



**GRAND MEDICA  
INDONESIA**

*Make SMILE and Be HEALTHY*

## PERSONAL DATA

No. MCU : 3225/GMI-MCU/V/2022  
No. Badge : -  
N a m a : SARWO EDI, Tn.  
U m u r : 26 tahun  
Perusahaan : PT. INSPEKTINDO SINERGI PERSADA  
Jabatan : Asst. Inspector  
Tgl Pemeriksaan : 10/05/2022  
Alamat : Jl. Telaga RT 08 Kel. Gn. Seteleng, Kab. Penajam Paser Utara.

## MEDICAL CHECK UP –2022

## PHYSICAL EXAMINATION

NAME	SARWO EDI, Tn.	S/N	-	DEPT	-
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## I. VITAL SIGN

Blood Pressure (supine)	96/56	mmHg	Pulse	70	x/m	Respiration	20	x/m	Temp.	36	-C
Weight (W)	57	kg	Height (H)	168	cm	BMI	20,2	Waist	74	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@		✓	
8	NECK	Adenopathi/Thyroid/Carotids/ Trachea/ Veins/ Mass/ Spine/ Motion/ Bruit		✓	
9	BACK / SPINE	Kyphosis/Scoliosis/ Lordosis/ Mobility/ CVA/ Bone/ Tenderness/ Other deformities		✓	
10	THORAX	Symmetry/Movement/Contour / Tender		✓	
11	BREAST	Size/Consistency/ Nipples/ Areola / Discharge/ Palpable mass/ enderness/ Nodes/ Scars		✓	
12	HEART	Rate/Rhythm/Apical/Impulse/Trills/ Quality of sound/Intensity/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	Hemia/Inguinal nodes/Femoral pulses		✓	
16	GENITAL	MALE	Penis/Testis/Scrotum epididymis/ Varicocele/ Scars/ Discharge/ Circumcised/ Piercing	✓	
		FEMALE	Vulva/Vagina/ Cervix/ Uterus/ Adnexae/ Rectocele/ Bartholini gland/ Urethra/ Discharge		
17	EXTREMITIES	Deformity/Clubbing/Cyanosis/Edema/Nail/ Peripheral pulses/ Calf tenderness/Joints for swelling/ ROM		✓	
18	JOINTS	ROM/ Swelling / Inflammation /Deformity		✓	
19	SKIN	Color/Birthmark/Scars/ Tattoos /Texture/Rash/ Eczema / ulcers/Piercing		✓	
20	NEUROLOGICAL	Reflexes/Cranial nerve/Tremor/Paralysis/Motoric/ Sensor (touch,prick,vibrate)/ Coordination/ Romberg		✓	Romberg Test : Negative
21	MUSCULAR SYSTEM	Strength/Wasting/Development		✓	
22	RECTAL EXAM.	Sphincter tonus/ Hemorrhoids/ Fissure/ Masses /Prostate		✓	

Vision	Unaided		With Spectacles		Depth Perception	Colour Blindness	
	Left	Right	Left	Right			
Distant	20/30	20/40	-	-	✓	Normal	
Near	20/30	20/30	-	-		Red – Green Absent	
Visual fields (Normal > 70°)			Left	85°	Right	85°	Colour Blind

Balikpapan, **01/07/2022**
**ANNUAL MEDICAL CHECK UP**

Kepada Yth : <b>SARWO EDI, Tn.</b>	Umur : 26 tahun	S/N : -
Posisi : Asst. Inspector	MCU ID : 3225/GMI-MCU/V/2022	Dept. : -

Berikut adalah kesimpulan hasil pemeriksaan medical check up yang telah dilaksanakan pada tanggal :  
**10/05/2022**

**TEMUAN :**

- \* Berat Badan = 57 Kg (Normal), BMI = 20,20 ; BB Ideal = 50,80 - 70,56 Kg. Lingkar Perut : 74 cm (M : N ≤ 90 cm, F : N ≤ 80 cm).
- \* Riwayat Kesehatan = Tidak ada keluhan kesehatan. Tidak MEROKOK. Tidak BEROLAHRAGA.
- \* Riwayat Kesehatan Keluarga = Tidak ada riwayat penyakit dalam keluarga. Riwayat Vaksinasi = Vak. Tetanus & Vak. Hepatitis : N/A.
- \* Fisik = TD : 96/56 mmHg (Hipotensi). Romberg Test : Negatif. Mata : VOD : 20/40 (Mild), VOS : 20/30 (Normal), VF ODS : 85°(Normal). Test Buta Warna : Normal.
- \* Lab = Darah Lengkap (Hematology) : Normal. Urine : Normal. Kimia Darah : Normal. Faeces Lengkap : Normal. Culture SS : Negatif.
- \* Rekam Jantung (EKG) = Sinus Rhythm. (29/06/22) Treadmill Test = Negative Ischemic Response, 12 Mets (Normal), VO2 Max 42,84 ml/kg/min.
- \* Rontgen Dada (Thorax) = Dalam batas normal. Audiometri = Fungsi pendengaran dalam batas normal.
- \* (29/06/22) USG Abdomen = Tidak tampak kelainan signifikan pada USG ini.
- \* **Faktor Resiko Jantung Koroner berdasarkan Jakarta Cardiovascular Score = -1 → Low Risk (CV10 < 10%)**

**STATUS KESEHATAN :**

Kategori	CATATAN
<input type="checkbox"/> M-1A	Tidak ditemukan problem kesehatan
<input checked="" type="checkbox"/> M-1B	Ditemukan problem kesehatan yang tidak serius
<input type="checkbox"/> M-2	Ditemukan problem kesehatan yang dapat menjadi serius - Kelompok resiko rendah.
<input type="checkbox"/> M-3A	Ditemukan problem kesehatan yang dapat menjadi serius - Kelompok resiko sedang
<input type="checkbox"/> M-3B	Ditemukan problem kesehatan yang dapat menjadi serius - Kelompok resiko tinggi
<input type="checkbox"/> M-4	Ditemukan keterbatasan fisik untuk melakukan pekerjaan secara normal, hanya cocok untuk pekerjaan ringan.
<input type="checkbox"/> M-5	Dalam perawatan di rumah sakit atau dalam kondisi yang tidak memungkinkan untuk melakukan pekerjaan (status ijin sakit).

**KESIMPULAN :**

- FIT**                                      Sebagai : **Asst. Inspector**  
 **UNFIT**                                      Di : **Schlumberger**  
 **TEMPORARY UNFIT**


**SARAN - SARAN :**

- \* Pertahankan Berat Badan IDEAL, perhatikan batasan normal Berat Badan.
- \* Koreksi tajam penglihatan jauh dengan Kaca Mata yang tepat. Konsultasikan dengan dokter spesialis Mata.
- \* Konsul ke dokter bila timbul keluhan kesehatan. Banyak minum air putih 2-3 liter/hari.
- \* OLAHRAGA secara teratur dan terukur untuk menjaga kesehatan JANTUNG dan KEBUGARAN tubuh.
- \* -
- \* -

Bila masih ada hal yang perlu diperjelas, mohon segera menghubungi dokter pemeriksa di 0542-7214552, 0811 540 8080, 0821 5721 3030.  
Terima kasih atas kerjasamanya.

**Catatan :**

\* Status Medical Check Up ini berlaku sampai dengan tanggal : **10/05/2023**

**Mengetahui :**

dr. ....

 Hormat Kami,  
Dokter Pemeriksa,



**dr. Hendra AZ**  
No. SKP : KEP.350/BINWASK3-PNK.3/KK/XI/2017



**Patient Data**

ID Number :	3225/GMI-MCU/V/2022		
Name :	<b>SARWO EDI, Tn.</b>	Company :	PT. INSPEKTINDO SINERGI PERSADA
Gender :	Laki-Laki	Occupation :	Asst. Inspector
DOB / Age :	22/04/1996 / 26 Yo.	Test Date :	10/05/2022
Height (cm)	168	Weight (kg) :	57
		BMI :	20,20

**Jakarta Cardiovascular Risk Table**

Risk Factor		Score	Result	Poin	Determine the 10-year CVD risk (%)																																						
<b>Sex</b>	Female	0	Male	1	<table border="1"> <thead> <tr> <th>Total Points</th> <th>10-year CVD risk (%)</th> </tr> </thead> <tbody> <tr><td>-4</td><td>Low Risk &lt;1</td></tr> <tr><td>-3</td><td>Low Risk 2,6</td></tr> <tr><td>-2</td><td>Low Risk 4,2</td></tr> <tr><td>-1</td><td>Low Risk 5,8</td></tr> <tr><td>0</td><td>Low Risk 7,4</td></tr> <tr><td>1</td><td>Low Risk 9</td></tr> <tr><td>2</td><td>Moderate Risk 10,0</td></tr> <tr><td>3</td><td>Moderate Risk 13,1</td></tr> <tr><td>4</td><td>Moderate Risk 17,2</td></tr> <tr><td>5</td><td>High Risk 20,0</td></tr> <tr><td>6</td><td>High Risk 21,2</td></tr> <tr><td>7</td><td>High Risk 22,5</td></tr> <tr><td>8</td><td>High Risk 23,7</td></tr> <tr><td>9</td><td>High Risk 25</td></tr> <tr><td>10</td><td>High Risk 26,2</td></tr> <tr><td>11</td><td>High Risk 27,5</td></tr> <tr><td>12</td><td>High Risk 28,7</td></tr> <tr><td>13</td><td>High Risk &gt;30</td></tr> </tbody> </table>	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
	Total Points	10-year CVD risk (%)																																									
-4	Low Risk <1																																										
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	Male	1																																									
<b>Age</b>	25-34	-4	26	-4																																							
	35-39	-3																																									
	40-44	-2																																									
	45-49	0																																									
	50-54	1																																									
	55-59	2																																									
	60-64	3																																									
<b>Blood Pressure</b>	Normal	0	96/56	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	20,20	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	No	2																																							
	Low	1																																									
	Medium	0																																									
	High	-3																																									
<b>Total Point</b>				<b>-1</b>																																							

<b>Result</b>
Estimated 10-year CVD Risk
<b>5,8%</b>
Risk Category
<b>Low Risk</b>

**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.*

3225



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) EDI FIRST NAME SARWO

SEX MALE BIRTH DATE (day/month/year) 22 / 04 / 1996

HOME PHONE - NATIONALITY INDONESIA

HOME ADDRESS JL. TELAGA RT. 08. KEL. EN. SATELENG KAB. PPU.

Email address: Sarwoedi574@gmail.com

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

Business segment: .....

(ex: WS, WG, etc.)

<input type="checkbox"/> MEA	<input type="checkbox"/> EAF	Country of assignment .....
<input type="checkbox"/> LAM	<input type="checkbox"/> SLR	International commuter <input type="checkbox"/>
<input type="checkbox"/> NAM		International mobile <input type="checkbox"/>
GIN /EMPLOYEE NUMBER .....		Home country mobile <input type="checkbox"/>
POSITION / Job Title <u>ASST. INSPECTOR</u>		GeoMobile <input type="checkbox"/>
		Other (HCR, HCC, etc.): .....

**PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE**

## TO BE COMPLETED BY THE EMPLOYEE

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

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

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

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

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

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

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

Medical exam date : .....

And return only page 1 and 2 to :

International SOS  
Med-Track Department  
12/14 rue d'Alsace  
92300 Levallois Perret, France  
Fax : +33 1 55 63 32 42  
[emedtrack@internationalsos.com](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 employees' and their family's medical risks. In addition, the eMed-Track program provides employees and their family with online access to their (or part of their) medical information. SCHLUMBERGER will not have access to the personal data resulting from the medical examination. Only the Schlumberger Medical Department, and International SOS which provides the eMed-Track program and its contractors (the licensed physician(s) and medical staff who perform this medical examination), and are subject to ethical/confidentiality rules of the medical profession, will have access to such personal data. The data processing mentioned earlier in this introductory paragraph may only be carried out with your consent, and therefore, SCHLUMBERGER wishes to inform you of the data processing, and obtain your consent to such processing and to the resulting transfer of such data outside the EU.

#### INFORMATION AND CONSENT

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

- (a) SCHLUMBERGER will transfer to International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, nationality, job description/title, country of assignment and contact details).
- (b) SCHLUMBERGER via the Schlumberger Medical Department, and International SOS which provides the eMed-Track program and its contractors (the licensed physician(s) and medical staff who perform this medical examination), will collect, process and record my personal data required for the eMed-Track program needs, to provide access to authorized physicians or medical staff to the data related to my medical examination, including health data.
- (c) The personal data collected and processed are necessary for SCHLUMBERGER to achieve the purposes stated in the introductory paragraph above. For these purposes, relevant and adequate data are collected. These data are mostly sensitive data and their collection and processing requires my prior express consent.
- (d) I undertake to provide complete and accurate data.
- (e) SCHLUMBERGER (Schlumberger Limited, the ultimate parent company with a principal office at 42 rue Saint Dominique, 75007 Paris, France) is the data controller of the data processing related to the eMed-Track program.
- (f) International SOS and its contractors (the licensed physician(s) and medical staff who perform this medical examination) may collect, process and record my personal data, on behalf of SCHLUMBERGER. International SOS entered into an agreement with SCHLUMBERGER (or its representative) under which it undertakes to comply with, and cause its contractors (the licensed physician(s) and medical staff who perform this medical examination) to comply with, EU personal data protection laws and national laws adopted pursuant thereto, and applicable medical and health regulations. It also undertakes to implement adequate confidentiality and security measures in order to protect and maintain my personal data in a secured manner. Except as required by law or legal authorities or upon expiry or termination of the agreement between SCHLUMBERGER (or its representative) and International SOS, my personal data will not be transferred to any other recipients.
- (g) I acknowledge and expressly agree that without prejudice to paragraph (f), International SOS shall not be liable for the accuracy or medical conclusions of the medical examination carried out by its contractors (the licensed physician(s) and medical staff who perform this medical examination).
- (h) My personal data, for the sole purposes herein mentioned (which includes technical and organizational purposes, such as data storage on a server located in a country outside the EU), may be transferred outside the EU to third countries that do not have or may not have the same level of protection as the one in the EU. Such transfer of my personal data outside the EU requires my prior express consent.
- (i) Pursuant to EU data protection laws and national laws adopted pursuant thereto, I have the right to require access to, correction of, or deletion of, my personal data, and oppose the collection or processing of my personal data, by contacting International SOS (Attention Med-Track department, Medical Director, 12-14 rue d'Aisace, 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: Sarwo eli

Date (day/month/year): 10 - 05 - 2022. Employee's signature: Sarwo eli

# 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: SARWO EDI

Date (day/month/year): 10 - 05 - 2022 Employee's signature: 



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

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :

(If known)

PAST MEDICAL HISTORY

DO YOU HAVE OR HAVE YOU HAD

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

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

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

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

Medication taken regularly : .....

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

Allergies to medication: .....

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

polio ...../...../..... hepatitis B ...../...../..... hepatitis A ...../...../.....  
tetanus ...../...../..... yellow fever ...../...../..... typhoid ...../...../.....

other:.....,date:...../...../..... Other: .....date:...../...../.....

Alcohol consumption: Number of glasses per day: ..... Tobacco: Number of cigarettes per day :.....

LAST NAME EDI FIRST NAME JARWO

**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/<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	N	
168		57		96/56	70		✓		L	L	20/30		<input type="checkbox"/>
				mmHg	x/m	L	n	a	Near	R	No		<input checked="" type="checkbox"/>
							✓			L	20/30		

LAST NAME : EDI

FIRST NAME : SARWO

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

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

BLOOD ANALYSIS

RBC	5.000.000	/mm3	SGOT (ASAT)	24	U/L
WBC	6900	/mm3	SGPT (ALAT)	22	U/L
NEUTROPHIL	58	%	GAMMA GT	-	U/L
EOSINOPHIL	2,5	%	GLYCEMIA	76	mg/dL
BASOPHIL	0	%	CHOLESTEROL TOTAL	126	mg/dL
LYMPHOCYTE	34	%	HDL	55	mg/dL
MONOCYTE	6,4	%	LDL	47	mg/dL
HEMATOCRIT	42,4	%	CREATININE	1,2	mg/dL
HEMOGLOBIN	14,8	g/dL	URIC ACID	4,6	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	119	mg/dL

BLOOD TYPE

-

test only if not already known

URINE ANALYSYS

ALBUMIN : -

SUGAR : Negative BLOOD : Negative PARASITES : Negative

STOOL ANALYSIS

BLOOD : Negative

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

MUST BE REASSESSED Yes  No

Detail : .....

Date of medical examination (day/month/year) : 10/05/2022

DOCTOR'S SIGNATURE

MEDICAL CENTER STAMP/SEAL



EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS

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

Please write in clear capital letters !

LAST NAME ..... 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:

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

**Nomor Lab.**  
(Lab. Number) : 3225 /GMI-MCU/V/2022

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : SARWO EDI, Tn. / Laki-Laki **Umur**  
(Age) : 26 Tahun  
(Years old)

**Pekerjaan**  
(Job Position) : ASST. INSPECTOR **Dokter**  
(Doctor) : Dr. Hendra AZ

**Perusahaan**  
(Company) : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan**  
(Date of Analysis) : 10 Mei 2022

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>HEMATOLOGI</b>			
<b>HEMATOLOGI RUTIN</b>			
Hemoglobine ( Hgb )	14,8	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit ( Hct )	42,4	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35 ,0- 45,0	%
Erythrocyt (RBC)	5,0	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 <sup>6</sup> sel/mm <sup>3</sup>
Leucocyt (WBC)	6,9	Dewasa : 4,0 - 10,0	10 <sup>3</sup> / $\mu$ L
<b>Differential Count</b>			
Basophile	0	0 - 2	%
Eosinophile	2,5	0 - 3	%
Neutrofil	57,5	50 - 70	%
Lymphocyte	33,6	20 - 40	%
Monocyte	6,4	3 - 12	%
MCV	84	80 - 100	fL
MCH	29	27 - 34	pg/cell
MCHC	35	32 - 36	g/dL
RDW- CV	12,6	11 - 16	%
RDW-SD	39,4	35 - 56	fL
Thrombocyt	213	140 - 440	10 <sup>3</sup> /mm <sup>3</sup>
<b>KIMIA KLINIK</b>			
<b>METABOLISME GLUKOSA/DIABETES</b>			
Glucose Fasting	76	Normal : 70 - 110	mg/dL
<b>PROFIL LEMAK</b>			
Cholesterol total	126	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : >= 240	mg/dL
Triglycerides	119	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : >= 500	mg/dL

**Nomor Lab.** : 3225 /GMI-MCU/V/2022  
(Lab. Number)

**Data Pasien (Patient Detail)**

**Nama** (Name) : SARWO EDI, Tn. / Laki-Laki **Umur** (Age) : 26 Tahun (Years old)  
**Pekerjaan** (Job Position) : ASST. INSPECTOR **Dokter** (Doctor) : Dr. Hendra AZ  
**Perusahaan** (Company) : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan** (Date of Analysis) : 10 Mei 2022

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
HDL Cholesterol	55	Rendah : < 40 Tinggi : >= 60	mg/dL
LDL Cholesterol	47	Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	0,9	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
<b>FUNGSI HATI</b>			
SGOT / AST	24	0 - 37	U/L
SGPT / ALT	22	0 - 40	U/L
<b>FUNGSI GINJAL</b>			
Uric Acid	4,6	Laki-laki dewasa : 3,5 - 7,2 Perempuan dewasa : 2,6 - 6,0	mg/dL
Creatinine	1,2	0,8 - 1,4	mg/dL
Ureum	26	10 - 50	mg/dL
<b>URINALISA</b>			
<b>MAKROSKOPIS URIN</b>			
Warna	Kuning		
Kejernihan	Jernih		
<b>KIMIA</b>			
Berat jenis	1,025	Normal : 1,003 - 1,035	
pH	5,0	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/ $\mu$ L

**Nomor Lab.**  
(Lab. Number) : 3225 /GMI-MCU/V/2022

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : SARWO EDI, Tn. / Laki-Laki **Umur**  
(Age) : 26 Tahun  
(Years old)

**Pekerjaan**  
(Job Position) : ASST. INSPECTOR **Dokter**  
(Doctor) : Dr. Hendra AZ

**Perusahaan**  
(Company) : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan**  
(Date of Analysis) : 10 Mei 2022

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
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

Tanggal pengambilan sampel : 10 Mei 2022

Penanggung Jawab Laboratorium,



Dr. Hendra Agus Z



Laboratorium  
**GRAND Medica**

Analisis Laboratorium



Syamsiar Am. Ak



Nomor Pasien  
(Patient Number)

Nomor Film  
(Film Number) : 3225

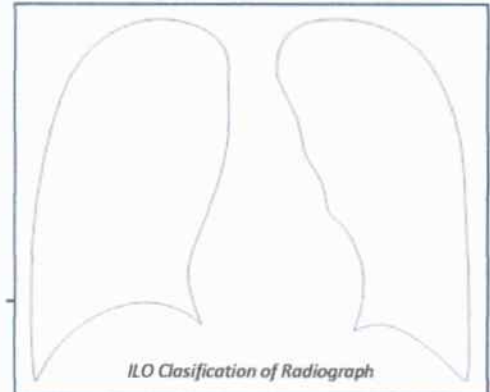
**Data Pasien (Patient Detail)**

Nama  
(Name) : SARWO EDI, Tn.  
Umur  
(Age) : 26 Tahun  
(years old)  
Jenis Kelamin  
(Gender) : Male

Perusahaan  
(Company) : PT. INSPEKTINDO SINERGI PERSADA  
Pekerjaan  
(Occupation) : ASST. INSPECTOR  
Tgl Pemeriksaan  
(Date of Analysis) : 10 Mei 2022

**Rincian Pemeriksaan (Examination Detail)**

Jenis Pemeriksaan  
(Type of Examination) : Foto thorax  
Posisi Penyinaran  
(Exposure Position) : PA  
Kondisi Penyinaran  
(Exposure Condition) : kV : 58  
mAs : 3,6



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

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

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

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

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

Foto thorax normal

dr. ABDUL HARIS, Sp.Rad  
Spesialis Radiologi



**Patient Data**

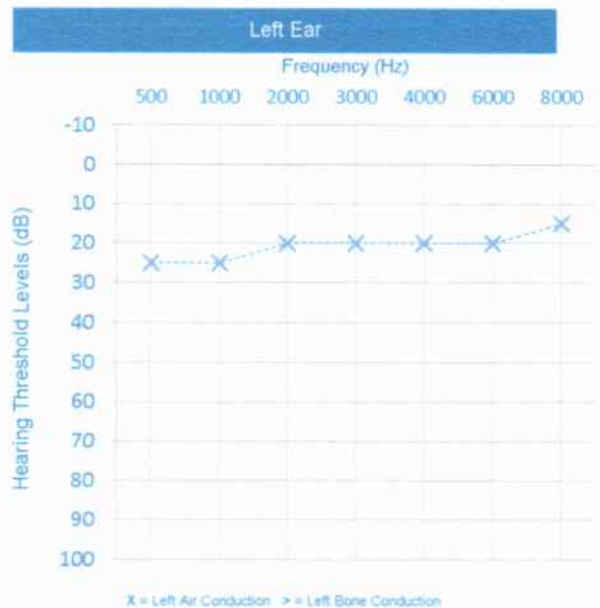
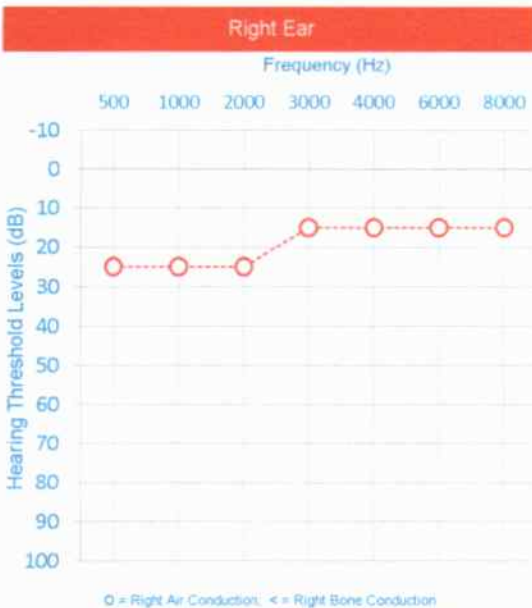
ID Number	3225	Gender	Laki-laki
First Name	SARWO	Occupation	Asst Inspector
Last Name	EDI	Company	PT. Inspektindo
Age	26 Yo.	Test Date	10 Mei 2022

**Occupational Noise Exposure**

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

**Test Detail**

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



**Right Ear Obseration and Test Result**

Canal	Normal							HTL
Ear Drum	Normal							RIGHT EAR
Conduction	Frequency (Hz)							
	500	1000	2000	3000	4000	6000	8000	
Air	25	25	25	15	15	15	15	18,3
Bone								15

**Left Ear Obseration and Test Result**

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

**Conclusion / Medical Report**

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

Signature   
**dr. Hendra A.Z.**

Instrument used  
**SIBEL SOUND 400**

Standard  
**OSHA**





**Nomor Pasien**  
(Patient Number) : 290622001

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

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : SARWO EDI, Tn  
**Umur**  
(Age) : 26 **Tahun**  
(Years old)  
**Jenis Kelamin**  
(Gender) : LAKI-LAKI

**Perusahaan**  
(Company) : PT . INSPECTINDO  
**Pekerjaan**  
(Occupation) : ASST INSPECTOR  
**Tgl Pemeriksaan**  
(Date of Analysis) : 29/06/2022

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

**USG Abdomen:**

**Liver :** Bentuk , ukuran normal, echoparenkim superficialis meningkat dan attenuasi profunda , bile duct normal

**GB :** Tidak tampak Batu (Post cholecystectomy)

**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 signifikan pada usg ini.**

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



**Grand**  
MEDICA INDONESIA

**mindray**  
ULTRASOUND



**GRAND MEDICA**  
**INDONESIA**

**Radiological Analysis**  
Radiological Examination

**Nomor Pasien** : **290622001**  
(Patient Number)

**Tgl Pemeriksaan** : **29/06/2022**  
(Date of Analysis)

**Pemeriksaan**  
Examination

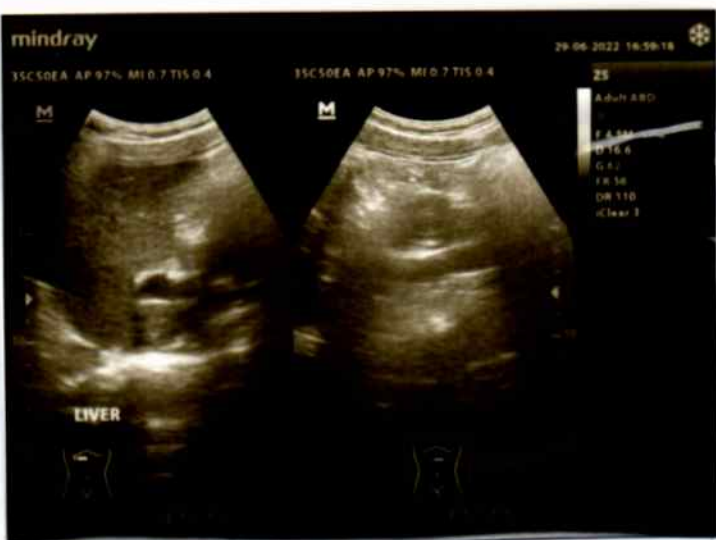
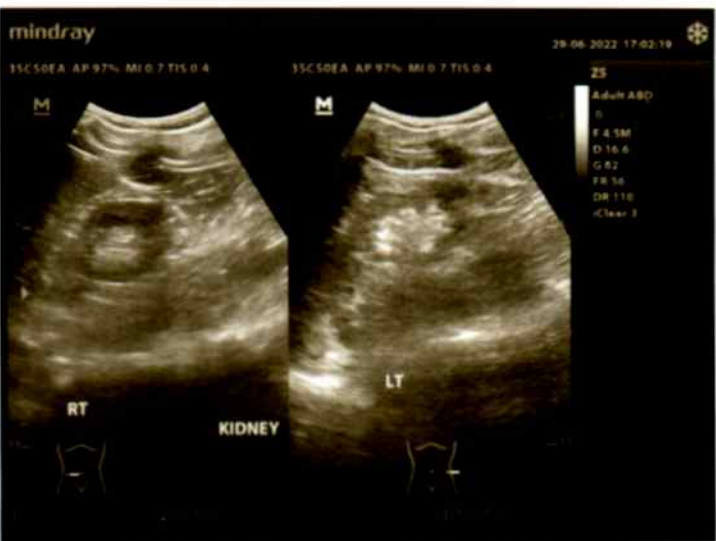
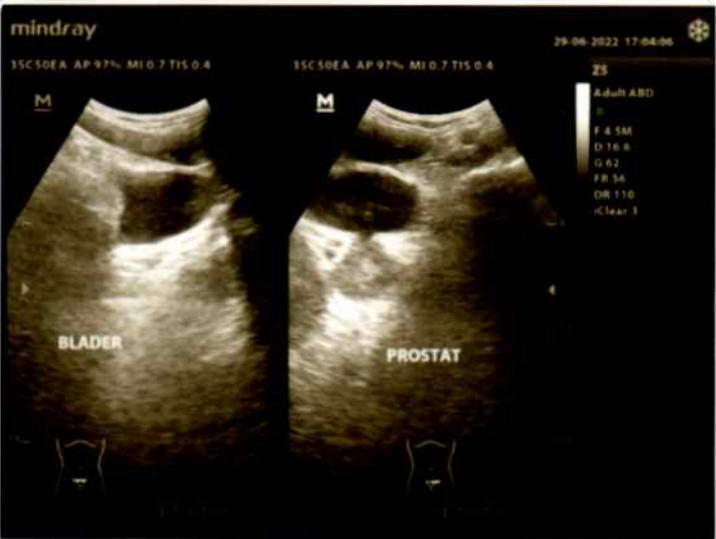
**Data Pasien (Patient Detail)**

**Nama** : **SARWO EDI, Tn**  
(Name)  
**Umur** : **26** **Tahun**  
(Age) (Years old)

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

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

**PT . INSPECTINDO**  
**ASST INSPECTOR**





**Patient Data**

ID Number	29062201		
Name	SARWO EDI,Tn	Company	PT. InSPEKTINDO
Gender	Male	Occupation	ASST INSPECTOR
DOB / Age	22 April 1996	// 26 Yo.	Test Date 29 Juni 2022
Height (cm)	168	Weight (kg)	57
		BMI	20,20

**Pre-exercise Test**

Indication	Medical Check Up		
Pre-exercise BP	96/56	mmHg	
Heart Rate	82	bpm	
Respiration	18	x/mnt	
Resting ECG			

**Exercise Test Summary**

Exercise Time	12:06	mm:ss	End Stage	4
Max Heart Rate	129	bpm	Target Heart Rate	165 bpm
Max Blood Pressure	110/65	mmHg	Max Heart Rate	78,2 %
Aerobic Capacity	12	METS.	VO2 Max	42,84 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 st remote area

**Recommendation :**

Cardiologist Signature

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

Instrument Used  
CONTEC 8000S S/N 140203027



ID : 3225  
Name : Sarwo Edi  
Age : 26 Years  
Department: PT. Inspektindo  
Gender : Male

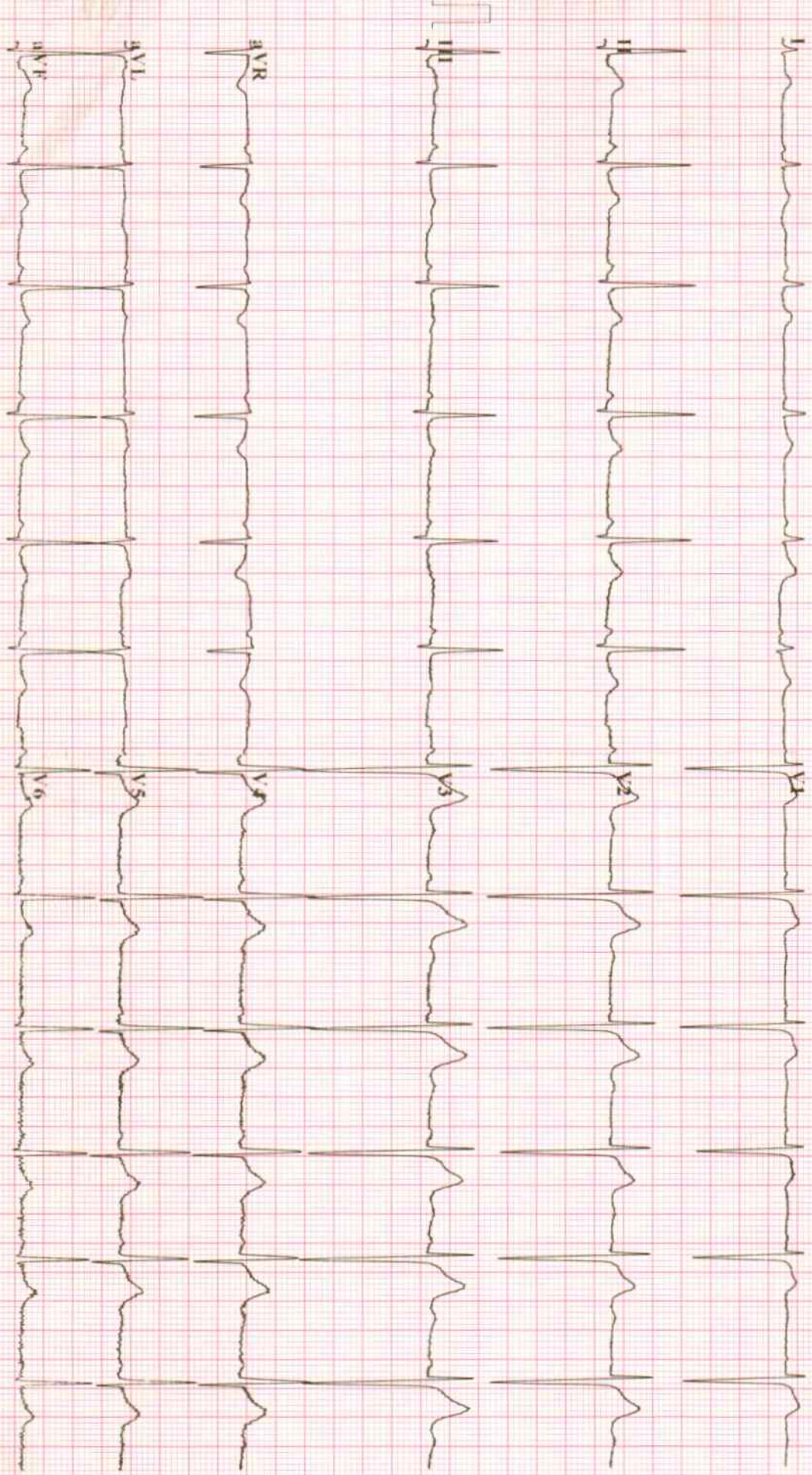
HR : 70 BPM  
P Dur : 92 ms  
PR int : 123 ms  
QRS Dur : 79 ms  
QT/QTc int : 365/394 ms  
P/QRS/T axis : 69/77/54 °  
RV5/SV1 amp : 1.430/1.808 mV  
RV5+SV1 amp : 3.238 mV  
RV6/SV2 amp : 1.302/2.149 mV

Technician : Rinda Amd.Kcp  
Report Confirmed by:

Diagnosis Information:  
821: Sinus Arrhythmia  
\*\*\*Normal ECG\*\*\*

ngn

*[Signature]*  
SPESIALIS JANTINE DOKTER KARDIOLOGI URSAM



# Grand Medica Indonesia Stress Exercise Report

ID:29062201      Section:      Name:SARWO EDI, Tn      Sex:Male      Age:26      Exam Time:29-06-2022 14:37

**Information**

DOB: 1996-04-22      Race: Oriental Race      Indications: MCU  
 Height: 168.00 cm      Weight: 57.00 kg

Smoking       Diabetic       History of MI  
 Hypertension       Hyperlipidemia       Family History

Address:      Medications:  
 Telephone:

**Result**

Stage Name	HR(bpm)	BP(mmHg)	Summary	Max Values	ST Segment
PRE-EXE	73	96/56	Protocol Name: BRUCE	HR: 129 bpm	Max Elevation: 0.22 mV      02:00 V3
EXE1	111	-----	Target HR: 165 bpm	Target HR: 78.2 %	Max Depression: -0.14 mV      10:20 III
EXE2	120	-----	Exercise Time: 12:06 mm:ss	METS: 13.5 METs	Max Elevation Change: 0.12 mV      09:20 aVL
EXE3	125	-----	Max Speed: 6.8 km/h	HR+BP:	Max Depression Change: -0.21 mV      09:20 II
EXE4	126	-----	Max Grade: 16.0 %	SYS: 110.0 mmHg	
REC1	116	110/65	Exeed +/-100uV Leads: I III III aVL aVR aVF V2 V3 V4 DUKE Score: ----	DIA: 65.0 mmHg	

Arrhythmia		Reason for End :		Symptoms:
Total Beats:	1386	Abnormal Beats:	0	
Total V:	0	Total S:	0	
V Pairs:	0	S Pairs:	0	
V Run:	0	S Run:	0	
V bigeminal:	0	S bigeminal:	0	
V trigeminal:	0	S trigeminal:	0	
Total Long:	0			

Conclusions:

Operator:

**Dr. Achmad Yusri, SpJP**  
 SPESIALIS JANTING DAN PEMBULUH DARAH  
 Reviewing Physician:

# Grand Medica Indonesia Stress Exercise Report

## Average QRS

ID:29062201

Section:

Name: SARWO EDI, Tn

Sex: Male

Age: 26

Exam Time: 29-06-2022 14:37

Time: 00:20	Time: 03:20	Time: 06:20	Time: 09:20	Time: 11:20	Time: 11:50
HR: 88 bpm BP: 96/56 mmHg	HR: 113 bpm BP: 96/56 mmHg	HR: 125 bpm BP: 96/56 mmHg	HR: 128 bpm BP: 96/56 mmHg	HR: 129 bpm BP: 96/56 mmHg	HR: 116 bpm BP: 110/65 mmHg
0.03 I 10.08 II -0.01 III -37.54 aVR -0.02 aVL 16.43 aVF 28.24 V1 0.02 V2 -0.00 V3 -0.00 V4 0.00 V5 0.05 V6 -0.02	0.01 I 25.34 II 0.02 III 11.10 aVR -0.01 aVL -8.09 aVF 28.78 V1 0.01 V2 -0.02 V3 0.06 V4 0.10 V5 0.11 V6 0.02	0.05 I 31.62 II 0.01 III 5.72 aVR -0.04 aVL -19.24 aVF 28.96 V1 -0.02 V2 0.05 V3 0.10 V4 0.08 V5 0.07 V6 0.00	0.01 I 1.78 II -0.10 III -9.54 aVR -0.10 aVL -0.16 aVF 3.92 V1 -0.10 V2 0.06 V3 0.12 V4 0.10 V5 0.06 V6 -0.01	0.09 I 14.56 II -0.04 III 5.87 aVR -0.13 aVL -10.47 aVF 12.81 V1 -0.08 V2 0.07 V3 0.18 V4 0.11 V5 0.09 V6 -0.04	0.08 I 25.59 II 0.05 III 32.23 aVR -0.03 aVL -28.78 aVF 10.80 V1 0.06 V2 0.01 V3 0.05 V4 0.15 V5 0.11 V6 0.01
-0.03 V6 -17.76 -29.53	0.01 I -18.13 II 0.02 III -9.90 aVR -0.01 aVL -18.13 aVF -18.13	-0.01 I -10.28 II 0.00 III 5.95 aVR -0.01 aVL -10.28 aVF -10.28	-0.04 I -6.48 II -0.01 III 1.94 aVR -0.01 aVL -6.48 aVF -6.48	-0.01 I 18.90 II 0.01 III 3.95 aVR -0.01 aVL 18.90 aVF 18.90	-0.02 I 12.22 II 0.01 III 20.68 aVR -0.02 aVL 12.22 aVF 12.22

# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:29062201

Section:

Name: SARWO EDI, Tn

Sex: Male

Age: 26

Exam Time: 29-06-2022 14:37

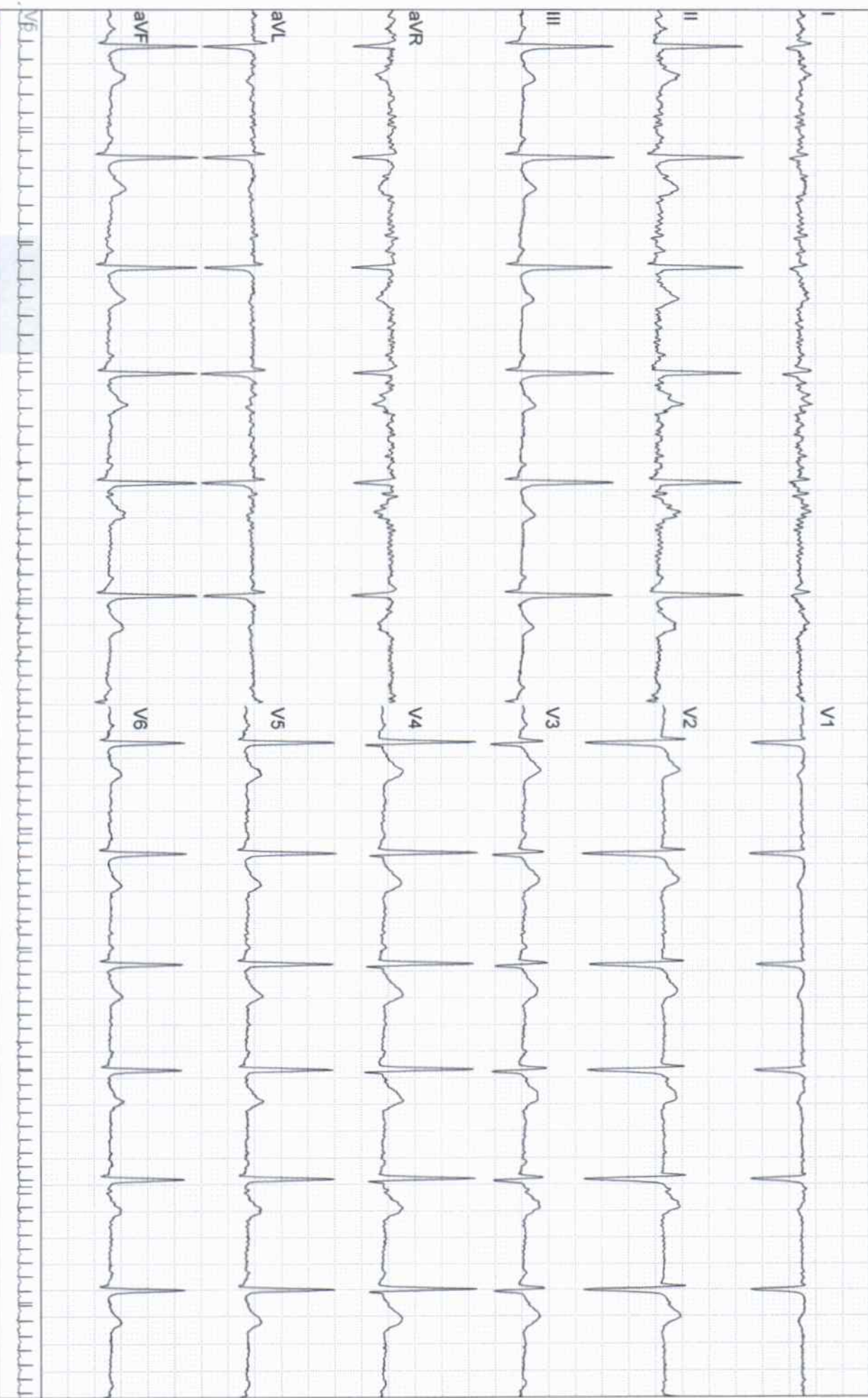
Time: 00:10

Stage: [ 1 / 6 ] PRE-EXE 00:10 [ 0.0 Km/h 0.0 % ]

HR: 73 bpm

BP: 96/56 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:29062201

Section:

Name:SARWO EDI, Tn

Sex:Male

Age:26

Exam Time:29-06-2022 14:37

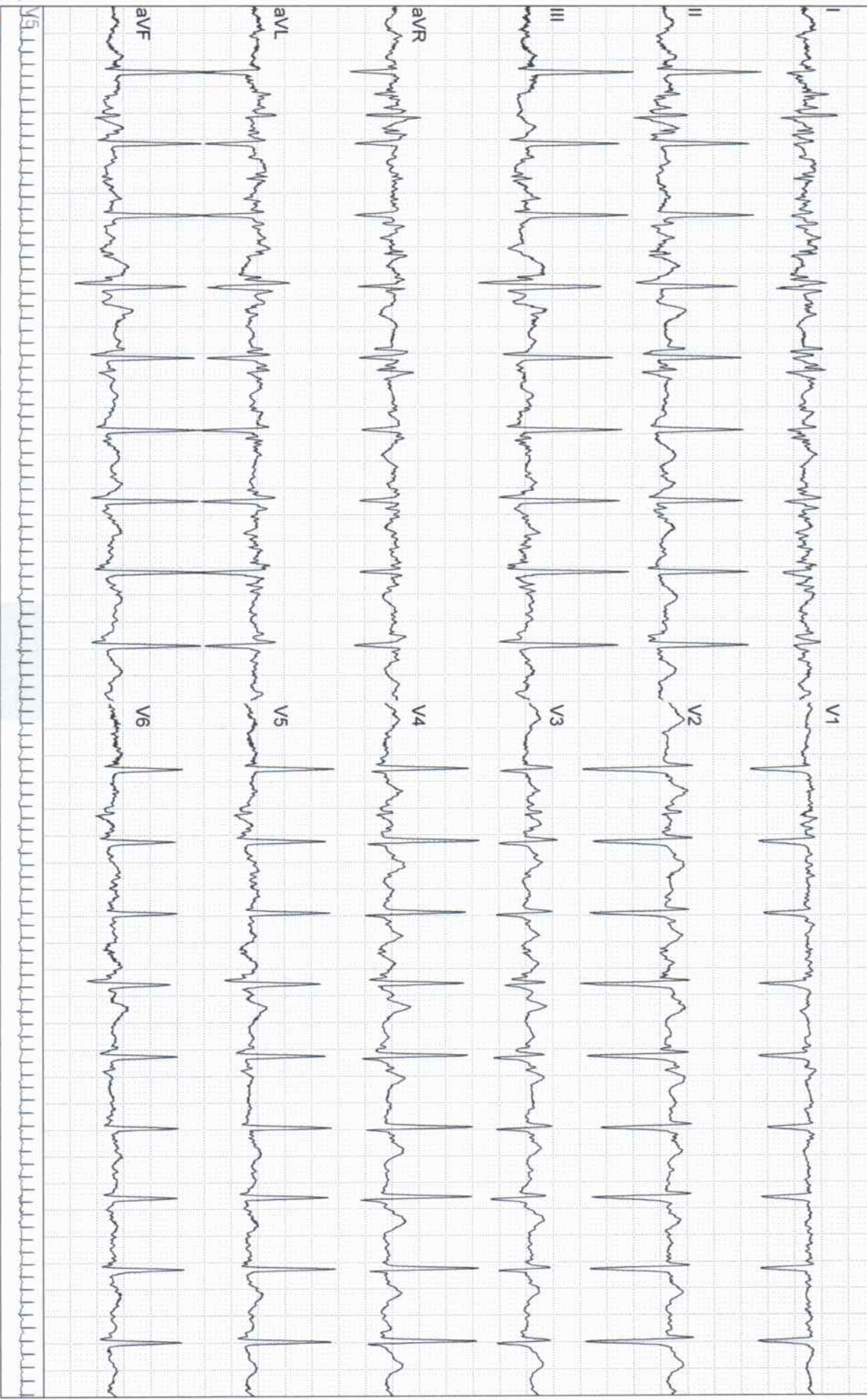
Time:03:13

Stage: [ 2 / 6 ] EXE1 02:43 [ 2.7 Km/h 10.0 % ]

HR:111 bpm

BP:96/56 mmHg

10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:29062201

Section:

Name: SARWO EDI, Tn

Sex: Male

Age: 26

Exam Time: 29-06-2022 14:37

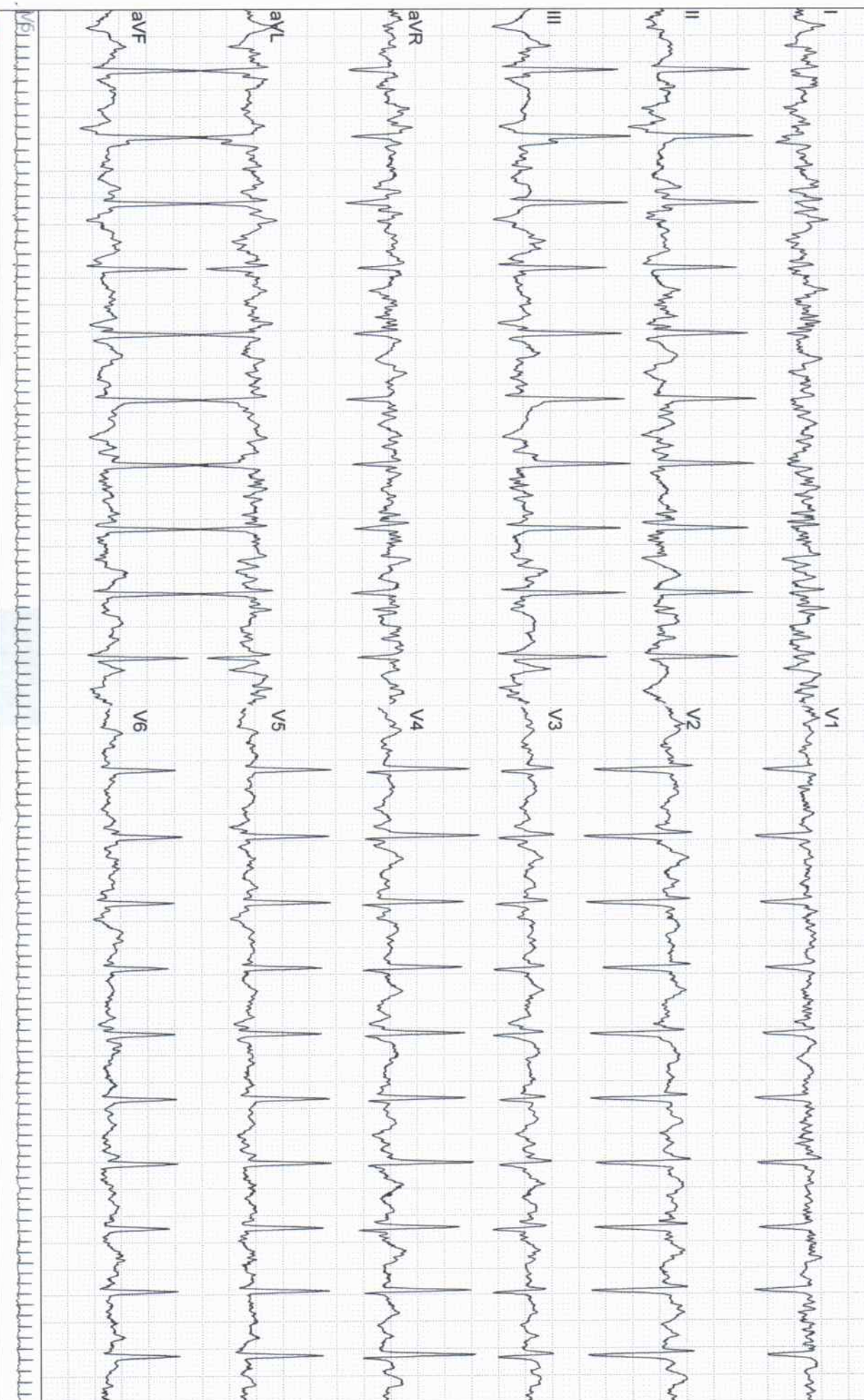
Time: 06:16

Stage: [ 3 / 6 ] EXE2 02:46 [ 4.0 Km/h 12.0 % ]

HR: 120 bpm

BP: 96/56 mmHg

10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:29062201

Section:

Name: SARWO EDI, Tn

Sex: Male

Age: 26

Exam Time: 29-06-2022 14:37

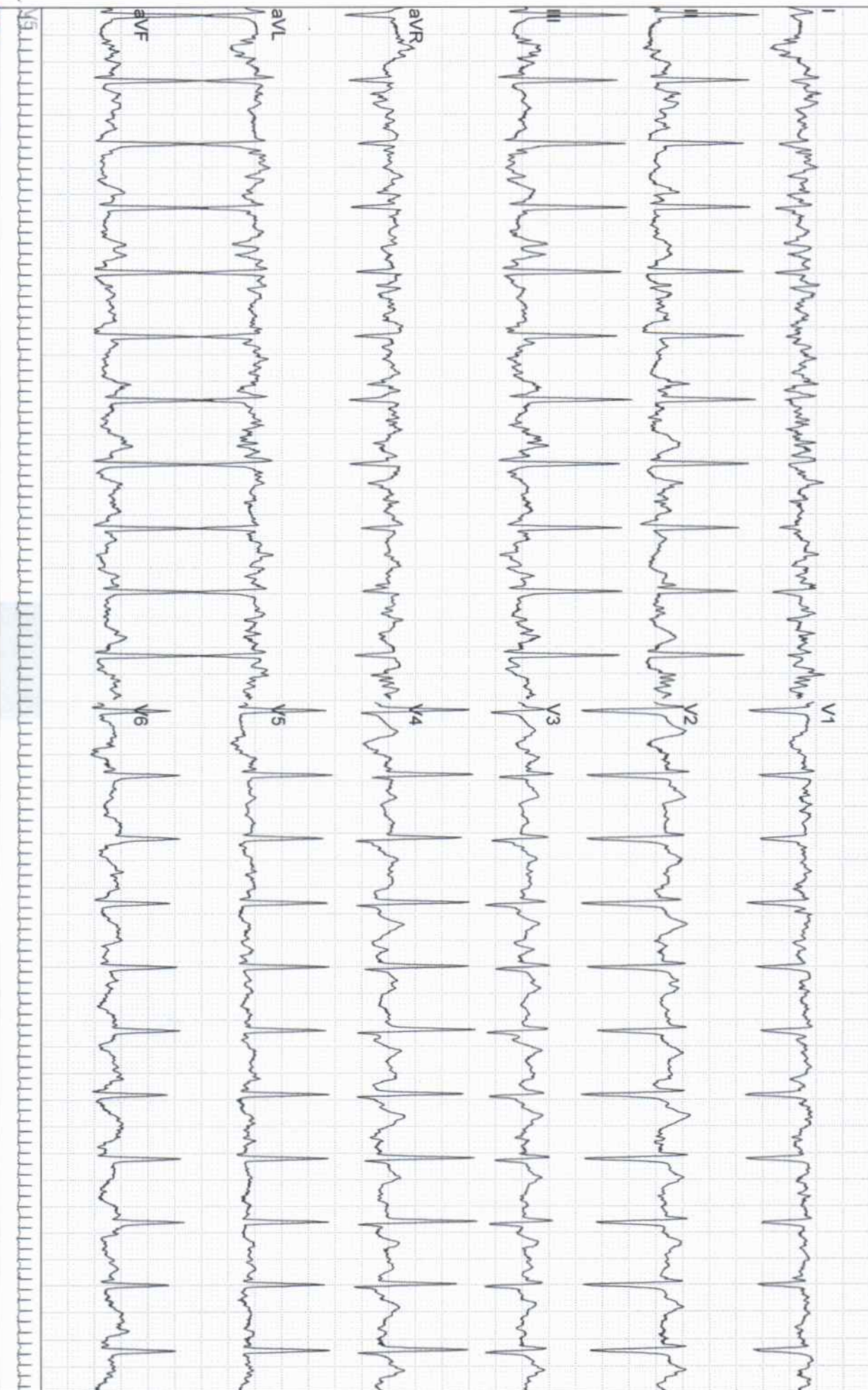
Time: 09:36

Stage: [ 5 / 6 ] EXE4 00:06 [ 6.8 Km/h 16.0 % ]

HR: 126 bpm

BP: 96/56 mmHg

10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 29062201

Section:

Name: SARWO EDI, Tn

Sex: Male

Age: 26

Exam Time: 29-06-2022 14:37

Time: 1:06

Stage: [ 5 / 6 ] EXE4 01:36 [ 6.8 Km/h 16.0 % ]

HR: 126 bpm

BP: 96/56 mmHg

10mm/mV 25mm/s

