



## PERSONAL DATA

No. MCU : 2264/GMI-MCU/IX/2020  
No. Badge : -  
N a m a : **RIESKY FETRIAN, Tn.**  
U m u r : 24 tahun  
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**  
Jabatan : Project Administrator  
Tgl Pemeriksaan : 26/09/2020  
Alamat : Jl. Blora II Rt 21 No.38 Klandasan Ilir Balikpapan Utara



**PT. INSPEKTINDO SINERGI PERSADA**

## HEALTH AND MEDICAL SURVEILLANCE TAHUN 2020



NAMA : RIESKY PETRIAN .....  
TANGGAL LAHIR : 03-07-1996 .....  
JENIS KELAMIN : Laki-Laki .....  
S/N : .....  
IGG : .....  
DEPT/SERVICE : .....  
LOKASI KERJA : Schlumberger .....  
JENIS PEMERIKSAAN :  Pre-employment  
 Annual  
 Pre-retirement

**Medical Department**

**HEALTH SURVEILLANCE**

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

**IDENTITAS PEGAWAI**

- 1. Posisi : PROJECT ADMINISTRATION
- 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. Blora II RT 21, NO 38, Klondong II, C. Balikpapan kota
- 6. No. Extension Telpon : ..... Telpon / HP 085393896928  
Kantor : ..... Kamar (untuk lapangan) .....

**HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN**

No.	Posisi	Lama Kerja	Perusahaan	Lama paparan dalam jam/hari					
				Bising	Debu	Kimia	Radasi	Ergonomi	lain-lain
1	PROJECT ADMINISTRASI (8 JAM)								
	PT INSPEKTINDO SINGREBI PERSADA								

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

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

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

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

**RIWAYAT KESEHATAN**

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

- a. Tekanan darah tinggi : 1. Ya 2. Tidak  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 type="checkbox"/>
k. Thypus	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
l. TBC	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
m. Malaria	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
n. Penyakit kelamin	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
o. Kuning / Hepatitis	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
p. Gangguan jiwa	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
q. Takut pada ketinggian	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
r. Mata	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
s. Hidung	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
t. Telinga	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
u. Gigi / mulut	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
v. Lambung	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
w. Wasir	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
x. Kulit	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
y. Sendi - sendi	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
z. Kandungan	1. Ya	2. Tidak	<input checked="" type="checkbox"/>

### RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

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

1. Ya	2. Tidak	<input checked="" type="checkbox"/>
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*Bila tidak, langsung ke no. 6*
- Bila YA, berapa kali dalam setahun terakhir Anda mengalami kecelakaan ?
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------
- Apakah Anda perlu mendapatkan perawatan di rumah sakit karena kecelakaan tersebut ?
 

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------
- Apakah timbul gangguan fungsi maupun kecacatan setelah sembuh ?
 

1. Ya	2. Tidak	<input type="checkbox"/>
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- 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*
- Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------
- 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)

## KONSUMSI ALKOHOL

1. Apakah Anda pernah minum minuman beralkohol ?
2. Apakah Anda minum minuman beralkohol dalam 12 bulan terakhir ?
3. Apakah Anda minum minuman beralkohol dalam 4 minggu terakhir ?
4. Berapa kali Anda minum minuman beralkohol dalam sebulan ?
5. Berapa banyak minuman beralkohol yang Anda habiskan tiap kalinya ? (diperkirakan dalam satuan cc)

## AKTIFITAS FISIK DAN OLAHRAGA

1. Berapa banyak waktu yang Anda habiskan untuk duduk setiap harinya ? (dalam menit, dan termasuk waktu yang dihabiskan untuk duduk di tempat kerja maupun di waktu luang)
2. Berapa kali Anda berolahraga dalam sebulan ?
3. Berapa lama waktu yang Anda habiskan untuk berolahraga tiap kalinya ? (dalam menit)
4. Bagaimana intensitas olahraga yang Anda lakukan ?

1. Ya 2. Tidak

*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*

1. Ya 2. Tidak

*Bila tidak, langsung ke olahraga*

1. Ya 2. Tidak

*Bila tidak, langsung ke olahraga*

1. Ya 2. Tidak

*Bila tidak, langsung ke olahraga*

3  0  0

3  x

6  0

1. Ringan 4. Berat

2. Sedang 5. Sangat berat

3. Cukup berat

**POLA KONSUMSI BAHAN MAKANAN**

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

1  2  3  4

1  2  3  4

**RIWAYAT PENYAKIT KELUARGA**

- 1. Apakah ada diantara Ayah/Ibu Anda menderita penyakit berikut
  - a. Tekanan darah tinggi
  - b. Penyakit jantung
  - c. Stroke
  - d. Kencing manis
  - e. Kanker
  - f. Alergi
  - g. Asma
- 2. Apakah ada saudara kandung Anda menderita penyakit berikut
  - a. Tekanan darah tinggi
  - b. Penyakit jantung
  - c. Stroke
  - d. Kencing manis
  - e. Kanker
  - f. Alergi
  - g. Asma
- 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  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

1. Ya 2. Tidak  1  2

**UNTUK KARYAWAN WANITA**

- 1. Apakah saat ini Anda sedang hamil ?
- 2. Berapa bulan umur kehamilan Anda saat ini ?
- 3. Berapa jumlah kehamilan yang pernah Anda alami (termasuk kehamilan kali ini) ?
- 4. Berapa jumlah keguguran yang pernah Anda alami ?
- 5. Kapan hari pertama haid terakhir Anda ?
- 6. Berapa umur Anda pada saat haid pertama ?
- 7. Berapa banyak pada saat Anda haid ?
- 8. Apakah dalam satu tahun terakhir pola haid Anda teratur ?
- 9. Apakah ada rasa sakit yang berhubungan dengan haid ?
- 10. Apakah Anda sering menderita keputihan ?

1. Ya 2. Tidak

*Bila tidak, langsung ke no. 3*

/  /

1. Banyak 2. Sedikit

1. Ya 2. Tidak

1. Ya 2. Tidak

1. Ya 2. Tidak

### KELUARGA BERENCANA

1. Apakah keluarga Anda mengikuti keluarga berencana ?

1. Ya    2. Tidak   

*Bila tidak langsung ke Vaksinasi*

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

1. Kondom    5. IUD   

2. Pil    6. Vasektomi

3. Suntik    7. Tubektomi

4. Susuk    8. Lainnya

### RIWAYAT VAKSINASI

1. Apakah anda pernah mendapatkan vaksinasi tetanus ?

1. Ya    3. Tidak tahu     3

2. Tidak

2. Apakah Anda pernah mendapatkan vaksinasi hepatitis ?

1. Ya    3. Tidak tahu     3

2. Tidak

### DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?

1. Ya    2. Tidak     1

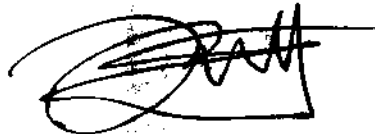
2. Kapan Anda melakukan donor darah terakhir ?

2  5 /  0  6 /  1  4

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

Balikpapan, 26 September 2020

Nama dan tanda tangan karyawan



(RISKY PETRIAN)

## MEDICAL CHECK UP –2020

## PHYSICAL EXAMINATION

NAME	RIESKY FETRIAN, Tn.	S/N	-	DEPT	-
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## I. VITAL SIGN

Blood Pressure (supine)	130/70	mmHg	Pulse	72	x/m	Respiration	20	x/m	Temp.	36	-C
Weight (W)	59	kg	Height (H)	175	cm	BMI	19,27	Waist	72	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, Missing
8	NECK	Adenopathi/Thyroid/Carotids/ Tracheal Veins/ Mass/ Spine/ Motion/ Bruit		✓	
9	BACK / SPINE	Kyphosis/Scoliosis/ Lordosis/ Mobility/ CVA/ Bone/ Tenderness/ Other deformities		✓	
10	THORAX	Symmetry/Movement/Contour / Tender		✓	
11	BREAST	Size/Consistency/ Nipples/ Areola / Discharge/ Palpable mass/ enderness/ Nodes/ Scars		✓	
12	HEART	Rate/Rhythm/Apical/Impulse/Trills/ Quality of sound/Intensity/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	20/70	20/30					Normal
Near	20/70	20/30				✓	Red – Green Absent
Visual fields (Normal > 70°)			Left	85°	Right	85°	Colour Blind

### II. LABORATORIUM SUMMARY

	Normal	<b>COMMENT:</b> Cholesterol 231 mg/dl (Meningkat), LDL 157 mg/dl (Meningkat)	<i>See attached result</i>
✓	Abnormal		

### III. CHEST X-RAY

Pneumoconiosis	Yes	No	✓	<i>See attached result</i>
If Yes – ILO Classification				
Evidence of TB	Yes	No	✓	
Other Abnormalities				
<b>COMMENT</b>	Foto Thorax Normal			

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

Normal	✓	Abnormal	(specify) : Sinus Arrhythmia, HR : 72 bpm	<i>See attached result</i>
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### V. TREADMILL (Optional for over 35 years of age)

Normal	✓	Abnormal	(specify) : Negative Ischemic Response, 13 Mets.	<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>	
✓	Normal		Yes	No
	Abnormal	If Yes, what change :		
		Recommended Action:		
		Refer to safety department:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	



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

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

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

Dear Schlumberger Employee,

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

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

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

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

Thank you for cooperation.

Schlumberger Medical Department and International SOS

**TO BE COMPLETED BY THE EMPLOYEE**

*PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH*

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

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

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

HOME ADDRESS .....

Email address: .....

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

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

(ex: WS, WG, etc.)

MEA       EAF

LAM       SLR

NAM

GIN /EMPLOYEE NUMBER .....

POSITION / Job Title .....

**Country of assignment** .....

International commuter

International mobile

Home country mobile

GeoMobile

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 : GRAND MEDICA Name of doctor : .....

Medical exam date : 26 September 2020

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: RIESLY FETRIAN

Date (day/month/year): 26/09/2020

Employee's signature: 

TO BE COMPLETED BY THE EMPLOYEE

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

OPTION 2:

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

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

INFORMATION AND CONSENT

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


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

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

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

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

Full name: REGIS BERNAN

Date (day/month/year): 2/1/2017 Employee's signature: 

LAST NAME PETRIAN FIRST NAME RIGSKY

**TO BE COMPLETED BY THE EMPLOYEE**

**BLOOD TYPE :**  
(If known) B-

**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 checked="" type="checkbox"/> | 21. cancer                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 41. rejected for employment       |                          |                                     |
| 2. neck swelling/glands              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22. heart disease            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | or insurance for medical          |                          |                                     |
| 3. difficulty in vision              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. rheumatic fever          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | reasons                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. any ear discharge                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24. abnormal heartbeat       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 42. awarded benefits for          |                          |                                     |
| 5. asthma/bronchitis                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25. high blood pressure      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | industrial injury                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. hayfever/other allergy            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. stroke                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 43. treated for a mental          |                          |                                     |
| 7. any skin trouble                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. serious chest pain       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | condition                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. tuberculosis                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28. any blood disease        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 44. treated for drinking problem/ |                          |                                     |
| 9. shortness of breath               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29. kidney disease           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | drug abuse                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. coughed blood                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30. painful passage of urine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 45. exposed to :                  |                          |                                     |
| 11. abdominal pain                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. blood in urine           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mercury                           | <input type="checkbox"/> | <input 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 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 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 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<br>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 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 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 PETRIAN FIRST NAME RUBY

**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	<input checked="" type="checkbox"/>	a .....
2. ear/nose/throat	<input checked="" type="checkbox"/>	a .....
3. teeth and mouth	<input type="checkbox"/>	a <u>(e) (m)</u> .....
4. lungs and chest	<input checked="" type="checkbox"/>	a .....
5. cardiovascular	<input checked="" type="checkbox"/>	a .....
6. abdo. viscera	<input checked="" type="checkbox"/>	a .....
7. hernial orifices	<input checked="" type="checkbox"/>	a .....
8. anus and rectum	<input checked="" type="checkbox"/>	a .....
9. genito-urinary	<input checked="" type="checkbox"/>	a .....
10. extremities	<input checked="" type="checkbox"/>	a .....
11. musculo-skeletal	<input checked="" type="checkbox"/>	a .....
12. skin/varicose vns	<input checked="" type="checkbox"/>	a .....
13. neurological/ mental fitness	<input checked="" type="checkbox"/>	a .....
14. breast	<input checked="" type="checkbox"/>	a .....

HEIGHT cms   ft <u>175</u>		WEIGHT kgs   lbs <u>59</u>		BLOOD PRESSURE <u>130/70</u>	PULSE <u>72</u>	HEARING R   <input checked="" type="checkbox"/>   a L   <input checked="" type="checkbox"/>   a			VISION Distant   R   <u>20/20</u>   a L   <u>20/20</u>   a Near   R   <u>20/20</u>   a L   <u>20/20</u>   a			COLOR Vision <u>normal</u>
----------------------------------	--	----------------------------------	--	---------------------------------	--------------------	---	--	--	---	--	--	-------------------------------

LAST NAME : FETRIAN

FIRST NAME : RIESKY

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

**PARA-CLINICAL EXAMINATION**

ECG (n) a : Sinus Arrhythmia, HR : 72 bpm  
Treadmill (n) a : NEGATIVE ISCHEMIC RESPONSE  
Chest X Ray (n) a : Within Normal Limits

**BLOOD ANALYSIS**

RBC	4.900.000	/mm3	SGOT (ASAT)	20	U/L
WBC	6800	/mm3	SGPT (ALAT)	13	U/L
NEUTROPHIL	57,7	%	GAMMA GT	22	U/L
EOSINOPHIL	2,5	%	GLYCEMIA	110	mg/dL
BASOPHIL	0	%	CHOLESTEROL TOTAL	231	mg/dL
LYMPHOCYTE	36,5	%	HDL	57	mg/dL
MONOCYTE	4,2	%	LDL	157	mg/dL
HEMATOCRIT	44	%	CREATININE	0,7	mg/dL
HEMOGLOBIN	14,3	g/dL	URIC ACID	6,0	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	86	mg/dL

**BLOOD TYPE**  
  
**O/+**

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 REASSESSSED Yes  No

Detail : .....

**DOCTOR'S SIGNATURE**  


**MEDICAL CENTER STAMP/SEAL**  
  
Grand  
MEDICA INDONESIA

Date of medical examination (day/month/year) : 26/09/2020

**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 PETRIAN FIRST NAME RIBSKY

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 : 26/09/2020

No. : 2264

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

Nama Lengkap: <b>RIESKY FETRIAN, Tn.</b>	Tgl. Lahir: <b>03/07/1996</b>	Umur : <b>24</b> tahun	Jenis Kelamin : <b>Laki-Laki</b>
Nama Perusahaan: <b>PT. INSPEKTINDO SINERGI PERSADA</b>	Alamat Rumah: <b>Jl. Blora II Rt 21 No.38 Klandasan Ilir Balikpapan Utara</b>	Telp./HP : <b>HP : 0853 9389 6928</b>	

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

Berilah tanda centrang (V) 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 ATAU	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Bekerja di fasilitas kesehatan yang berhubungan dengan pasien konfirmasi COVID-19 ATAU	<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</b>	<b>20</b>	<b>72</b>

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

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

**Bagian E. Kategori Penilaian**

	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)	<input type="checkbox"/>
• 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	<input type="checkbox"/>
• Orang Tanpa Gejala (OTG) Tidak ada gejala <b>DAN</b> Memiliki faktor risiko No.2.	<input type="checkbox"/>
• 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> <small>INDONESIA</small> SIP: 449.1/2/5/P.3/DPMP/T/SIP-D/2018







**JAKARTA CARDIOVASCULAR SCORE**

Name : RIESKY FETRIAN, Tn.  
MCU No. : 2264/GMI-MCU/IX/2020  
Date : 26/09/2020

Age (Years) : 24  
Job : Project Administrator  
Company : PT. INSPEKTINDO SINERGI PERSADA

RISK FACTOR		SCORE	RESULT	Points
Sex	Female	0	Male	1
	Male	1		
Age	25-34	-4	24	-4
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
Blood Pressure	Normal	0	130/70	1
	High Normal	1		
	Grade 1 Hypertension	2		
	Grade 2 Hypertension	3		
	Grade 3 Hypertension	4		
BMI (Kg/m <sup>2</sup> )	13,79-25,99	0	19,27	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	Medium	0
	Low	1		
	Medium	0		
	High	-3		
<b>TOTAL SCORE</b>				<b>-2</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.** : 2264 /GMI-MCU/IX/2020  
(Lab. Number)

### Data Pasien (Patient Detail)

<b>Nama</b> (Name)	: RIESKY FETRIAN, Tn.	/	<b>M</b>	<b>Umur</b> (Age)	: 24	<b>Tahun</b> (Years old)
<b>Pekerjaan</b> (Job Position)	: PROJECT ADMINISTRATOR			<b>Dokter</b> (Doctor)	: Dr. Hendra AZ	
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA			<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 26 September 2020	

HEMATOLOGY	Hasil / Result	Nilai Normal / Normal Value
Hemoglobine ( Hgb )	14,3	( 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)	4,9	( 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)	6,8	( 4,0 - 10,0/mm <sup>3</sup> )
Differential Count		
Basophile	0	0,0 - 2,0%
Eosinophile	2,5	0,5 - 6,0%
Neutrofil	57,7	50,0 - 70,0%
Lymphocyte	36,5	20,0% - 40,0%
Monocyte	4,2	3,0 - 12,0%
MCV	88	80 - 100 fL
MCH	29	27-34 pg/sel
MCHC	32	32-36 g/dL
RDW- CV	12,3	11,0 - 16,0 %
RDW- SD	40,1	35,0 - 56,0 fL
Thrombocyt	183	( 140 - 440 x 10 <sup>9</sup> /mm <sup>3</sup> )
Blood Group / Rhesus	O/+	A B O + / -

BLOOD CHEMISTRY	Hasil / Result	Nilai Normal / Normal Value
Glucose Fasting	110	70- 110 mg/dl
Glucose 2h pp	125	< 180 mg/dl
Cholesterol total	231	Normal : <200mg/dL. Borderline :200-240 Tinggi > 240 mg/dl
HDL Cholesterol	57	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	157	Normal < 130 mg/dl Borderline 130-159 mg/dl Tinggi > 160 mg/dl
Triglycerides	86	Normal < 150 mg/dL. Borderline 150 -199 mg/dl Tinggi 200 -499 mg/dL
Uric Acid	6,0	( Dewasa M :3,5 - 7,2 mg/dL ) ( Dewasa F : 2,6 6,0 mg/ dL )
Creatinine	0,7	0,8 - 1,4 mg/dL
Ureum	28	10 - 50 mg/ dL
Gamma GT	22	M: 11 - 51 U/L, F: 7 - 33 U/L
SGOT / AST	20	M : s/d 37 U/L F : s/d31 U/ L
SGPT / ALT	13	M : s/d 40 U/L F : s/d 35 U/ L

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

URINALYSIS	Hasil / Result	Nilai Normal / Normal Value
<b>MACROS</b>		
Colour	Kuning Jernih	Jernih
Spec.Grav	1,015	1,003 - 1,035
pH	6,5	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/µ L
Ketone	Negative	< 2,5 mg/dl, 0,25 mmol/ dl
Urobilin	Negative	<0,2 mg/dl, <3,5 µmol/dl
Bilirubin	Negative	<0,4 mg/dl, <2,5 µmol/L
Nitrite	Negative	< 0,05 mg/dl
Blood	Negative	< 0,018 mg/dl, < 5 ery/µl







**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.**  
(Lab. Number) : 2264 /GMI-MCU/IX/2020

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: RIESKY FETRIAN, Tn.	/	<b>M</b>	<b>Umur</b> (Age)	: 24	<b>Tahun</b> (Years old)
<b>Pekerjaan</b> (Job Position)	: PROJECT ADMINISTRATOR			<b>Dokter</b> (Doctor)	: Dr. Hendra AZ	
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA			<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 26 September 2020	

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,

  
Laboratorium  
**Dr. Hendra AZ**  
**GRAND Medica**

Analisis Laboratorium

  
**Syamsia Am. Ak**





Nomor Pasien  
(Patient Number) : 2264

Pemeriksaan  
Examination : **USG WHOLE ABDOMEN**

**Data Pasien (Patient Detail)**

Nama  
(Name) : **RIESKY FETRIAN ,TN.**

Perusahaan  
(Company) : **PROJECT ADMINISTRATOR**

Umur  
(Age) : **24** Tahun  
(Years old)

Pekerjaan  
(Occupation) : **PT. INSPEKTINDO SINERGI PERSADA**

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

Tgl Pemeriksaan  
(Date of Analysis) : **9/26/2020**

**Interpretasi Foto oleh Spesialis Radiologi**

*(Interpretation by the Radiologist)*

**USG Abdomen:**

Liver : *Bentuk, ukuran dan echotexture dalam batas normal*

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

Pancreas : *Normal*

Lien : *Normal*

Kidney dextra - sinistra : *Tampak pelebaran ringan sistem pelvocalyceal kiri, batu (-), SOL (-); Kidney dextra dalam batas normal*

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.Rad  
*(Radiologist signature)*

**Spesialis Radiologi**





**GRAND MEDICA  
INDONESIA**

**Radiological Analysis**  
Radiological Examination

**Nomor Pasien**  
(Patient Number) : **2264**

**Tgl Pemeriksaan**  
(Date of Analysis) : **9/26/2020**

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

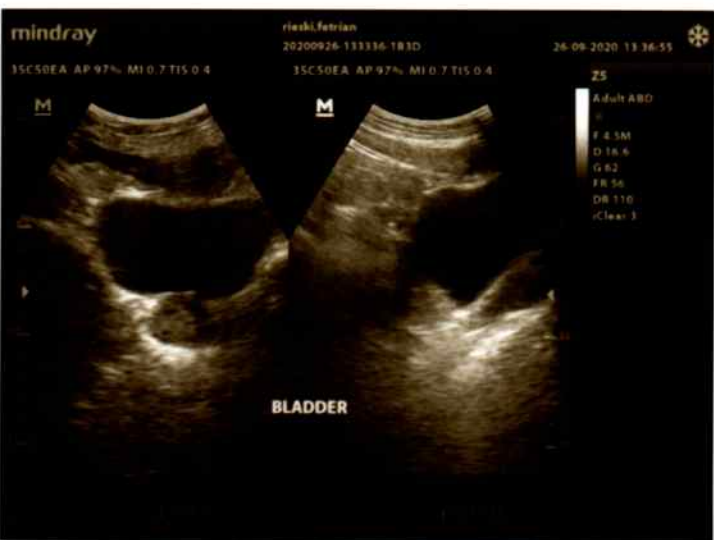
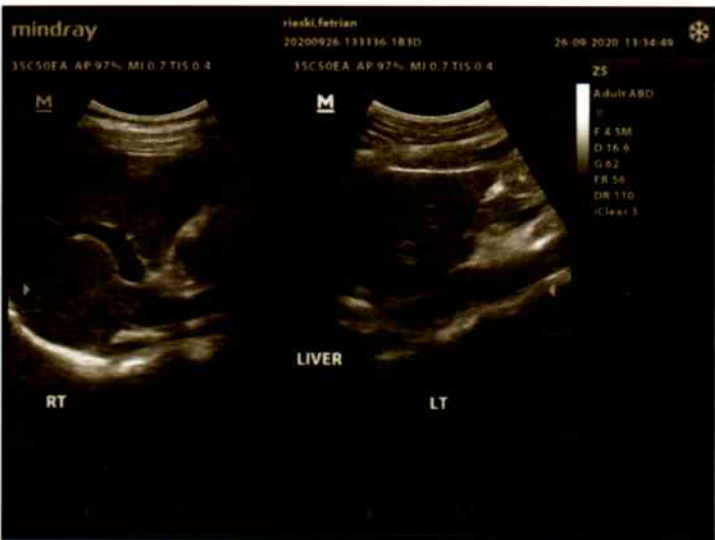
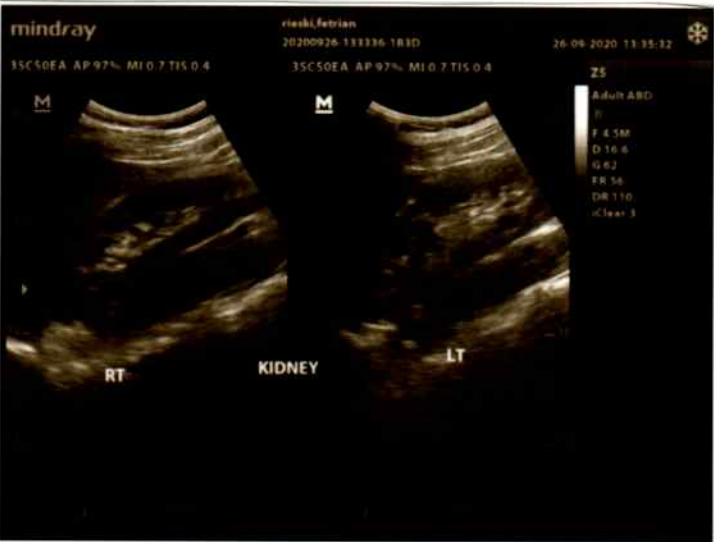
**Data Pasien (Patient Detail)**

**Nama**  
(Name) : **RIESKY FETRIAN, TN.**

**Umur**  
(Age) : **24** **Tahun**  
(Years old)

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

**Perusahaan:**  
(Company) : **PT. INSPEKTINDO SINERGI PERSADA**  
**Pekerjaan**  
(Occupation) : **PROJECT ADMINISTRATOR**







Nomor Pasien  
(Patient Number) :

Nomor Film  
(Film Number) : 2264

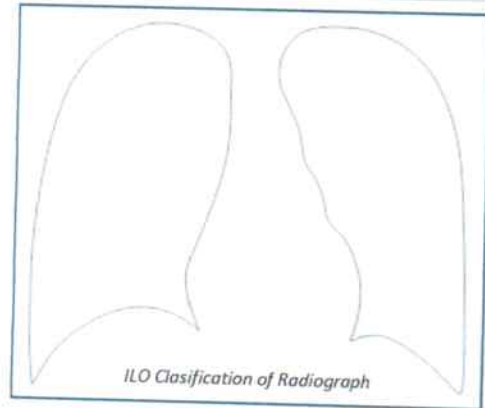
**Data Pasien (Patient Detail)**

Nama  
(Name) : RIESKY FETRIAN, Tn.  
Umur  
(Age) : 24 Tahun  
(years old)  
Jenis Kelamin  
(Gender) : Male

Perusahaan  
(Company) : PT. INSPEKTINDO SINERGI PERSADA  
Pekerjaan  
(Occupation) : PROJECT ADMINISTRATOR  
Tgl Pemeriksaan  
(Date of Analysis) : 26 September 2020

**Rincian Pemeriksaan (Examination Detail)**

Jenis Pemeriksaan  
(Type of Examination) : Thorax  
Posisi Penyinaran  
(Exposure Position) : PA  
Kondisi Penyinaran  
(Exposure Condition) : kV : 66  
mAs : 0.30



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

- 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)

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

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

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

Foto Thorax Normal

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





Patient Data

ID Number 2264 Gender Laki-laki  
 First Name RIESKY Occupation Project Administrator  
 Last Name FETRIAN Company PT. Inspektindo Sinergi Persada  
 Age 24 Yo. Test Date 26 September 2020

Occupational Noise Exposure

Type of work: Project Administrator  
 Period of work: -  
 Hearing Protection Worn: No

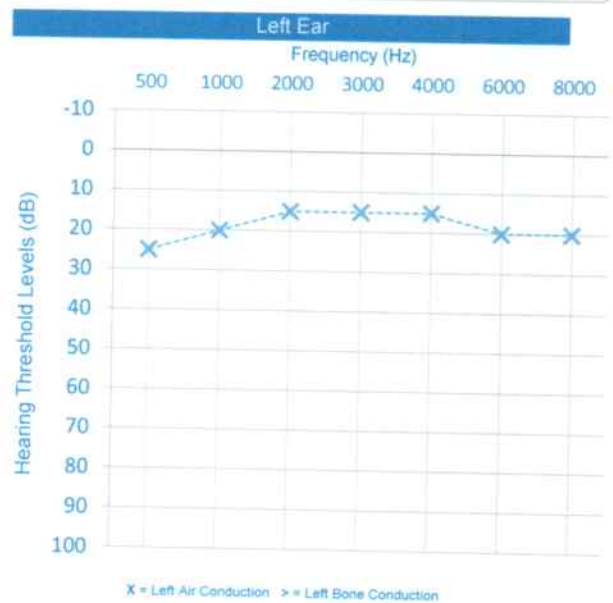
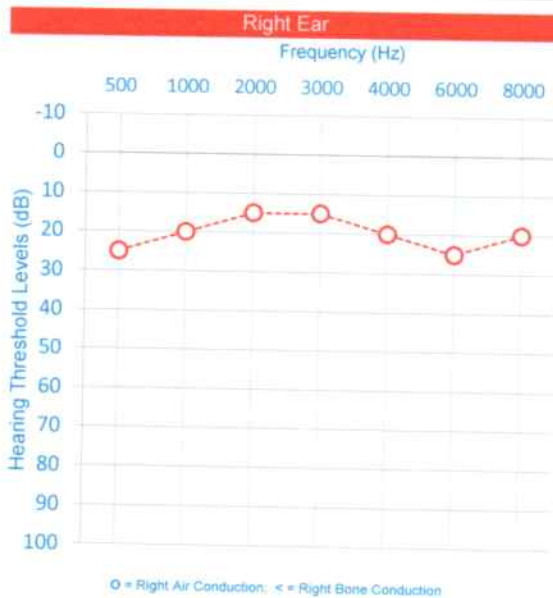
Previous 1) -  
 2) -

Military Services

Otological History / Symptoms

Serious Head Injury  Bleeding   
 Broken Ear Drum  Pressure/Fullness   
 Ear Surgery  Pain   
 Ear Infection  Tinnitus   
 Decrease Hearing  Exposure to Loud Blast   
 Discharge  Medication

Detail:



O = Right Air Conduction; < = Right Bone Conduction

X = Left Air Conduction; > = Left Bone Conduction

Test Detail

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

Right Ear Observation and Test Result

Canal	Normal							HTL
Ear Drum	Normal							RIGHT EAR
Conduction	Frequency (Hz)							16.7
	500	1000	2000	3000	4000	6000	8000	
Air	25	20	15	15	20	25	20	
Bone							0.0	

Left Ear Observation and Test Result

Canal	Normal							HTL
Ear Drum	Normal							LEFT EAR
Conduction	Frequency (Hz)							15.0
	500	1000	2000	3000	4000	6000	8000	
Air	25	20	15	15	15	20	20	
Bone							0.0	

Conclusion / Medical Report

Right Ear : Fungsi pendengaran dalam batas normal.

Left Ear : Fungsi pendengaran dalam batas normal.

Signature Grand Medica Indonesia  
 dr. Hendra A.Z.

Instrument used  
 SIBELSOUND 400

Standard  
 OSHA





**Patient Data**

ID Number	<b>2264</b>				
Name	<b>RIESKY FETRIAN, Tn</b>		Company	<b>PT. Inspektindo Sinergi</b>	
Gender	Male		Occupation	Project Administrator	
DOB / Age	03 July 1996	/ / 24 Yo.	Test Date	26 September 2020	
Height (cm)	175	Weight (kg)	59	BMI	19.27

**Pre-exercise Test**

Indication	Medical Check Up		
Pre-exercise BP	140/70	mmHg	
Heart Rate	72	bpm	
Respiration	17	x/mnt	
Resting ECG	<i>Asythetic.</i>		

**Exercise Test Summary**

Exercise Time	12:10	mm:ss	End Stage	4
Max Heart Rate	183	bpm	Target Heart Rate	167 bpm
Max Blood Pressure	150/70	mmHg	Max Heart Rate	109,6 %
Aerobic Capacity	<i>13</i>	METs.	VO2 Max	43.13 ml/kg/min

**Reason Of End**

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

**ST- T segment changes**

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

**Abnormal Lead :**

**Classification of Physical Fitness**

Low       Fair       Average       Good       High

**Blood Pressure Response**

Normal Response       Hipertensive Response

**Functional Classification**

Clas I       Clas II       Clas III

**Conclusion / Medical Report**

*Negative Ischemic Response,  
FIT to work at remote.*

**Recommendation :**

Cardiologist Signature

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



Instrument Used  
CONTEC 8000S S/N 140203027





26-09-2020 08:38:09

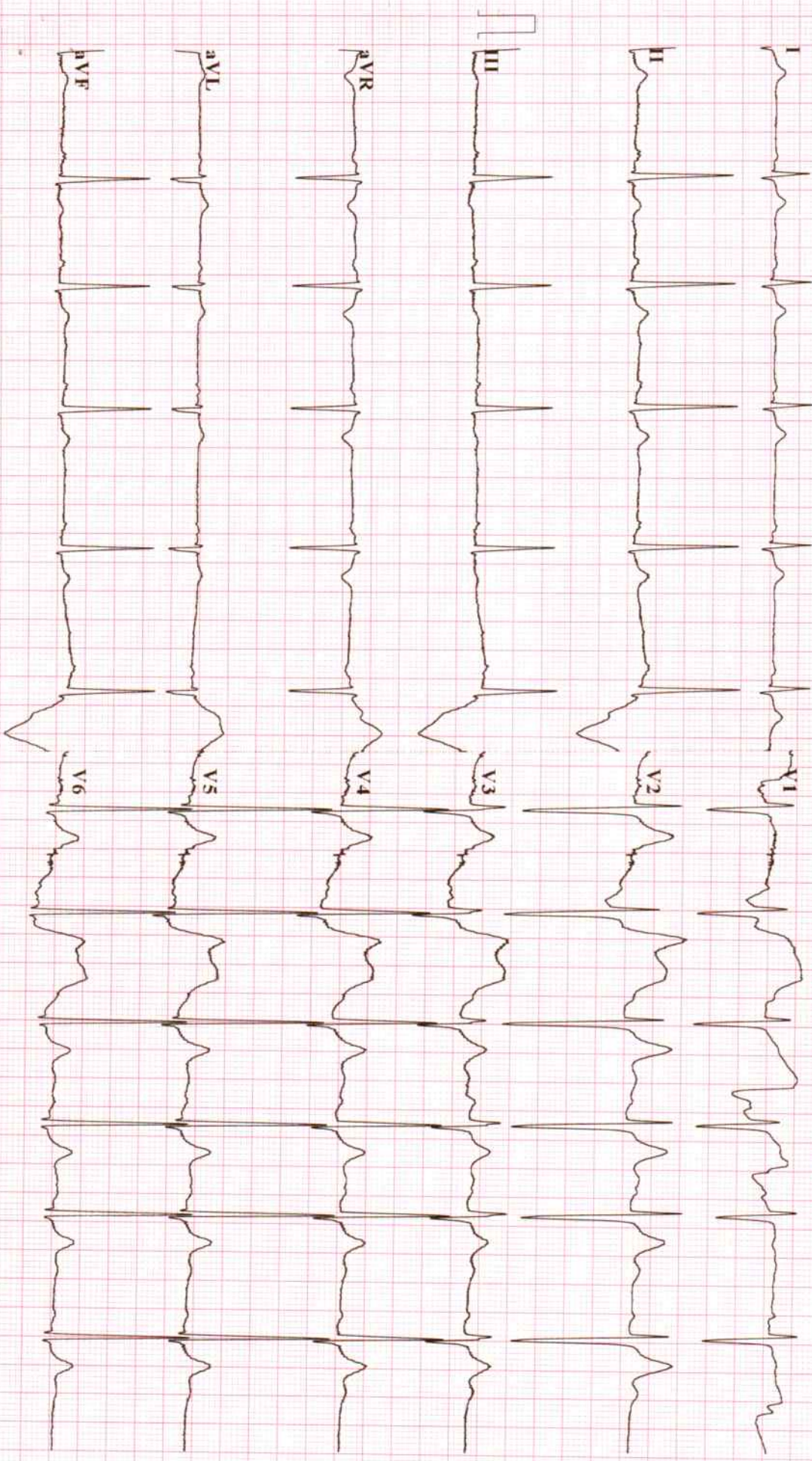
ID : 2264  
Name : Riesky Fetriani  
Age : 24 Years  
Department: PT. Inspektindo  
Gender : Male

HR : 72  
P Dur : 111 ms  
PR int : 168 ms  
QRS Dur : 85 ms  
QT/QTc int : 337/370 ms  
P/QRS/T axis : 39/78/51  
RV5/SV1 amp : 2.649/1.152 mV  
RV5+SV1 amp : 3.801 mV  
RV6/SV2 amp : 2.508/2.075 mV

Technician : Rinda Amd.Kej  
Report Confirmed by:

Diagnosis Information:  
821: Sinus Arrhythmia  
304: Left Ventricular Hypertrophy?

dr. ACHMAD YUSRI SpJP  
SPECIALIS JANTUNG DAN PEMBULUH DARAH





# Grand Medica Indonesia Stress Exercise Report

ID:2264

Section:

Name: Risky Featran

Sex: Male

Age: 24

Exam Time: 26-09-2020 10:03

DOB: 1996-07-03  
Height: 175.00 cm

Race: Oriental Race  
Weight: 59.00 kg

Smoking  Diabetic  
 Hypertension  Hyperlipidemia  History of MI  
 Family History

Indications: MCU

Medications:

Address:  
Telephone:

Stage Name	HR(bpm)	BP(mmHg)
PRE-EXE	113	140/70
EXE1	141	140/70
EXE2	165	----/----
EXE3	182	----/----
EXE4	161	----/----
REC1	148	150/70

**Summary**  
Protocol Name: BRUCE  
Target HR: 167 bpm  
Exercise Time: 12:10 mm:ss  
Max Speed: 6.8 km/h  
Max Grade: 16.0 %  
Exeed +/-100uV Leads:  
I II III aVL aVR aVF  
V1 V2 V3 V4 V5 V6  
DUKE Score: ----

HR:	Max Values
183 bpm	bpm
Target HR: 109.6 %	%
METS: 13.5	METS
HR*BP:	bpm*mmHg
17710.0	11:20
SYS: 150.0	mmHg
DIA: 70.0	mmHg

ST Segment
Max Elevation: 0.68 mV 10:20 V3
Max Depression: -0.48 mV 07:10 aVL
Max Elevation Change: 0.60 mV 07:00 I
Max Depression Change: -0.47 mV 07:10 aVL

Arrhythmia	
Total Beats: 1913	Abnormal Beats: 56
Total V: 29	Total S: 27
V Pairs: 0	S Pairs: 0
V Run: 0	S Run: 0
V bigeminal: 0	S bigeminal: 0
V trigeminal: 0	S trigeminal: 0
Total Long: 0	

Reason for End :  
Symptoms:

Conclusions:

*Negative test with keepings*

Operator:

Dr. ANOMAD YUSRI  
Sp.P  
Sp.SMAIS, MANTUNG DAN PERKULIAHAN  
REVIEWING PHYSICIAN



# Grand Medica Indonesia Stress Exercise Report

Average QRS

ID:2264

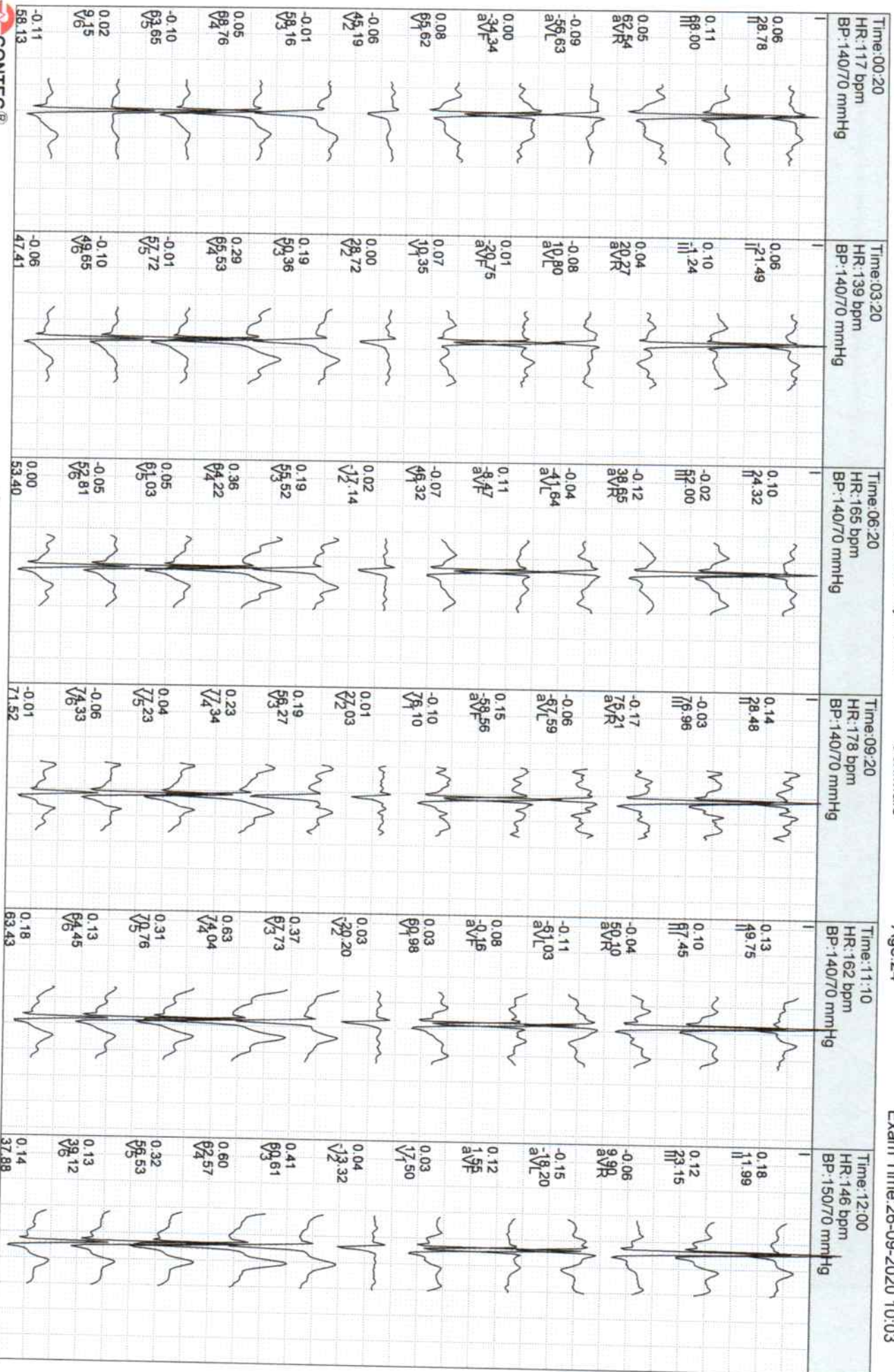
Section:

Name:Riesky Feltrian

Sex:Male

Age:24

Exam Time:26-09-2020 10:03





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 2264

Section:

Name: Riesky Fatrian

Sex: Male

Age: 24

Exam Time: 26-09-2020 10:03

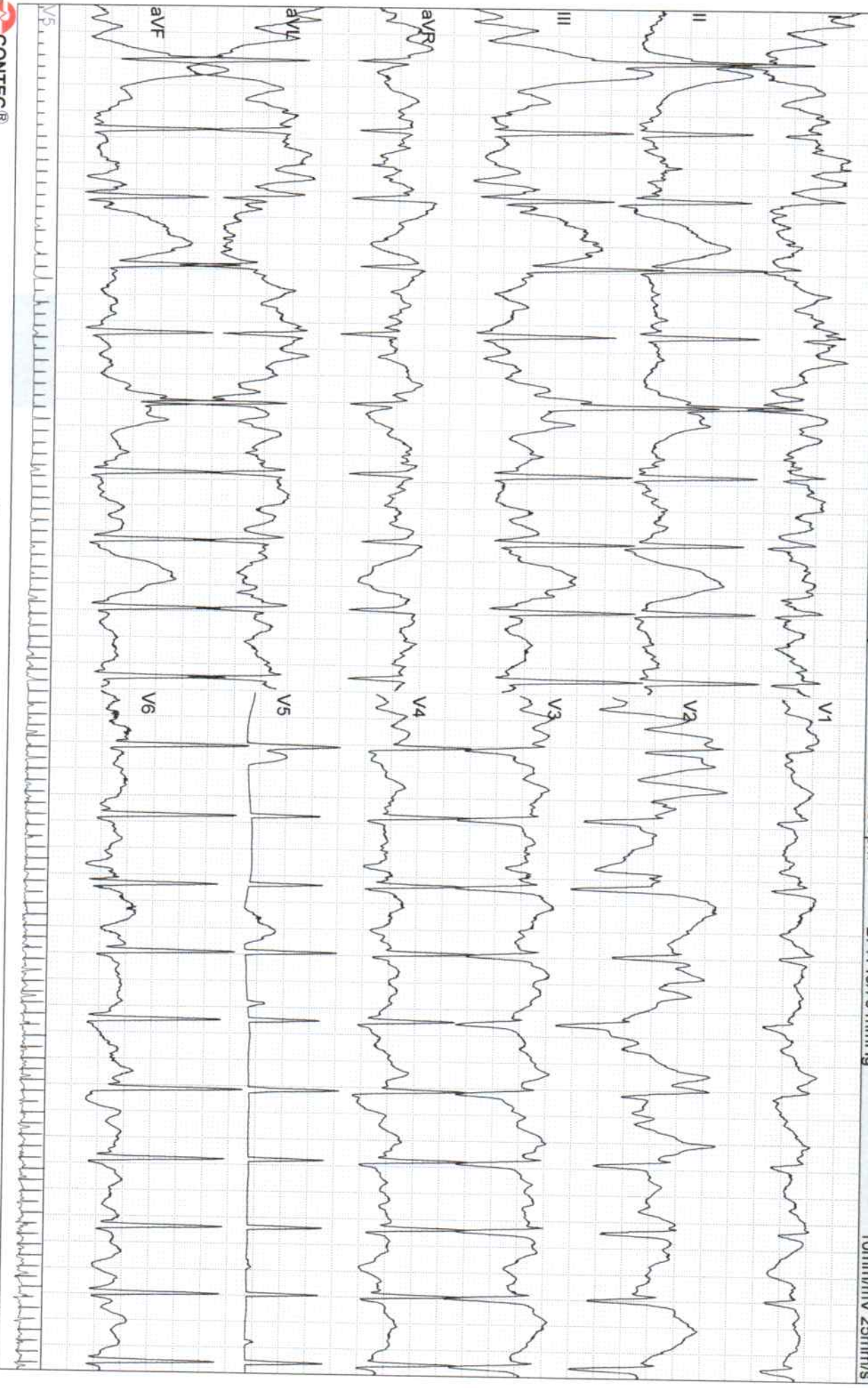
Time: 00:13

Stage: [ 1 / 6 ] PRE-EXE 00:13 [ 0.0 Km/h 0.0 % ]

HR: 113 bpm

BP: 140/70 mmHg

10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 2264

Section:

Name: Rlesky Fetrian

Sex: Male

Age: 24

Exam Time: 26-09-2020 10:03

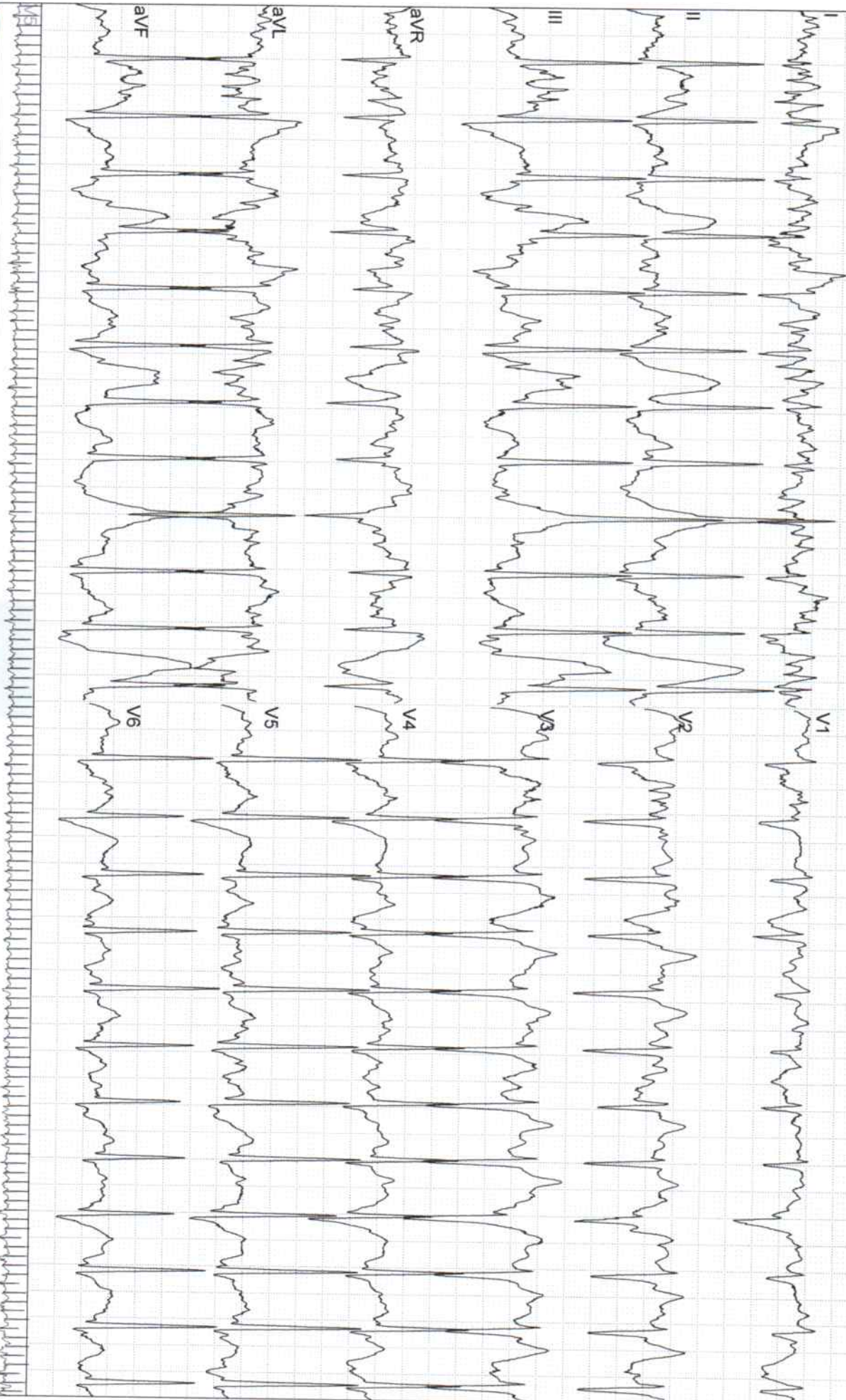
Time: 03:06

Stage [ 2 / 6 ] EXE1 02:36 [ 2.7 Km/h 10.0 % ]

HR: 140 bpm

BP: 140/70 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 2264

Section:

Name: Riesky Featran

Sex: Male

Age: 24

Exam Time: 26-09-2020 10:03

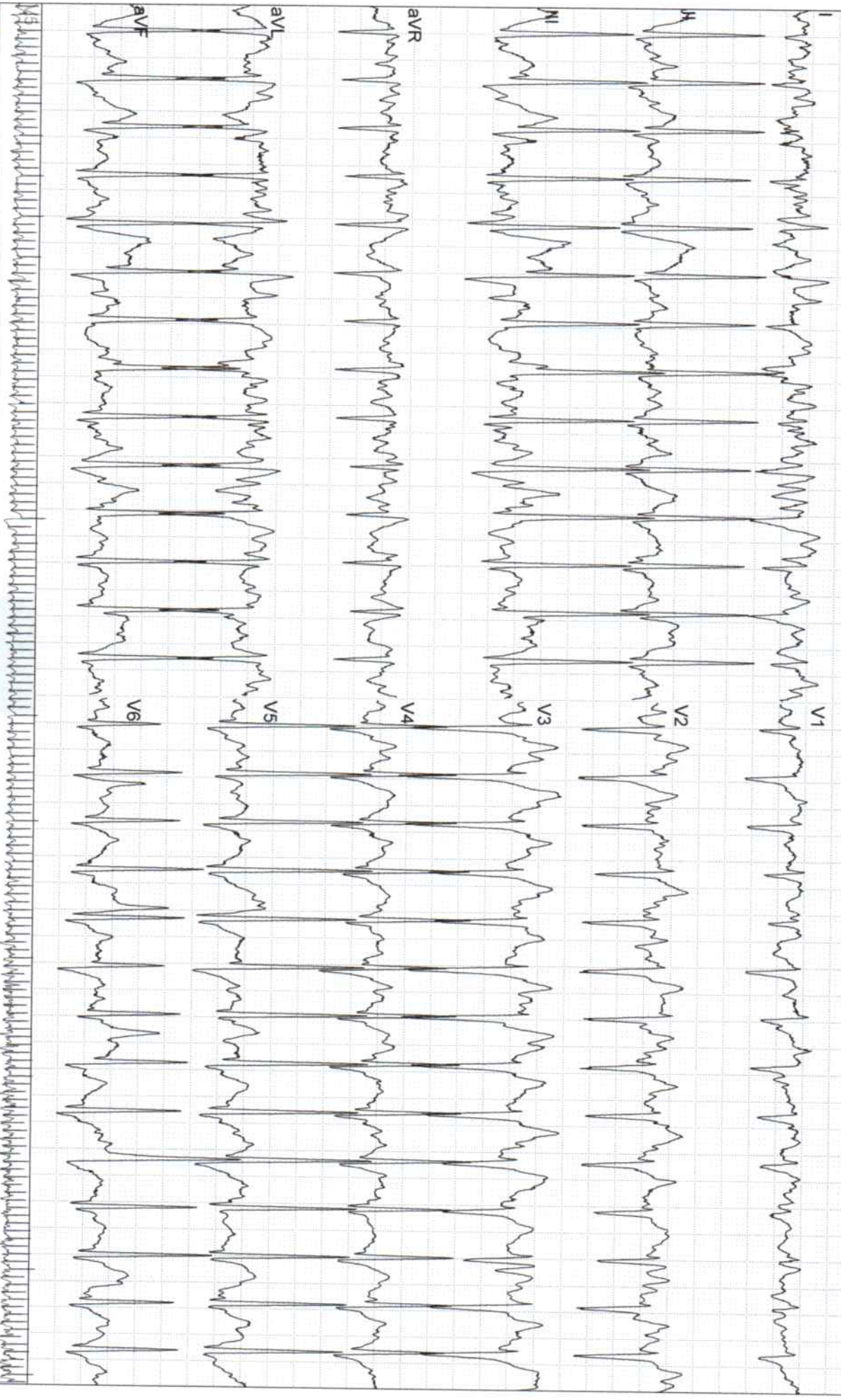
Time: 06:23

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

HR: 165 bpm

BP: 140/70 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:2264

Section:

Name:Riesky Fatrian

Sex:Male

Age:24

Exam Time:26-09-2020 10:03

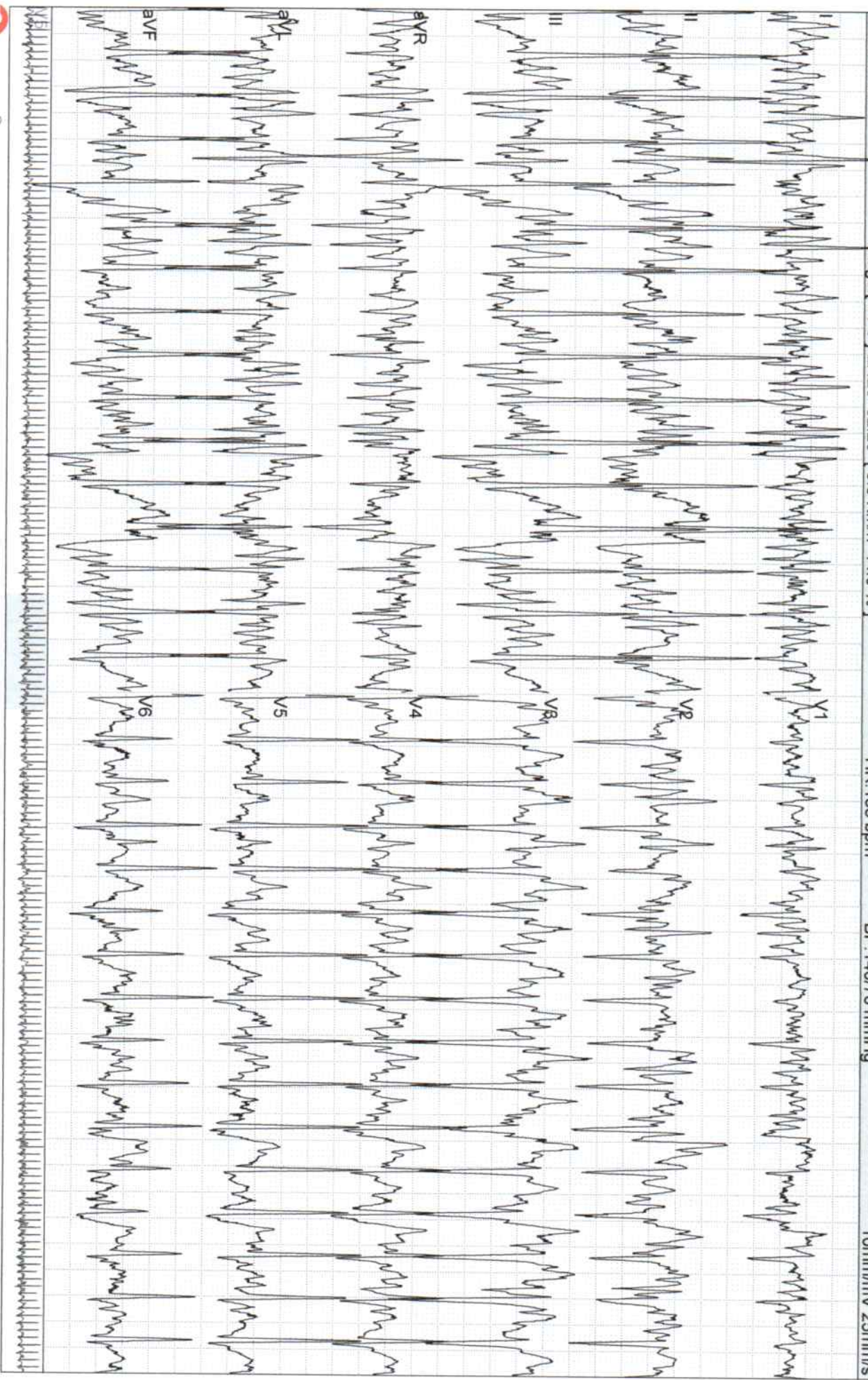
Time:08:50

Stage [ 4 / 6 ] EXE3 02:20 [ 5.5 Km/h 14.0 % ]

HR:183 bpm

BP:140/70 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:2264

Section:

Name:Risky Fatrian

Sex:Male

Age:24

Exam Time:26-09-2020 10:03

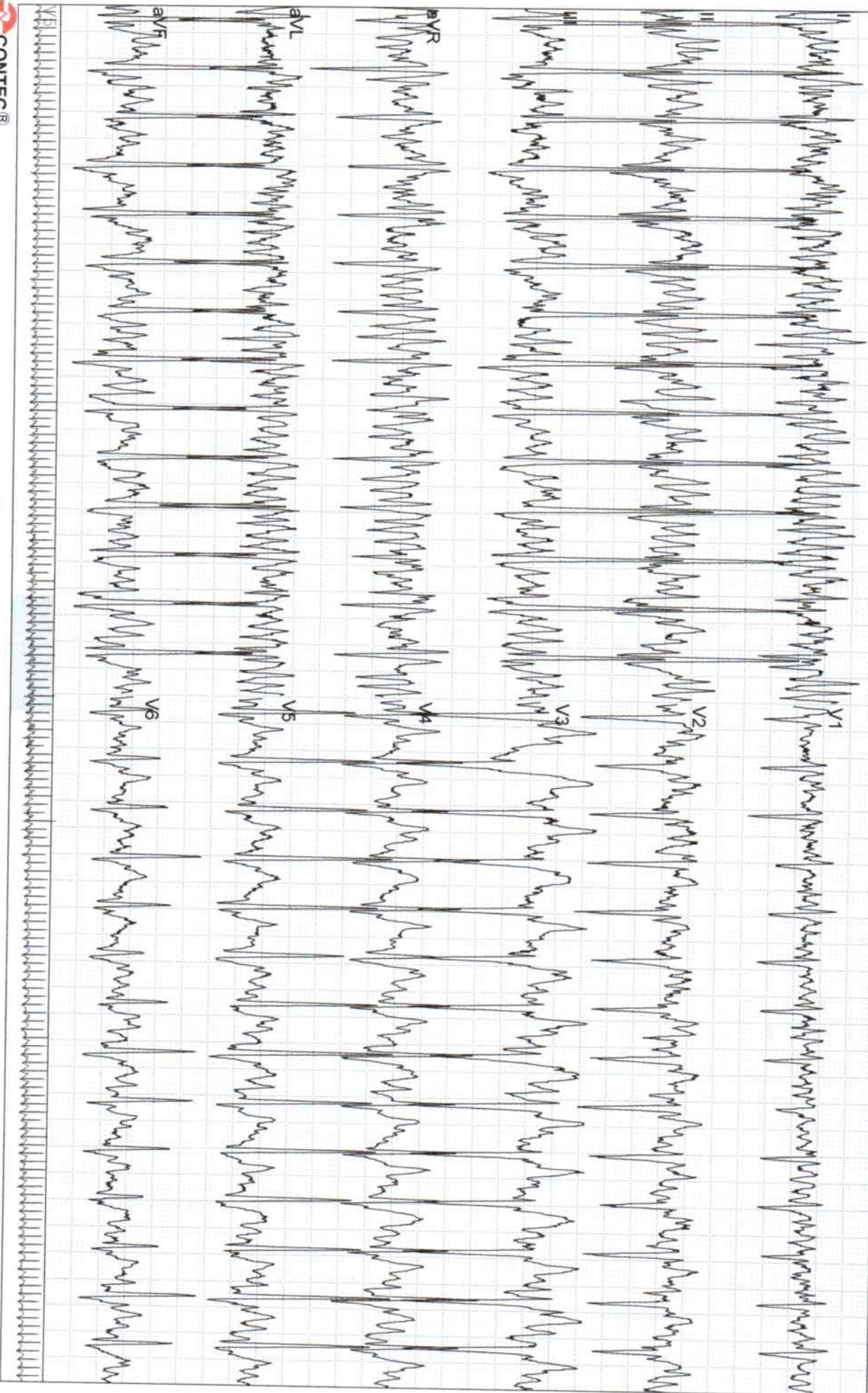
Time:10:53

Stage:[ 5 / 6 ] EXE4 01:23 [ 6.8 Km/h 16.0 % ]

HR:163 bpm

BP:140/70 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:2264

Section:

Name: Risky Felrian

Sex: Male

Age: 24

Exam Time: 26-09-2020 10:03

Time: 11:53

Stage: [ 6 / 6 ] Recovery 00:35 [ 0.0 Km/h 0.0 % ]

HR: 148 bpm

BP: 150/70 mmHg

10mm/mV 25mm/s

