undertakes to implement adequate confidentiality and security measures in order to protect and maintain my personal data in a secured manner. Except as required by law or legal authorities or upon expiry or termination of the agreement between SCHLUMBERGER (or its representative) and International SOS, my personal data will not be transferred to any other recipients.
- (g) I acknowledge and expressly agree that without prejudice to paragraph (f), International SOS shall not be liable for the accuracy or medical conclusions of the medical examination carried out by its contractors (the licensed physician(s) and medical staff who perform this medical examination).
- (h) My personal data, for the sole purposes herein mentioned (which includes technical and organizational purposes, such as data storage on a server located in a country outside the EU), may be transferred outside the EU to third countries that do not have or may not have the same level of protection as the one in the EU. Such transfer of my personal data outside the EU requires my prior express consent.
- (i) Pursuant to EU data protection laws and national laws adopted pursuant thereto, I have the right to require access to, correction of, or deletion of, my personal data, and oppose the collection or processing of my personal data, by contacting International SOS (Attention: Med-Track department, Medical Director, 12-14 rue d'Alsace, P.O. Box 322, 92306 Levallois-Perret Cedex, France, tel: 00 33 1 55 63 32 32). Note that your request must be executed and accompanied by an executed copy of your ID card or passport.
- (j) SCHLUMBERGER has complied with its notification obligation under the Directive 95/46/EC of 24 October 1995.
- (k) SCHLUMBERGER will record my personal data via International SOS. Except as provided to the contrary by law or legal authorities, SCHLUMBERGER will record my personal data for the time necessary to perform the operations related to the eMed-Track program, which duration is of 10 years.

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

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

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

Full name: .....

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

## TO BE COMPLETED BY THE EMPLOYEE

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

#### **OPTION 2:**

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

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

#### **INFORMATION AND CONSENT**

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

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

**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 ✓ (e) ..... |
| 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/<br>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 <input type="checkbox"/>	Normal
169		51		130/80	77	L	n	n	L	L	No <input checked="" type="checkbox"/>	
									Near	R		
										L		



LAST NAME : **ARIF**

FIRST NAME : **RIFALDI**

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

**PARA-CLINICAL EXAMINATION**

ECG (n) a : Normal Sinus Rhythm  
Treadmill (n) a : NEGATIVE ISCHEMIC RESPONSE  
Chest X Ray (n) a : Within Normal Limits

**BLOOD ANALYSIS**

RBC	4.800.000	/mm3	SGOT (ASAT)	24	U/L
WBC	10000	/mm3	SGPT (ALAT)	37	U/L
NEUTROPHIL	65,5	%	GAMMA GT	42	U/L
EOSINOPHIL	2,2	%	GLYCEMIA	108	mg/dL
BASOPHIL	0,3	%	CHOLESTEROL TOTAL	224	mg/dL
LYMPHOCYTE	38,6	%	HDL	59	mg/dL
MONOCYTE	7,4	%	LDL	147	mg/dL
HEMATOCRIT	44	%	CREATININE	0,8	mg/dL
HEMOGLOBIN	15,4	g/dL	URIC ACID	5,7	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	89	mg/dL

**BLOOD TYPE**  
  
-

test only if not already known

**URINE ANALYSYS**


ALBUMIN : -

**STOOL ANALYSIS**

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

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

MUST BE REASSESSED Yes  No

**DOCTOR'S SIGNATURE**  


**MEDICAL CENTER STAMP/SEAL**  
  
MEDICA INDONESIA

Date of medical examination (day/month/year) : **19/08/2020**

**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 ARIF FIRST NAME Rifaldi

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:**

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

Tgl. Skrining : 19/08/2020

No. : 1843

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

Nama Lengkap: <b>RIFALDI ARIF, Tn.</b>	Tgl. Lahir: <b>19/03/1995</b>	Umur : <b>25</b> tahun	Jenis Kelamin : <b>Laki-Laki</b>
Nama Perusahaan: <b>PT. INSPEKTINDO SINERGI PERSADA</b>	Alamat Rumah: <b>Jl. Mayjend Soetoyo No.12 Rt 01 Balikpapan Tengah</b>		Telp./HP : <b>HP : 0821 8904 5599</b>

**Bagian B. Informasi Riwayat Kesehatan (diisi oleh pasien)**

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

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

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

Pengukuran Suhu Tubuh (°C)	Laju Pernapasan (x/menit)	Laju Nadi (x/menit)
<b>36,8</b>	<b>20</b>	<b>77</b>

**Bagian D. Pemeriksaan Fisik (diisi oleh dokter pemeriksa)**

Suara Napas	Ronchi	Wheezing
<b>Vesikuler +/+</b>	<b>-/-</b>	<b>-/-</b>

**Bagian E. Kategori Penilaian**

Kategori	Kesimpulan
• Pasien Dalam Pengawasan (PDP)	Gejala No. 1 + No. 2 + No. 3 <b>DAN</b> faktor risiko No. 1 <b>ATAU</b> Gejala No. 1 <b>ATAU</b> No. 2 <b>DAN</b> salah satu atau lebih Faktor risiko No. 2 <b>ATAU</b> Gejala No.3 (Berat)
• Orang Dalam Pemantauan (ODP)	Gejala No. 1 <b>ATAU</b> No.2 <b>DAN</b> Faktor Risiko No.1 <b>ATAU</b> Gejala No.2 <b>DAN</b> salah satu atau lebih Faktor risiko No. 2
• Orang Tanpa Gejala (OTG)	Tidak ada gejala <b>DAN</b> Memiliki faktor risiko No.2.
• Bukan Termasuk Salah Satunya.	<input checked="" type="checkbox"/>

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

Pasien/Karyawan	Petugas Skrining	Dokter Pemeriksa
	 <b>SUPARLAN</b>	  <b>dr. Malikinnas</b> SIP: 449.1/2/5/P.3/DPMPT/SIP-D/2018







**JAKARTA CARDIOVASCULAR SCORE**

Name : RIFALDI ARIF, Tn. Age (Years) : 25  
 MCU No. : 1843/GMI-MCU/VIII/2020 Job : Asst. Tubular Inspection  
 Date : 19/08/2020 Company : PT. INSPEKTINDO SINERGI PERSADA

RISK FACTOR		SCORE	RESULT	Points
Sex	Female	0	Male	1
	Male	1		
Age	25-34	-4	25	-4
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
Blood Pressure	Normal	0	130/80	1
	High Normal	1		
	Grade 1 Hypertension	2		
	Grade 2 Hypertension	3		
	Grade 3 Hypertension	4		
BMI (Kg/m2)	13,79-25,99	0	18,96	0
	26,00-29,99	1		
	30,00-35,58	2		
Smoke	Never	0	Never	0
	Ex Smoker	3		
	Smoker	4		
Diabetes Mellitus	No	0	No	0
	Yes	2		
Physical Exercise/Activity	No	2	Low	1
	Low	1		
	Medium	0		
	High	-3		
<b>TOTAL SCORE</b>				<b>-1</b>
<b>CONCLUSION :</b>			<b>LOW RISK (CV10 &lt; 10%)</b>	

**NOTES :**

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

**RISK LEVEL :**

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





**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.** : 1843 /GMI-MCU/VIII/2020  
*(Lab. Number)*

**Data Pasien (Patient Detail)**

<b>Nama</b> <i>(Name)</i>	: RIFALDI ARIF, Tn.	/	<b>M</b>	<b>Umur</b> <i>(Age)</i>	: 25	<b>Tahun</b> <i>(Years old)</i>
<b>Pekerjaan</b> <i>(Job Position)</i>	: ASST. TUBULAR INSPECTION			<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>	: 19 Agustus 2020	

HEMATOLOGY	Hasil / Result	Nilai Normal / Normal Value
Hemoglobine ( Hgb )	15,4	( F:12,0-16,0 g/dL, M:13,0-18,0 g/dL )
Hematocrit ( Hct )	44	( F: 35 - 45%, M: 40 - 50 % )
Erythrocyt (RBC)	4,8	( F:3,8-5,5x10 <sup>6</sup> sel/mm <sup>3</sup> , M:4,4-5,6x10 <sup>6</sup> sel/mm <sup>3</sup> )
Leucocyt (WBC)	10,0	( 4,0 - 10,0/mm <sup>3</sup> )
Differential Count		
Basophile	0,3	0,0 - 2,0%
Eosinophile	2,2	0,5 - 6,0%
Neutrofil	65,5	50,0 - 70,0%
Lymphocyte	38,6	20,0% - 40,0%
Monocyte	7,4	3,0 - 12,0%
MCV	90	80 - 100 fL
MCH	32	27-34 pg/sel
MCHC	35	32-36 g/dL
RDW- CV	15,7	11,0 - 16,0 %
RDW- SD	57,8	35,0 - 56,0 fL
Thrombocyt	193	( 140 - 440 x 10 <sup>3</sup> /mm <sup>3</sup> )

BLOOD CHEMISTRY	Hasil / Result	Nilai Normal / Normal Value
Glucose Fasting	108	70 - 110 mg/dl
Glucose 2h pp	109	< 180 mg/dl
Cholesterol total	224	Normal : <200mg/dL. Borderline :200-240 Tinggi > 240 mg/dl
HDL Cholesterol	59	M:Normal > 55 mg/dl Boorderline 35 - 55 mg/dl Abnormal < 35 mg/dl F : Normal > 65 mg/dl Borderline 45 - 65 mg/dl Abnormal : < 45 mg/dl
LDL Cholesterol	147	Normal < 130 mg/dL Borderline 130-159 mg/dl Tinggi > 160 mg/dl
Triglycerides	89	Normal < 150 mg/dL Bordeline 150 -199 mg/dl Tinggi 200 -499 mg/dL
Uric Acid	5,7	(Dewasa M :3,5 - 7,2 mg/dL) (Dewasa F : 2,6 6,0 mg/ dL)
Creatinine	0,8	0.8 - 1.4 mg/dL
Ureum	25	10 - 50 mg/ dL
Gamma GT	42	M: 11 - 51 U/L, F: 7 - 33 U/L
SGOT / AST	24	M: s/d 37 U/L F : s/d31 U/ L
SGPT / ALT	37	M: s/d 40 U/L F : s/d 35 U/ L

SEROLOGY	Hasil / Result	Nilai Normal / Normal Value
HBs Ag	Negative	Negative







**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.**  
(Lab. Number) : 1843 /GMI-MCU/VIII/2020

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: RIFALDI ARIF, Tr.	/	<b>M</b>	<b>Umur</b> (Age)	: 25	<b>Tahun</b> (Years old)
<b>Pekerjaan</b> (Job Position)	: ASST. TUBULAR INSPECTION			<b>Dokter</b> (Doctor)	: Dr. Hendra AZ	
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA			<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 19 Agustus 2020	

URINALYSIS	Hasil / Result	Nilai Normal / Normal Value
<b>MACROS</b>		
Colour	Kuning Jernih	Jernih
Spec.Grav	1,025	1,003 - 1,035
pH	5,0	4,5 - 8
Protein	Negative	< 7,5 mg/dl, 0,075 g/l
Glucose	Negative	< 0,018 mg/dl, < 5 mmol/L
Leucocyt	Negative	< 9 Leu/ $\mu$ L
Ketone	Negative	< 2,5 mg/dl, 0,25 mmol /dl
Urobilin	Negative	<0,2 mg/dl, <3,5 $\mu$ mol/dl
Bilirubin	Negative	<0,4 mg/dl, <2,5 $\mu$ mol/L
Nitrite	Negative	< 0,05 mg/dl
Blood	Negative	< 0,018 mg/dl, < 5 ery/ $\mu$ l

FAECES	Hasil / Result	Nilai Normal / Normal Value
<b>MACROS</b>		
Colour	Kecoklatan	
Consistency	Lunak	
<b>MICROS</b>		
Mucus	Negative	Negative
Red Blood Cell	Negative	Negative
White Blood Cell	Negative	Negative
Ova	Negative	Negative
Amoeba	Negative	Negative
Others	Negative	Negative

Penanggung Jawab  
Laboratorium,

**Dr. Hendra AZ**  
**Grand Medica**

Analisis Laboratorium

**Syamsiar Am. Ak**





**Nomor Pasien**  
(Patient Number) : 1843

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

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : **RIFALDI ARIF, Tn.**  
**Umur**  
(Age) : **25** **Tahun**  
(Years old)  
**Jenis Kelamin**  
(Gender) : **LAKI-LAKI**

**Perusahaan**  
(Company) : **ASST. TUBULAR INSPECTION**  
**Pekerjaan**  
(Occupation) : **PT. INSPEKTINDO SINERGI PERSADA**  
**Tgl Pemeriksaan**  
(Date of Analysis) : **8/21/2020**

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

**USG Abdomen:**

**Liver :** *Bentuk, ukuran dan echotexture normal, bile duct dan vaskulatur dalam batas normal*

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

**Pancreas :** *Normal*

**Lien :** *Normal*

**Kidney dextra - sinistra :** *Bentuk, ukuran dan echotexture normal. Sistem Pelvocalyceal normal, tidak tampak batu maupun massa*

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

**Prostat :** *Ukuran normal, tidak tampak tanda pembesaran*

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

**Tidak tampak kelainan significant pada organ abdominal di atas.**

  
**dr. ABDUL HARIS, Sp.Pd.**  
(Radiologist signature)  
**Spesialis Radiologi**  
  
**Grand MEDICA INDONESIA**



**GRAND MEDICA  
INDONESIA**

**Radiological Analysis**  
Radiological Examination

**Nomor Pasien** : **1843**  
*(Patient Number)*

**Tgl Pemeriksaan** : **8/21/2020**  
*(Date of Analysis)*

**Bemeriksaan** : **USG WHOLE ABDOMEN**  
*Examination*

**Data Pasien (Patient Detail)**

**Nama** : **RIFALDI ARIF, Tn.**  
*(Name)*  
**Umur** : **25**  
*(Age)*

**Tahun**  
*(Years old)*

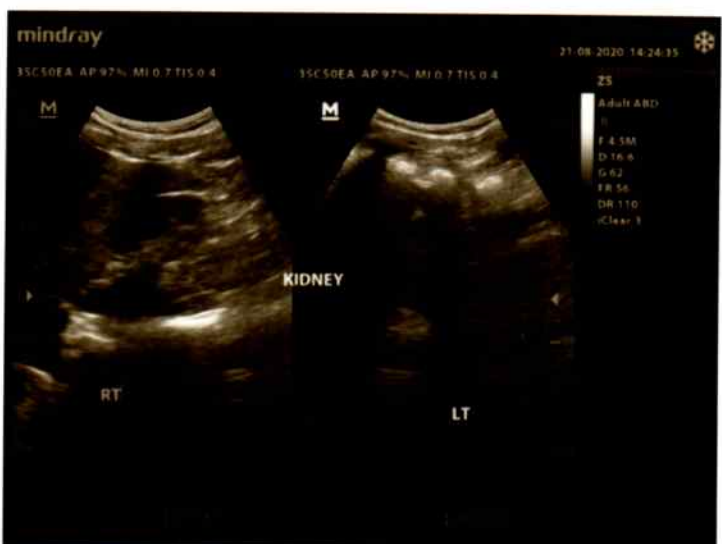
**Jenis**  
*(Gender)*

**LAKI-LAKI**

**Perusahaan:**  
*(Company)*  
**Pekerjaan**  
*(Occupation)*

**PT. INSPEKTINDO SINERGI PERSADA**

**ASST. TUBULAR INSPECTION**







**Nomor Pasien**  
(Patient Number) :

**Nomor Film**  
(Film Number) : 1843

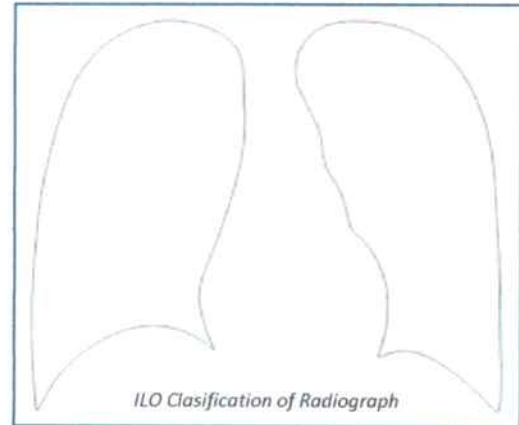
**Data Pasien (Patient Detail)**

**Nama**  
(Name) : RIFALDI ARIF, Tn.  
**Umur**  
(Age) : 25 Tahun  
(years old)  
**Jenis Kelamin**  
(Gender) : Male

**Perusahaan**  
(Company) : PT. INSPEKTINDO SINERGI PERSADA  
**Pekerjaan**  
(Occupation) : ASST. TUBULAR INSPECTION  
**Tgl Pemeriksaan**  
(Date of Analysis) : 19 Agustus 2020

**Rincian Pemeriksaan (Examination Detail)**

**Jenis Pemeriksaan**  
(Type of Examination) : Thorax  
**Posisi Penyinaran**  
(Exposure Position) : PA  
**Kondisi Penyinaran**  
(Exposure Condition) : kV : -  
mAs : -



**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

(Radiologist signature)





Patient Data

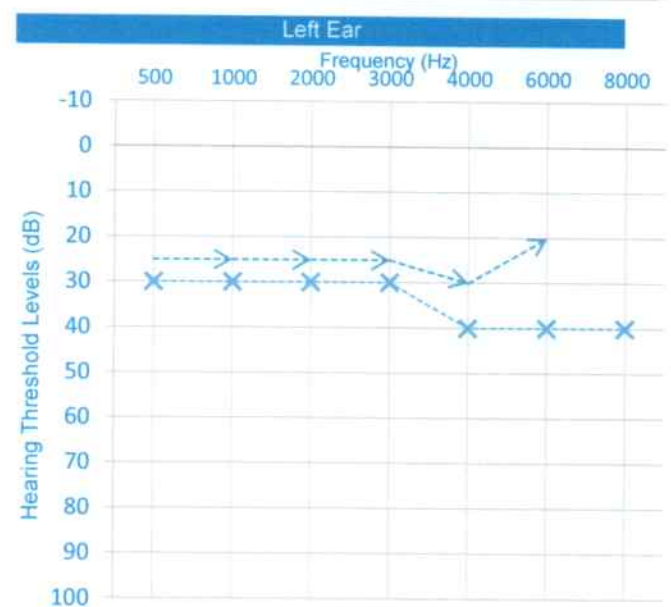
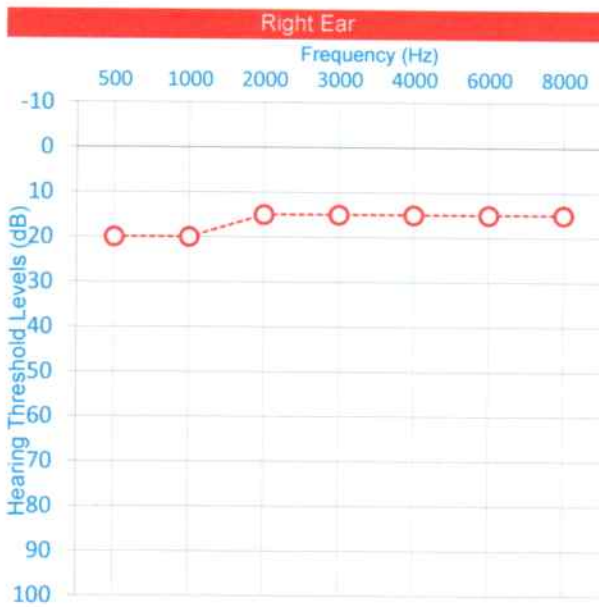
ID Number	1843	Gender	Laki-laki
First Name	RIFALDI	Occupation	Asst. Tubular Inspection
Last Name	ARIF	Company	PT. Inspektindo Sinergi Persada
Age	25 Yo.	Test Date	19 Agustus 2020

Occupational Noise Exposure

Present	Type of work: Asst. Tubular Inspection	Period of work: 1 Month	Hearing Protection Worn: Yes
Previous	1) - 2) -	- -	- -
Military Services	<input type="checkbox"/>		

Otological History / Symptoms

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



O = Right Air Conduction, <= Right Bone Conduction

X = Left Air Conduction, >= Left Bone Conduction

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	Susi Rindayani, A.Md.Kep		

Right Ear Observation and Test Result

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

Left Ear Observation and Test Result

Canal	Normal	HTL						
Ear Drum	Normal	LEFT						
Conduction	Frequency (Hz)							EAR
	500	1000	2000	3000	4000	6000	8000	
Air	30	30	30	30	40	40	40	33,3
Bone	25	25	25	25	30	20		26,7

Conclusion / Medical Report

Right Ear : Fungsi pendengaran dalam batas normal.  
 Left Ear : Gangguan pendengaran tipe konduksi derajat RINGAN.

Signature Grand Medica Indonesia  
 dr. Hendera A.Z.

Instrument used  
 SIBELSOUND 400

Standard  
 OSHA





**Patient Data**

ID Number	<b>1843</b>				
Name	<b>RIFALDI ARIF, Tn</b>	Company	<b>PT. Inspektindo Sinergi</b>		
Gender	Male	Occupation	Asst. Tubular Inspection		
DOB / Age	19 March 1995	// 25 Yo.	Test Date	19 August 2020	
Height (cm)	164	Weight (kg)	51	BMI	18.96

**Pre-exercise Test**

Indication	Medical Check Up	
Pre-exercise BP	130/80	mmHg
Heart Rate	77	bpm
Respiration	17	x/mnt
Resting ECG	<i>TBR</i>	

**Exercise Test Summary**

Exercise Time	12:05	mm:ss	End Stage	4	
Max Heart Rate	206	bpm	Target Heart Rate	166	bpm
Max Blood Pressure	140/80	mmHg	Max Heart Rate	124,1	%
Aerobic Capacity	<i>15</i>	METs.	VO2 Max	42.77	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 test hemispheric response  
fit to work at remote Area.*

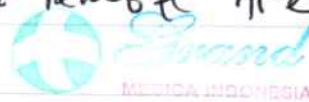
**Recommendation :**

Cardiologist Signature

*dr. ACHMAD YUSRI SpJP*

Instrument Used

CONTEC 8000S S/N 140203027





ID : 1843  
Name : Rifaldi Arif  
Age : 25 Years  
Gender : Male  
Department: PT. Inspektindo Sinergi Persad

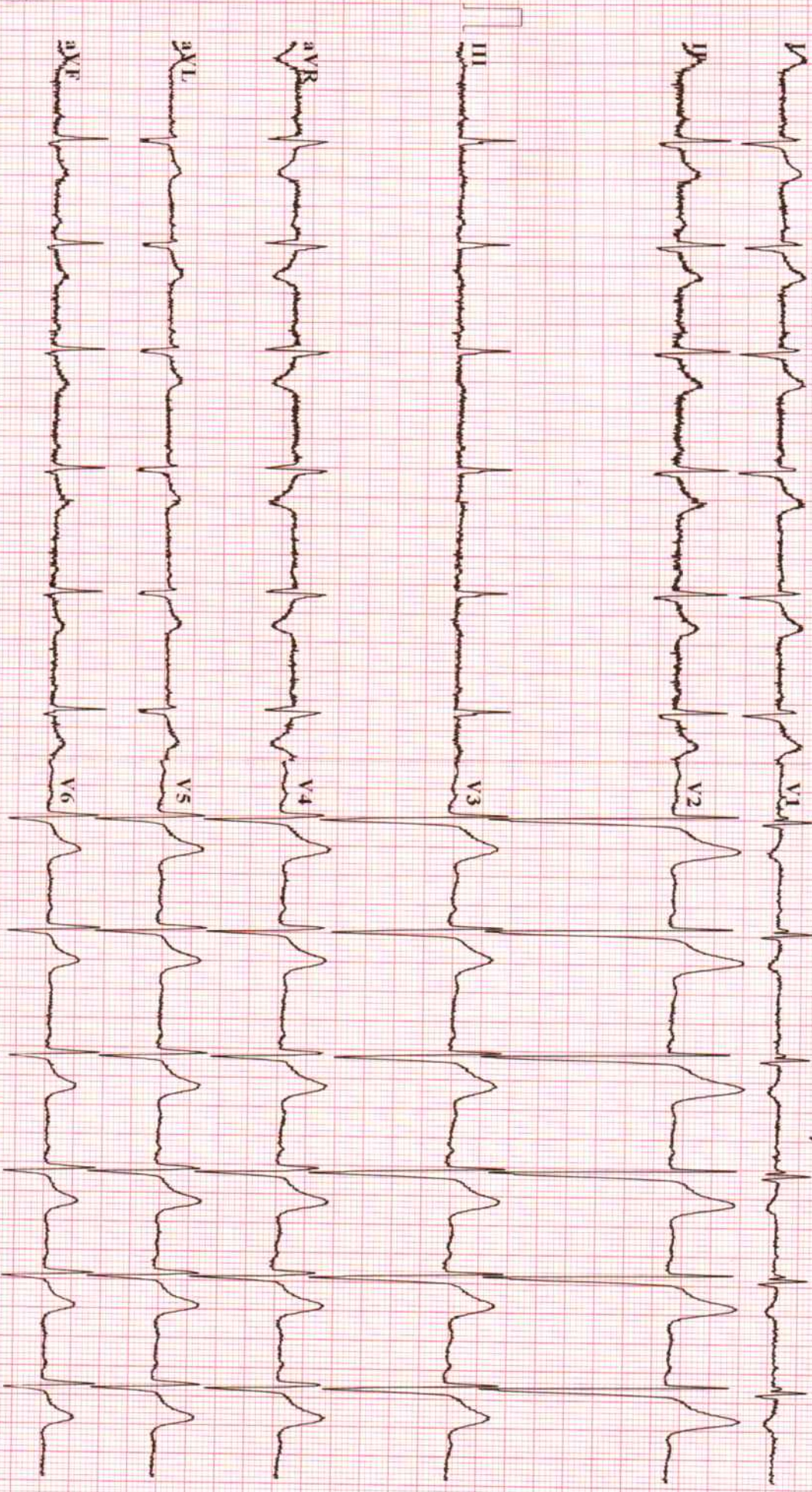
HR : 77 BPM  
P Dur : 97 ms  
PR int : 150 ms  
QRS Dur : 91 ms  
QT/QTc int : 353/399 ms  
P/QRS/T axis : 58/124/35 °  
RV5/SV1 amp : 0.822/0.286 mV  
RV5+SV1 amp : 1.108 mV  
RV6/SV2 amp : 0.905/3.356 mV

Diagnosis Information:  
821: Sinus Arrhythmia  
204: Marked Right Axis Deviation

Technician : Rinda Amd. Kep  
Report Confirmed by:

*dr. ACHMAD YUSRI, SpJP*  
SPECIALISIST GIGI DAN PERUBAH DARAH

*HR*





# Grand Medica Indonesia Stress Exercise Report

ID:1843

Section:

Name: Rifaldi Arif

Sex: Male

Age: 25

Exam Time: 19-08-2020 10:51

DOB: 1995-03-19  
Height: 164.00 cm

Race: Oriental Race  
Weight: 51.00 kg

Indications: MCU

Smoking  
 Hypertension  
 Diabetic  
 Hyperlipidemia  
 History of MI  
 Family History

Medications:

Address:  
Telephone:

Stage Name	HR(bpm)	BP(mmHg)
PRE-EXE	112	130/80
EXE1	181	130/80
EXE2	175	----/----
EXE3	173	----/----
EXE4	178	----/----
REC1	161	140/80

Protocol Name: BRUCE  
Target HR: 166 bpm  
Exercise Time: 12:05 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: 206 bpm  
Target HR: 124.1 %  
METs: 13.5 METs  
HR\*BP: 21630.0 bpm\*mmHg  
SYS: 140.0 mmHg  
DIA: 80.0 mmHg

ST Segment  
Max Elevation: 0.98 mV 08:30 V3  
Max Depression: -0.71 mV 01:20 III  
Max Elevation Change: 0.63 mV 00:50 aVL  
Max Depression Change: -0.87 mV 03:10 I

Arrhythmia		Reason for End:	
Total Beats:	2048	Abnormal Beats:	623
Total V:	191	Total S:	432
V Pairs:	3	S Pairs:	9
V Run:	2	S Run:	26
V bigeminal:	2	S bigeminal:	3
V trigeminal:	0	S trigeminal:	0
Total Long:	0		

Symptoms:

Conclusions:

*Negative Ischemic Response*

Operator:

Reviewing Physician:



Dr. Achmad Yusuf, S.P.J.P.  
CONTEC8000S Stress ECG Analysis System

# Grand Medica Indonesia Stress Exercise Report

## Average QRS

ID: 1843

Section:

Name: Rifaldi Arif

Sex: Male

Age: 25

Exam Time: 19-08-2020 10:51

Time: 00:20	Time: 03:20	Time: 06:20	Time: 09:20	Time: 11:30	Time: 11:50
HR: 130 bpm BP: 130/80 mmHg	HR: 189 bpm BP: 130/80 mmHg	HR: 166 bpm BP: 130/80 mmHg	HR: 161 bpm BP: 130/80 mmHg	HR: 166 bpm BP: 130/80 mmHg	HR: 161 bpm BP: 130/80 mmHg
0.08 19.86	-0.29 196.02	0.26 177.27	0.18 18.69	0.25 83.23	0.23 88.13
0.17 71.30	-0.02 34.61	-0.20 75.09	-0.03 89.10	0.18 82.49	0.08 88.01
0.09 68.86 aVR	0.27 86.85 aVR	-0.46 78.83 aVR	-0.21 55.84 aVR	-0.07 -35.18 aVR	-0.15 40.80 aVR
-0.13 -59.60 aVL	0.16 81.66 aVL	-0.03 62.88 aVL	-0.07 -61.78 aVL	-0.21 -58.31 aVL	-0.15 -63.91 aVL
-0.00 -47.30 aVF	-0.27 -86.12 aVF	0.35 -77.94 aVF	0.19 -8.89 aVF	0.16 53.40 aVF	0.19 21.15 aVF
0.13 79.14	0.12 82.72	-0.33 89.63	-0.12 83.77	0.05 15.22	-0.03 59.10
-0.02 -49.85	0.01 72.67	-0.02 62.59	-0.13 -56.37	-0.12 -52.97	-0.06 -13.83
0.15 19.43	-0.08 78.23	-0.29 73.12	0.55 73.43	0.57 78.07	0.55 73.32
0.33 49.22	-0.20 80.05	-0.08 73.52	0.53 74.45	0.87 89.11	0.72 77.27
0.12 21.42	0.15 80.94	-0.17 85.60	0.16 89.06	0.29 87.22	0.26 79.34
0.15 36.84	0.10 80.52	-0.13 78.19	0.20 88.84	0.35 86.49	0.33 76.82
0.08 -6.02	0.10 79.70	-0.21 74.54	0.19 35.03	0.24 58.48	0.24 66.39





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:1843

Section:

Name: Rifaldi Arif

Sex: Male

Age: 25

Exam Time: 19-08-2020 10:51

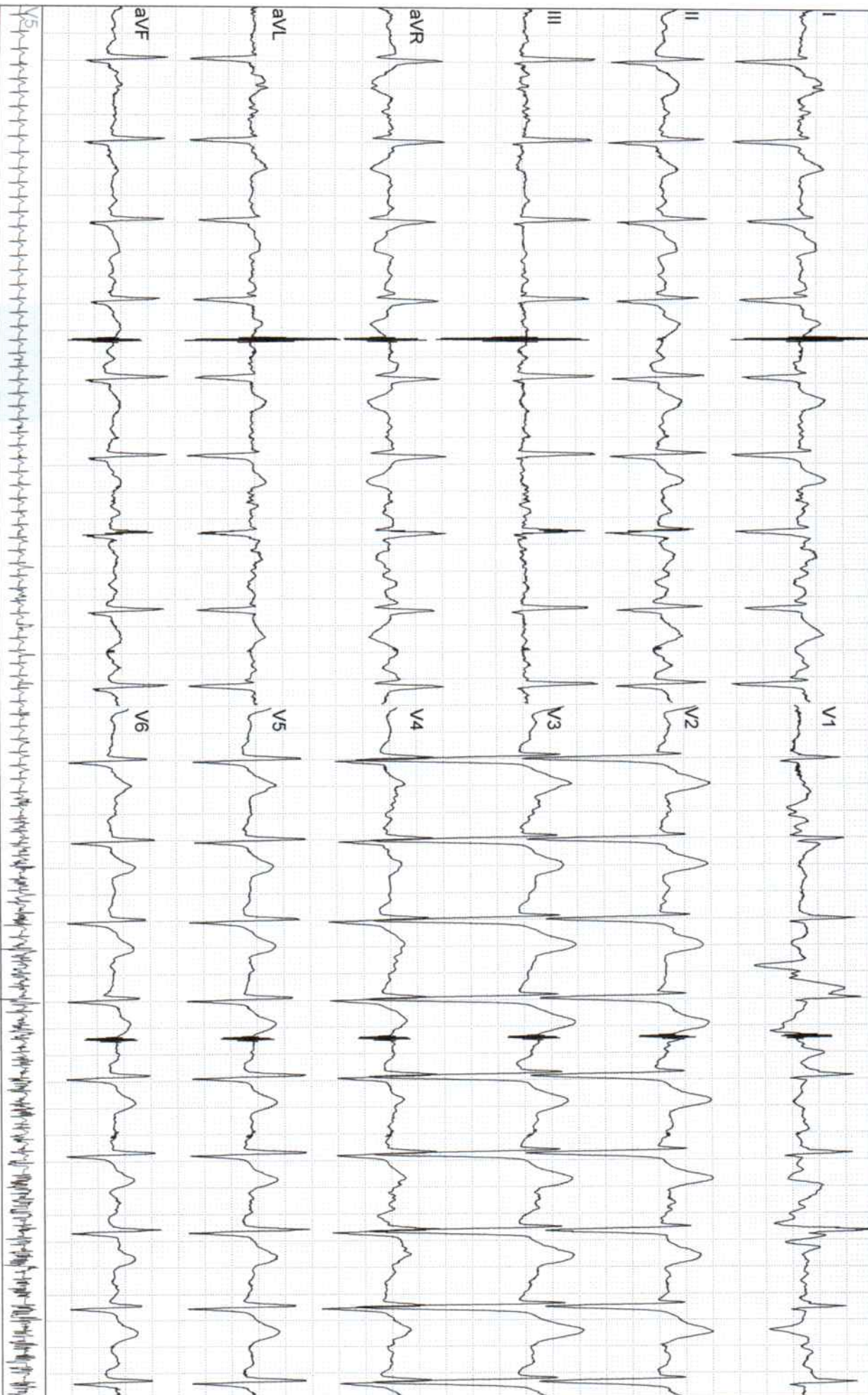
Time: 00:13

Stage: [1 / 1] PRE-EXE 00:13 [0.0 Km/h 0.0 %]

HR: 112 bpm

BP: 130/80 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:1843

Section:

Name: Rifaldi Arif

Sex: Male

Age: 25

Exam Time: 19-08-2020 10:51

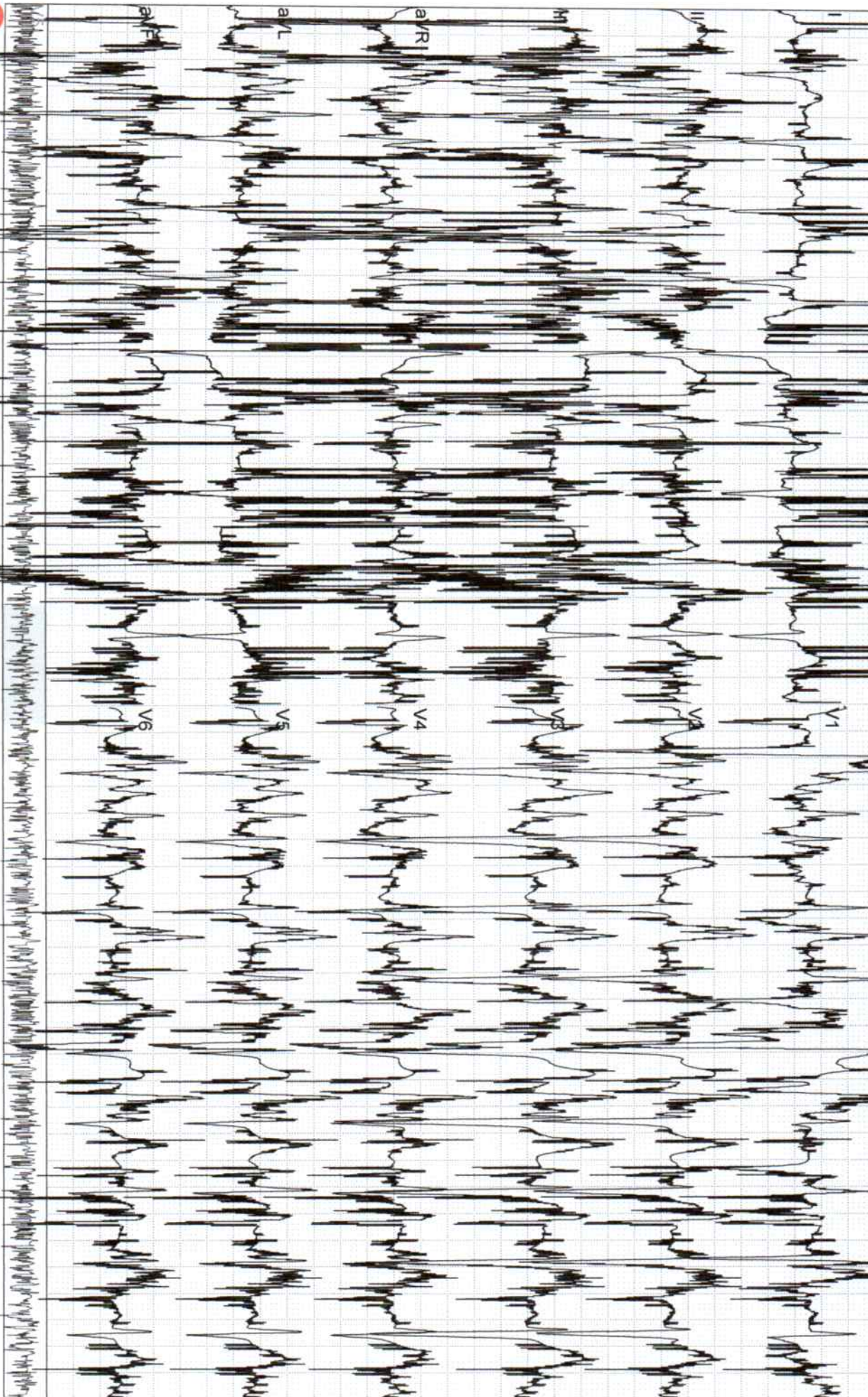
Time: 03:03

Stage: 12 / 6 EXE 02:33 [ 2.7 km/h 10.0 % ]

HR: 186 bpm

BP: 130/80 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 1843

Time: 05:23

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

HR: 166 bpm

BP: 130/80 mmHg

10mm/mV 25mm/s

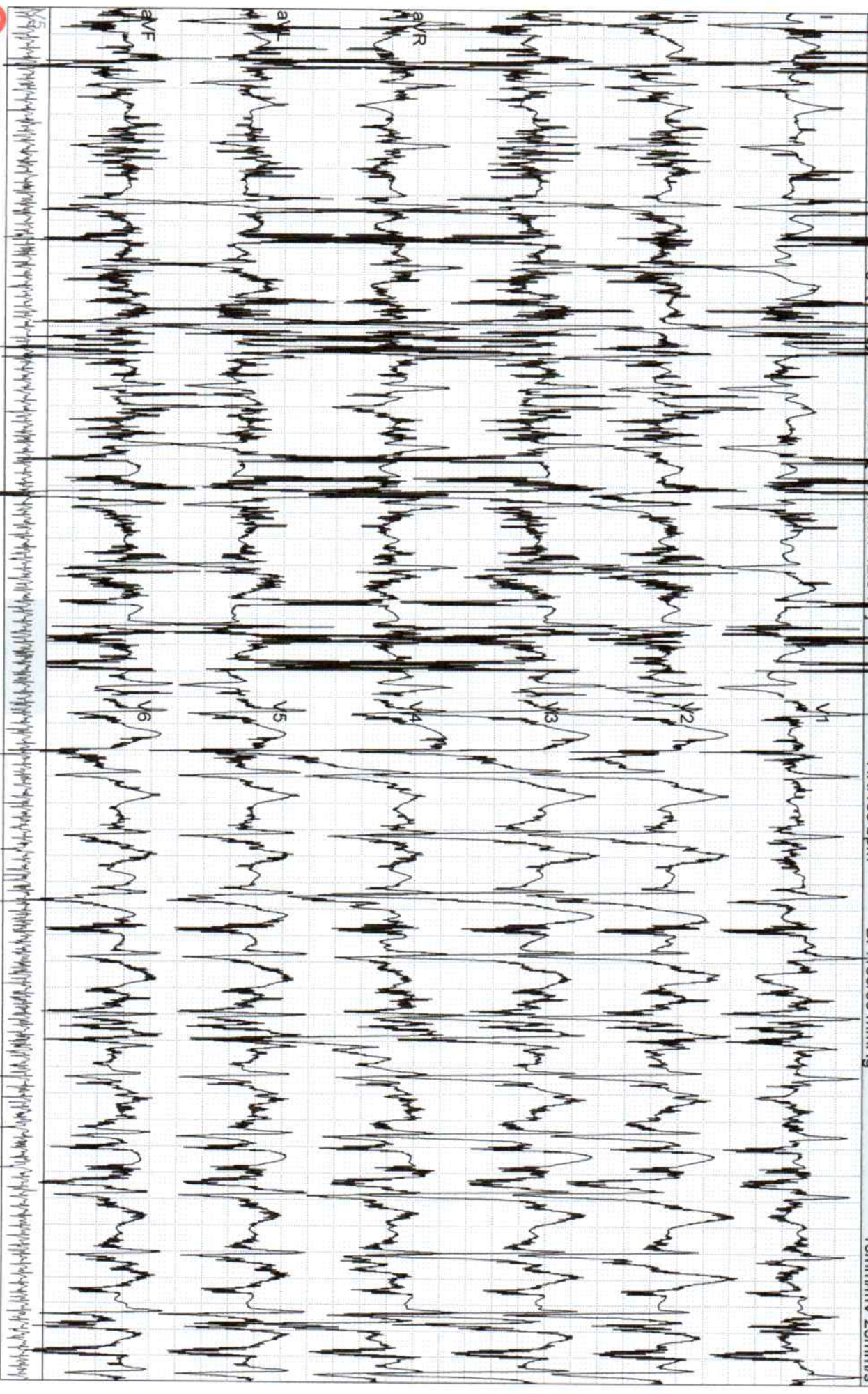
Section:

Name: Rifaldi Arif

Sex: Male

Age: 25

Exam Time: 19-08-2020 10:51





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 1843

Section:

Name: Rifaldi Arif

Sex: Male

Age: 25

Exam Time: 19-08-2020 10:51

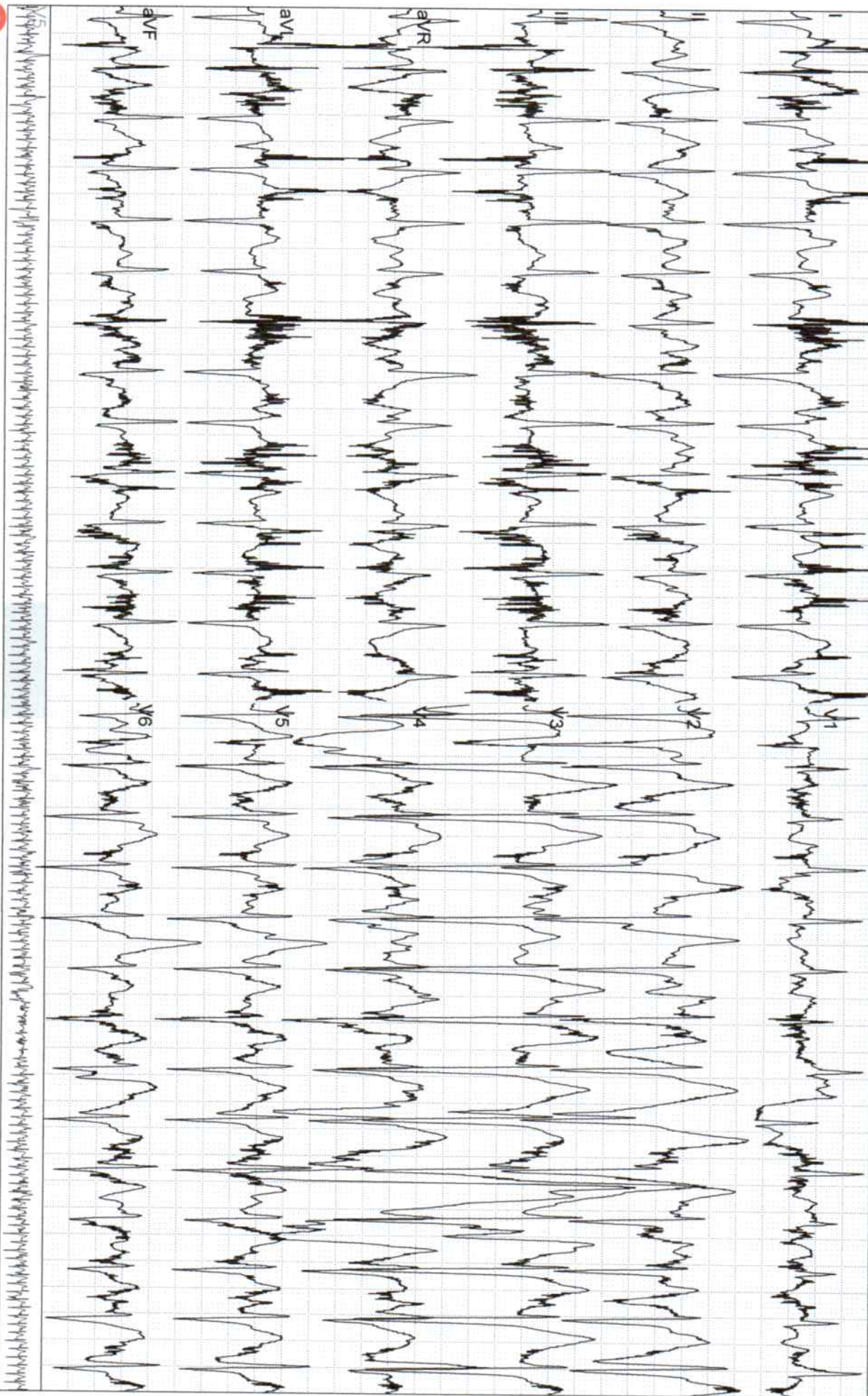
Time: 08:56

Stage: 4 | 6 | EXE3 02:26 [ 5.5 Km/h 14.0 % ]

HR: 164 bpm

BP: 130/80 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:1843

Section:

Name:Rifaldi Arf

Sex:Male

Age:25

Exam Time:19-08-2020 10:51

Time:11:33

Stage:6 / 6 | Recovery 00:02 [ 0.0 Km/h 0.0 % ]

HR:166 bpm

BP:130/80 mmHg

10mm/mV 25mm/s

