

## PERSONAL DATA

No. MCU : 0868/GMI-MCU/II/2021  
No. Badge : -  
N a m a : **JULI PURWANTO, Tn.**  
U m u r : 43 tahun  
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**  
Jabatan : Inspection Supervisor  
Tgl Pemeriksaan : 19/02/2021  
Alamat : Pesona Madani PM 2 No. 3 Balikpapan Baru, Kaltim.

Medical Department

**HEALTH SURVEILLANCE**

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

**IDENTITAS PEGAWAI**

- 1. Posisi : INSP. SPV
- 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 3 Orang, Anak Perempuan .....orang
- 5. Alamat sekarang : PERSONA MADANI PM 2 NO. 3  
BPP BAW - KALIM.
- 6. No. Extension Telpon. : Kantor : ..... Kamar (untuk lapangan) .....
- ..... Telpon /HP 08725430596

**HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN**

No.	Posisi	Lama Kerja	Perusahaan	Lama bekerja dalam jumlah					
				Bulan	Tahun	Kelipatan	Frekuensi	Regulasi	Indikator

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

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

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

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

**RIWAYAT KESEHATAN**

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

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

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

### RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

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

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

<input type="text"/>	<input type="text"/>
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- 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="text"/>	<input type="text"/>	<input type="text"/>
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- 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, lingsung ke no. 8*
- Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?
 

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

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

1. Apakah anda pernah merokok ?
2. Sejak umur berapa Anda mulai merokok untuk pertama kalinya ?
3. Apakah saat ini Anda merokok ?
4. Berapa banyak rokok yang Anda isap setiap harinya ?
5. Jenis rokok apa yang Anda isap ? (DITULIS MEREK)
6. Seberapa sering Anda menghisap dalam-dalam asap rokok ?
7. Berapa menit sehabis bangun tidur Anda mulai merokok?
8. Apakah Anda lebih banyak merokok dalam jam pertama di pagi hari ?
9. Apakah sulit untuk tidak merokok di tempat yang dilarang merokok ?
10. Apakah Anda tetap merokok di saat Anda sedang sakit ?
11. Dalam satu hari, rokok manakah yang sulit di lewatkan ?  
*Dari no. 11 langsung ke pertanyaan alkohol*
12. Apakah anda ingin berhenti merokok?
13. Bila Ya, apakah Anda bersedia untuk mengikuti program Berhenti Merokok?
14. Sudah berapa lama Anda berhenti merokok ? (tahun)

1. Ya    2. Tidak
- Bila tidak, langsung ke alkohol*
- 
1. Ya, setiap hari
2. Ya, tidak setiap hari
3. Tidak - bila tidak langsung ke no. 14
- 
1. Kadar nikotin rendah
2. Kadar nikotin sedang
3. Kadar nikotin tinggi
1. Tidak pernah
2. Kadang-kadang
3. Selalu
- 
1. Ya    2. Tidak
1. Ya    2. Tidak
1. Ya    2. Tidak
1. Rokok pertama di pagi
2. Rokok lainnya
1. Ya    2. Tidak
1. Ya    2. Tidak
- Langsung ke pertanyaan alkohol*
- 

**KONSUMSI ALKOHOL**

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

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

**AKTIFITAS FISIK DAN OLAHRAGA**

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

- 
- 
- 
1. Ringan    4. Berat
2. Sedang    5. Sangat berat
3. Cukup berat

**POLA KONSUMSI BAHAN MAKANAN**

- 1. Berapa hari dalam seminggu biasanya Anda makan buah-buahan ?  6
- 2. Berapa hari dalam seminggu biasanya Anda makan sayur-sayuran ?  7

**RIWAYAT PENYAKIT KELUARGA**

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

**UNTUK KARYAWAN WANITA**

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

*Diisi tidak, laksanakan ke no. 3*

### KELUARGA BERENCANA

1. Apakah keluarga Anda mengikut keluarga berencana ?

1. Ya    2. Tidak     2

*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 ?

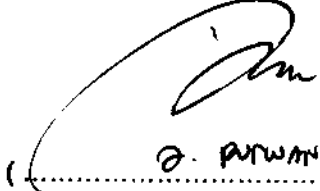
1. Ya    2. Tidak     1

2. Kapan Anda melakukan donor darah terakhir ?

2  0  /  0  8  /  2  0

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

Balikpapan, Februari 19 20.21  
Nama dan tanda tangan karyawan

  
( .....  
D. PURWANTO

## MEDICAL CHECK UP –2021

## PHYSICAL EXAMINATION

NAME	JULI PURWANTO, Tn.	S/N	-	DEPT	-
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## I. VITAL SIGN

Blood Pressure (supine)	120/80	mmHg	Pulse	64	x/m	Respiration	18	x/m	Temp.	36	°C
Weight (W)	75	kg	Height (H)	170	cm	BMI	25,95	Waist	78	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⊙	✓		Missing
8	NECK	Adenopathi/Thyroid/Carotids/ Trachea/ Veins/ Mass/ Spine/ Motion/ Bruit		✓	
9	BACK / SPINE	Kyphosis/Scoliosis/ Lordosis/ Mobility/ CVA/ Bone/ Tenderness/ Other deformities		✓	
10	THORAX	Symmetry/Movement/Contour / Tender		✓	
11	BREAST	Size/Consistency/ Nipples/ Areola / Discharge/ Palpable mass/ enderness/ Nodes/ Scars		✓	
12	HEART	Rate/Rhythm/Apical/Impulse/Trills/ Quality of sound/Intensity/Splitting/Extra sound/Murmurs		✓	
13	CHEST / LUNG	Excursion/Dullness or Hyper-resonance of percussion/ Quality of breath sound/ Rales/ Wheezing/Ronchi/ Bruit		✓	
14	ABDOMEN	Bowel sounds/ Appearance/ Liver/ Spleen/ Masses/ Hernias/ Murmur/ Contour/ Tenderness/ Bruit/ Nodes		✓	
15	GROIN	Hernia/Inguinal nodes/Femoral pulses		✓	
16	GENITAL	MALE		✓	
		FEMALE			
17	EXTREMITIES	Deformity/Clubbing/Cyanosis/Edema/Nail/ Peripheral pulses/ Calf tenderness/Joints for swelling/ ROM		✓	
18	JOINTS	ROM/ Swelling / Inflammation /Deformity		✓	
19	SKIN	Color/Birthmark/Scars/ Tattoos /Texture/Rash/ Eczema / ulcers/Piercing		✓	
20	NEUROLOGICAL	Reflexes/Cranial nerve/Tremor/Paralysis/Motoric/ Sensor (touch,prick,vibrate)/ Coordination/ Romberg		✓	Romberg Test : Negative
21	MUSCULAR SYSTEM	Strength/Wasting/Development		✓	
22	RECTAL EXAM.	Sphincter tonus/ Hemorrhoids/ Fissure/ Masses /Prostate		✓	

## SUPPORTIVE INVESTIGATIONS

### I. VISION

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

### II. LABORATORIUM SUMMARY

	Normal	<b>COMMENT:</b> Cholesterol : 263 mg/dL (Tinggi), LDL : 193 mg/dL (Tinggi).	<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>	<b>Foto Thorax Normal</b>			

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

Normal	✓	Abnormal	(specify) : <b>Sinus Rhythm</b>	<i>See attached result</i>
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### V. TREADMILL (Optional for over 35 years of age)

Normal	✓	Abnormal	(specify) : <b>Negative Ischemic Response, 12 Mets.</b>	<i>See attached result</i>
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### VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease, ....)

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

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

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



Tgl. Skrining : 19/02/2021

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

Nama Lengkap: <b>JULI PURWANTO, Tn.</b>	Tgl. Lahir: 13/07/1977	Jenis Kelamin : Laki-Laki
Nama Perusahaan: <b>PT. INSPEKTINDO SINERGI PERSADA</b>	Alamat Rumah: Pesona Madani PM 2 No. 3 Balikpapan Baru, Kaltim.	Telp./HP : 0812 5430 596

**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 mengalami Demam akut (>38 C)/riwayat demam dan batuk? Terdapat 3 atau lebih gejala/tanda akut berikut: demam/riwayat demam, batuk, kelelahan, sakit kepala, myalgia, nyeri tenggorokan, pilek/hidung tersumbat, sesak nafas, mual/muntah, diare, penurunan kesadaran.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Apakah anda mengalami gejala ISPA Berat	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Apakah anda mengalami gejala anosmia akut (hilangnya kemampuan indra penciuman) atau ageusia (hilangnya kemampuan indra perasa) dengan tidak ada penyebab lainnya.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Faktor Risiko :**

	Ya	Tidak
1. Pada 14 hari terakhir sebelum timbul gejala memiliki riwayat tinggal atau bepergian di negara/wilayah indonesia yang melaporkan transmisi lokal.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pada 14 hari terakhir sebelum muncul gejala memiliki riwayat tinggal atau bekerja di tempat berisiko tinggi penularan (riwayat kontak erat dengan kasus probable/konfirmasi)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Pada 14 hari terakhir sebelum muncul gejala bekerja di fasilitas pelayanan kesehatan, baik melakukan pelayanan medis, dan non-medis serta petugas yang melaksanakan investigasi, pemantauan kasus dan kontak.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pengukuran Suhu Tubuh (°C)	Laju Pernapasan (x/menit)	Saturasi Oksigen (%)
36	18	98

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

Suara Napas	Ronchi	Wheezing
Vesikuler ++	-/-	-/-

**Bagian E. Kategori Penilaian**

	Kesimpulan
• Kasus Suspek Gejala No. 1 atau No. 2 atau No. 3 <b>DAN</b> salah satu faktor risiko	<input type="checkbox"/>
• Kasus Probable Gejala No. 1 atau No. 2 atau No. 3 <b>DAN</b> No. 4 <b>DAN</b> salah satu faktor risiko	<input type="checkbox"/>
• Kasus Konfirmasi Hasil RT-PCR Positif, Hasil Rapid Antigen Positif dan memenuhi kriteria probable.	<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.

Petugas Skrining  Suparlan	Dokter Pemeriksa  dr. Hendra AZ No. SKP : KEP.350/BINWASK3-PNK3/KK/XI/2017
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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) PURWANTO FIRST NAME Juli  
 SEX MALE BIRTH DATE (day/month/year) 13 / 07 / 1977  
 HOME PHONE 08125430596 NATIONALITY INDONESIA  
 HOME ADDRESS RESONA MADAM PM 2 NO.3  
BAGIKPAPAN KAWAN KALTIM  
 Email address: Juli@INSPEKTINDO.com

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

Business segment: .....

(ex: WS, WG, etc.)

- MEA     EAF  
 LAM     SLR  
 NAM

Country of assignment .....

- International commuter   
 International mobile   
 Home country mobile   
 GeoMobile

GIN /EMPLOYEE NUMBER .....

POSITION / Job Title INSY. SPK

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 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, 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 applicable 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 writing to 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 55 22 22). 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: Jacques [Signature]

Date (day/month/year): 19/10/2022 Employee's signature: [Signature]

# TO BE COMPLETED BY THE EMPLOYEE

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

### OPTION 2:

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

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

#### INFORMATION AND CONSENT

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

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

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

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

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

Full name: .....

Date (day/month/year): 2025-12-20

Employee's signature: .....

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

**TO BE COMPLETED BY THE EMPLOYEE**

**BLOOD TYPE :**  
(If known)

**PAST MEDICAL HISTORY**  
**DO YOU HAVE OR HAVE YOU HAD**

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

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

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

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

Medication taken regularly : .....

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

Allergies to medication: .....

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

polio ..... / ..... / ..... hepatitis B ..... / ..... / ..... hepatitis A ..... / ..... / .....  
tetanus ..... / ..... / ..... yellow fever ..... / ..... / ..... typhoid ..... / ..... / .....  
other: ..... date: ..... / ..... / ..... Other: ..... date: ..... / ..... / .....

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

LAST NAME PURWANTO

FIRST NAME JULI

**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) (n) ..... |
| 4. lungs and chest                  | (n)    | a .....       |
| 5. cardiovascular                   | (n)    | a .....       |
| 6. abdo. viscera                    | (n)    | a .....       |
| 7. hemial 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	
cms	ft
170	

WEIGHT	
kgs	lbs
75	

BLOOD PRESSURE
120/80 mmHg

PULSE
64 x/m

HEARING		
	n	a
R	✓	
L	✓	

VISION		n	a	WITH GLASSES	COLOR Vision
Distant	R	20/20			
	L	20/20		Yes <input type="checkbox"/>	N
Near	R	20/30		No <input checked="" type="checkbox"/>	
	L	20/30			

LAST NAME : **PURWANTO**

FIRST NAME : **JULI**

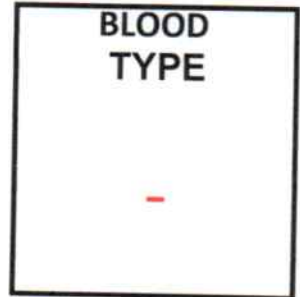
**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

**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	4.600.000	/mm <sup>3</sup>	SGOT (ASAT)	27	U/L
WBC	7000	/mm <sup>3</sup>	SGPT (ALAT)	40	U/L
NEUTROPHIL	55	%	GAMMA GT	50	U/L
EOSINOPHIL	1,6	%	GLYCEMIA	76	mg/dL
BASOPHIL	1,2	%	CHOLESTEROL TOTAL	263	mg/dL
LYMPHOCYTE	35	%	HDL	56	mg/dL
MONOCYTE	4,3	%	LDL	193	mg/dL
HEMATOCRIT	41	%	CREATININE	0,8	mg/dL
HEMOGLOBIN	14,3	g/dL	URIC ACID	6,6	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	71	mg/dL



test only if not already known

**URINE ANALYSYS**

ALBUMIN : -

SUGAR : Negative

BLOOD : Negative

**STOOL ANALYSIS**

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 : .....

.....

.....

.....

.....

.....

Date of medical examination (day/month/year) : **19/02/2021**

**DOCTOR'S SIGNATURE**

**MEDICAL CENTER STAMP/SEAL**



**EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS**

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

Please write in clear capital letters !



LAST NAME ..... 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:**

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


**HASIL PEMERIKSAAN KESEHATAN TAHUN 2021**
**PT. INSPEKTINDO SINERGI PERSADA**

 Balikpapan, **25/02/2021**
**ANNUAL MEDICAL CHECK UP**

Kepada Yth : <b>JULI PURWANTO, Tn.</b>	Umur : 43 tahun	S/N : -
Posisi : <b>Inspection Supervisor</b>	MCU ID : 0868/GMI-MCU/II/2021	Dept. : -

 Berikut adalah kesimpulan hasil pemeriksaan medical check up yang telah dilaksanakan pada tanggal :  
**19/02/2021**
**TEMUAN :**

- \* Berat Badan = 75 Kg (Overweight), BMI = 25,95 ; BB Ideal = 52,02 - 72,25 Kg. Lingkar Perut : 78 cm (M : N ≤ 90 cm, F : N ≤ 80 cm).
- \* Riwayat Kesehatan = Tidak ada keluhan kesehatan. Tidak MEROKOK. BEROLAHRAGA 6x/bulan, Intensitas SEDANG.
- \* Riwayat Kesehatan Keluarga = Tidak ada riwayat penyakit dalam keluarga. Riwayat Vaksinasi = Vak. Tetanus & Vak. Hepatitis : TIDAK TAHU.
- \* Fisik = TD : 120/80 mmHg (Normal). Gigi : Missing. Romberg test : Negative. Mata : VODS : 20/20 (Normal), VF ODS : 85° (Normal). Test Buta Warna : Normal.
- \* Lab = Darah Lengkap (Hematology) : Dalam batas normal. Urine : Dalam batas normal. Faeces Lengkap : Dalam batas normal.
- \* Lab = Kimia Darah : Cholesterol : 263 mg/dL (Tinggi), LDL : 193 mg/dL (Tinggi). Immunologi = HBs Ag : Negatif.
- \* Rekam Jantung (EKG) = Normal Sinus Rhythm. Treadmill Test = Negative Ischemic Response, 12 Mets (Normal). Rontgen Dada (Thorax) = Normal.
- \* USG Abdomen = Multiple Cholelithiasis, Organ abdominal lainnya dalam batas normal. Audiometri = Fungsi pendengaran dalam batas normal.
- \* **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 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 checked="" 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 :**

- |  |         |   |                       |
|--|---------|---|-----------------------|
| <input checked="" type="checkbox"/> FIT  | Sebagai | : | Inspection Supervisor |
| <input type="checkbox"/> UNFIT           | Di      | : | PHM - PHKT - SLB      |
| <input type="checkbox"/> TEMPORARY UNFIT |         |   |                       |


**SARAN - SARAN :**

- \* Turunkan Berat Badan menjadi dalam batas IDEAL, konsultasikan pada DOKTER.
- \* Diet RENDAH LEMAK; Batasi Makan GORENGAN; Lakukan pemeriksaan laboratorium LEMAK DARAH 3 bulan kemudian. Tingkatkan aktifitas fisik.
- \* Konsultasi ke dokter spesialis Penyakit Dalam untuk evaluasi hasil pemeriksaan USG Abdomen. (Multiple cholelithiasis).
- \* 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, 0821 5721 3030, 0852 4998 3158.  
 Terima kasih atas kerjasamanya.

**Catatan :**

 \* Status Medical Check Up ini berlaku sampai dengan tanggal : **19/02/2022**

Mengetahui :

dr. ....

 Hormat Kami,  
 Dokter Pemeriksa,


**dr. Hendry Az.**  
 MEDICA INDONESIA  
 No. SKP : KEP-350/BINWASK3-PNK3/KK/XI/2017


**Patient Data**

ID Number :	0868/GMI-MCU/II/2021		
Name :	<b>JULI PURWANTO, Tn.</b>	Company :	PT. INSPEKTINDO SINERGI PERSADA
Gender :	Laki-Laki	Occupation :	Inspection Supervisor
DOB / Age :	13/07/1977 / 43 Yo.	Test Date :	19/02/2021
Height (cm)	170	Weight (kg) :	75
		BMI :	25,95

**Jakarta Cardiovascular Risk Table**

Risk Factor		Score	Result	Poin
<b>Sex</b>	Female	0	Male	1
	Male	1		
<b>Age</b>	25-34	-4	43	-2
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
<b>Blood Pressure</b>	Normal	0	120/80	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	25,95	0
	26,00 - 29,99	1		
	30,00 - 35,58	2		
<b>Smoke</b>	Never	0	Never	0
	Ex Smoker	3		
	Smoker	4		
<b>Diabetes Mellitus</b>	No	0	No	0
	Yes	2		
<b>Physical Exercise/Activity</b>	No	2	Medium	0
	Low	1		
	Medium	0		
	High	-3		
<b>Total Point</b>				<b>-1</b>

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

<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.*

## HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

**Nomor Lab.**  
(Lab. Number) : 0868 /GMI-MCU/II/2021

Dokter Konsulen  
dr. Novita Indayani, Sp. PK

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: JULI PURWANTO, Tn. / Laki-Laki	<b>Umur</b> (Age)	: 43 Tahun (Years old)
<b>Pekerjaan</b> (Job Position)	: INSPECTION SUPERVISOR	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 19 Februari 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>HEMATOLOGI</b>			
<b>HEMATOLOGI RUTIN</b>			
Hemoglobine ( Hgb )	14,3	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit ( Hct )	41,2	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35 ,0- 45,0	%
Erythrocyt (RBC)	4,6	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 <sup>6</sup> sel/mm <sup>3</sup>
Leucocyt (WBC)	7	Dewasa : 4,0 - 10,0	10 <sup>3</sup> /μL
<b>Differential Count</b>			
Basophile	1,2	0 - 2	%
Eosinophile	1,6	0 - 3	%
Neutrofil	54,5	50 - 70	%
Lymphocyte	34,5	20 - 40	%
Monocyte	4,3	3 - 12	%
MCV	87	80 - 100	fL
MCH	30	27 - 34	pg/cell
MCHC	35	32 - 36	g/dL
RDW- CV	13,1	11 - 16	%
RDW-SD	42,9	35 - 56	fL
Thrombocyt	264	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
Glucose 2h pp	115	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes melitus : > 200	mg/dL
<b>PROFIL LEMAK</b>			
Cholesterol total	<b>263</b>	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : >= 240	mg/dL
Triglycerides	71	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : >= 500	mg/dL
HDL Cholesterol	56	Rendah : < 40	mg/dL





## HASIL PEMERIKSAAN LABORATORIUM

*Result of Laboratorium Analysis*

**Nomor Lab.**  
(Lab. Number) : 0868 /GMI-MCU/II/2021

Dokter Konsulen  
**dr. Novita Indayani, Sp. PK**

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: JULI PURWANTO, Tn. / Laki-Laki	<b>Umur</b> (Age)	: 43 Tahun (Years old)
<b>Pekerjaan</b> (Job Position)	: INSPECTION SUPERVISOR	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 19 Februari 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
LDL Cholesterol	193	Tinggi : >= 60 Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	3,4	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
<b>FUNGSI HATI</b>			
SGOT / AST	27	0 - 37	U/L
SGPT / ALT	40	0 - 40	U/L
Gamma GT	50	11 - 51	U/L
<b>FUNGSI GINJAL</b>			
Uric Acid	6,6	Laki-laki dewasa : 3,5 - 7,2 Perempuan dewasa : 2,6 - 6,0	mg/dL
Creatinine	0,8	0,8 - 1,4	mg/dL
Ureum	20	10 - 50	mg/dL
<b>IMMUNOLOGI</b>			
<b>HEPATITIS</b>			
HBs Ag	Negatif	Negatif	
<b>URINALISA</b>			
<b>MAKROSKOPIS URIN</b>			
Warna	Kuning		
Kejernihan	Jernih		
<b>KIMIA</b>			
Berat jenis	1,010	Normal : 1,003 - 1,035	
pH	6,5	Normal : 4,5 - 8	
Protein	Negatif	Normal : < 7,5 (Negatif)	mg/dL
Glucose	Negatif	Normal : < 0,018 (Negatif)	mg/dL
Leukosit esterase	Negatif	Normal : < 9 (Negatif)	Leu/ $\mu$ L
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





## HASIL PEMERIKSAAN LABORATORIUM

*Result of Laboratorium Analysis*

**Nomor Lab.**  
(Lab. Number) : 0868 /GMI-MCU/II/2021

Dokter Konsulen  
dr. Novita Indayani, Sp. PK

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: JULI PURWANTO, Tn. / Laki-Laki	<b>Umur</b> (Age)	: 43 Tahun (Years old)
<b>Pekerjaan</b> (Job Position)	: INSPECTION SUPERVISOR	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 19 Februari 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
Blood	Negatif	Normal : 1< 0,018 (Negatif)	mg/dL
<b>FAECES</b>			
<b>FAECES RUTIN</b>			
<b>MAKROSKOPIS</b>			
Warna	Kecoklatan		
Konsistensi	Lunak		
Darah	Negatif	Negatif	
Lendir	Negatif	Negatif	
<b>MIKROSKOPIS</b>			
Leukosit	Negatif	Negatif	
Eritrosit	Negatif	Negatif	
Telur cacing	Negatif	Negatif	
Amoeba	Negatif	Negatif	
Lainnya	Negatif	Negatif	

Tanggal pengambilan sampel : 19 Februari 2021

Penanggung Jawab  
Laboratorium,

 **Laboratorium  
GRAND Medica**  
Dr. Hendra Agus Z

Analisis Laboratorium

  
Syamsiar Am. Ak



**Patient Data**

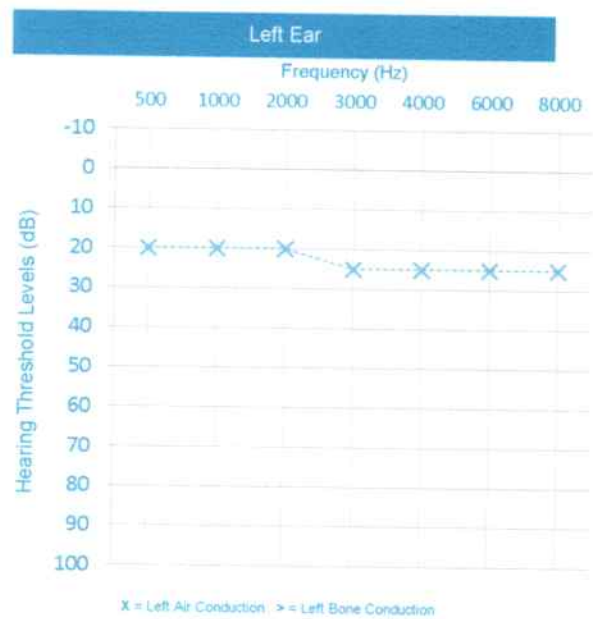
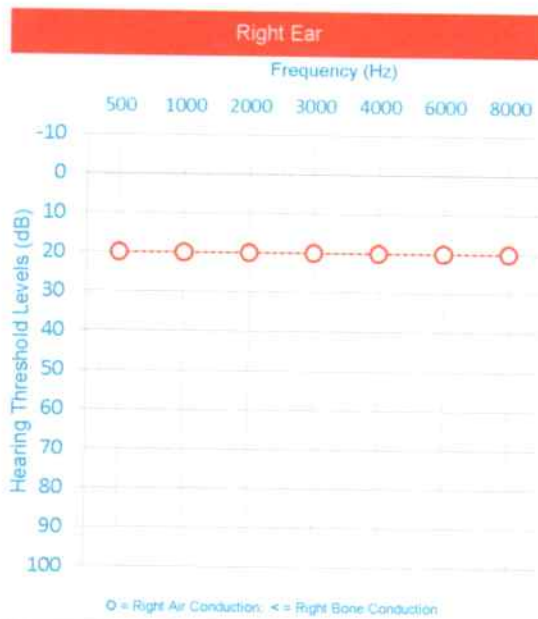
ID Number	<b>868</b>	Gender	<b>Laki-laki</b>
First Name	<b>JULI</b>	Occupation	<b>Inspection Supervisor</b>
Last Name	<b>PURWANTO</b>	Company	<b>PT. Inspektindo Sinergi Persada</b>
Age	<b>43</b> Yo.	Test Date	<b>19 Februari 2021</b>

**Occupational Noise Exposure**

Present	Type of work Inspection Supervisor	Period of work 8 Years	Hearing Protection Worn No
Previous	1) -	-	-
	2) -	-	-
Military Services	<input type="checkbox"/>		

**Test Detail**

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


**Right Ear Observation and Test Result**

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

**Left Ear Observation and Test Result**

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

**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) :

Nomor Film  
(Film Number) : 868

**Data Pasien (Patient Detail)**

Nama  
(Name) : JULI PURWANTO, Tn.

Perusahaan  
(Company) : PT. INSPEKTINDO SINERGI PERSADA

Umur  
(Age) : 43 Tahun  
(years old)

Pekerjaan  
(Occupation) : INSPECTION SUPERVISOR

Jenis Kelamin  
(Gender) : Male

Tgl Pemeriksaan  
(Date of Analysis) : 19 Februari 2021

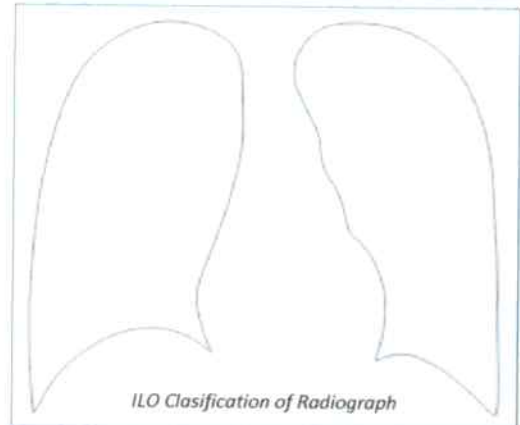
**Rincian Pemeriksaan (Examination Detail)**

Jenis Pemeriksaan  
(Type of Examination) : Foto thorax

Posisi Penyinaran  
(Exposure Position) : PA

Kondisi Penyinaran  
(Exposure Condition) : kV : 58

mAs : 0,30



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

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

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

<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 VAHID, Sp.R.  
 (Radiologist signature)  
 Spesialis Radiologi

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**Nomor Pasien**  
(Patient Number) : 868

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

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : JULI PURWANTO,Tn.

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

**Umur**  
(Age) : 43 **Tahun**  
(Years old)

**Pekerjaan**  
(Occupation) : INSPCTOR SUPERVISOR

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

**Tgl Pemeriksaan**  
(Date of Analysis) : 20/02/2021

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

**USG Abdomen:**

Liver : *Bentuk , ukuran dan echotexture parenkim normal, bile duct normal*

GB : *Dinding normal, batu (+) kecil, SOL (-) Multiple eeko batu pada corpus GB.*

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)**

**Multiple Cholelithiasis,; Organ abdominal lainnya dalam batas normal**

  
dr. ABDUL KHAIR SHARIF  
(Radiologist signature)  
Spesialis Radiologi

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**GRAND MEDICA  
INDONESIA**

**Radiological Analysis**  
Radiological Examination

Nomor Pasien : 868  
(Patient Number)

Tgl Pemeriksaan : 20/02/2021  
(Date of Analysis)

Pemeriksaan :  
Examination

Data Pasien (Patient Detail)

Nama (Name) : JULI PURWANTO, Tn.

Perusahaan :  
(Company)

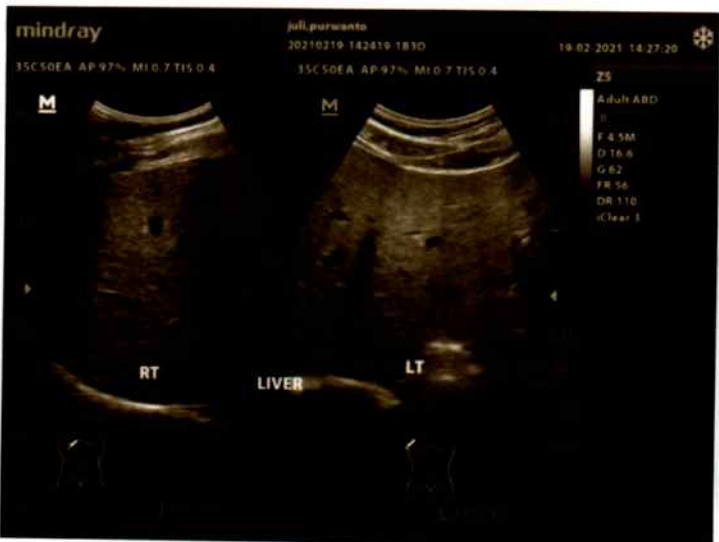
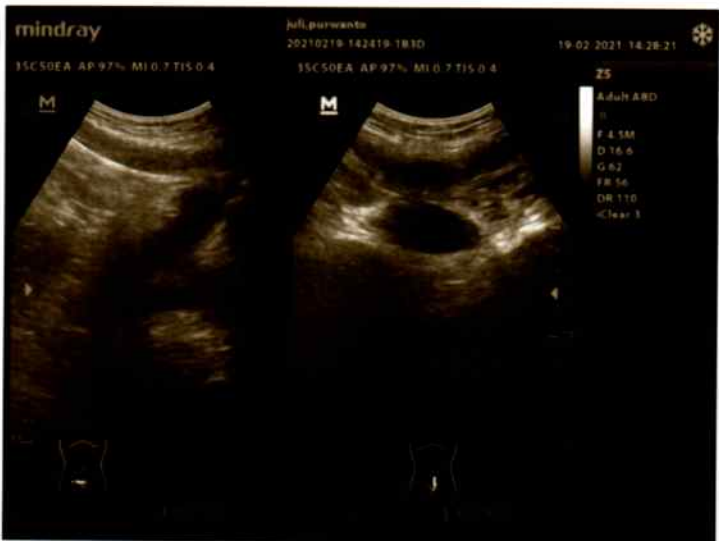
PT. INSPEKTINDO

Umur (Age) : 43 Tahun  
(Years old)

Jenis Kelamin (Gender) : LAKI-LAKI

Pekerjaan (Occupation)

INSPECTOR SUPERVISOR



**mindray**  
ULTRASOUND



**Patient Data**

ID Number	<b>868</b>		
Name	<b>JULI PURWANTO, Tn</b>	Company	<b>PT. Inspektindo Sinergi</b>
Gender	Male	Occupation	Inspection Supervisor
DOB / Age	13 Juli 1977	Test Date	19 Februari 2021
Height (cm)	170	Weight (kg)	75
		BMI	25,95

**Pre-exercise Test**

Indication	Medical Check Up
Pre-exercise BP	120/80 mmHg
Heart Rate	64 bpm
Respiration	16 x/mnt
Resting ECG	NSR,

**Exercise Test Summary**

Exercise Time	12:10	mm:ss	End Stage	4
Max Heart Rate	173	bpm	Target Heart Rate	150 bpm
Max Blood Pressure	130/80	mmHg	Max Heart Rate	115,3 %
Aerobic Capacity	12.	METs.	VO2 Max	42,63 ml/kg/min

**Reason Of End**

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

**ST- T segment changes**

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

**Abnormal Lead :**

**Classification of Physical Fitness**

Low       Fair       Average       Good       High

**Blood Pressure Response**

Normal Response       Hipertensive Response

**Functional Classification**

Clas I       Clas II       Clas III

**Conclusion / Medical Report**

Negative Ischemic Response  
fit to work at remote Area



**Recommendation :**

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

Instrument Used  
 CONTEC 8000S S/N 140203027



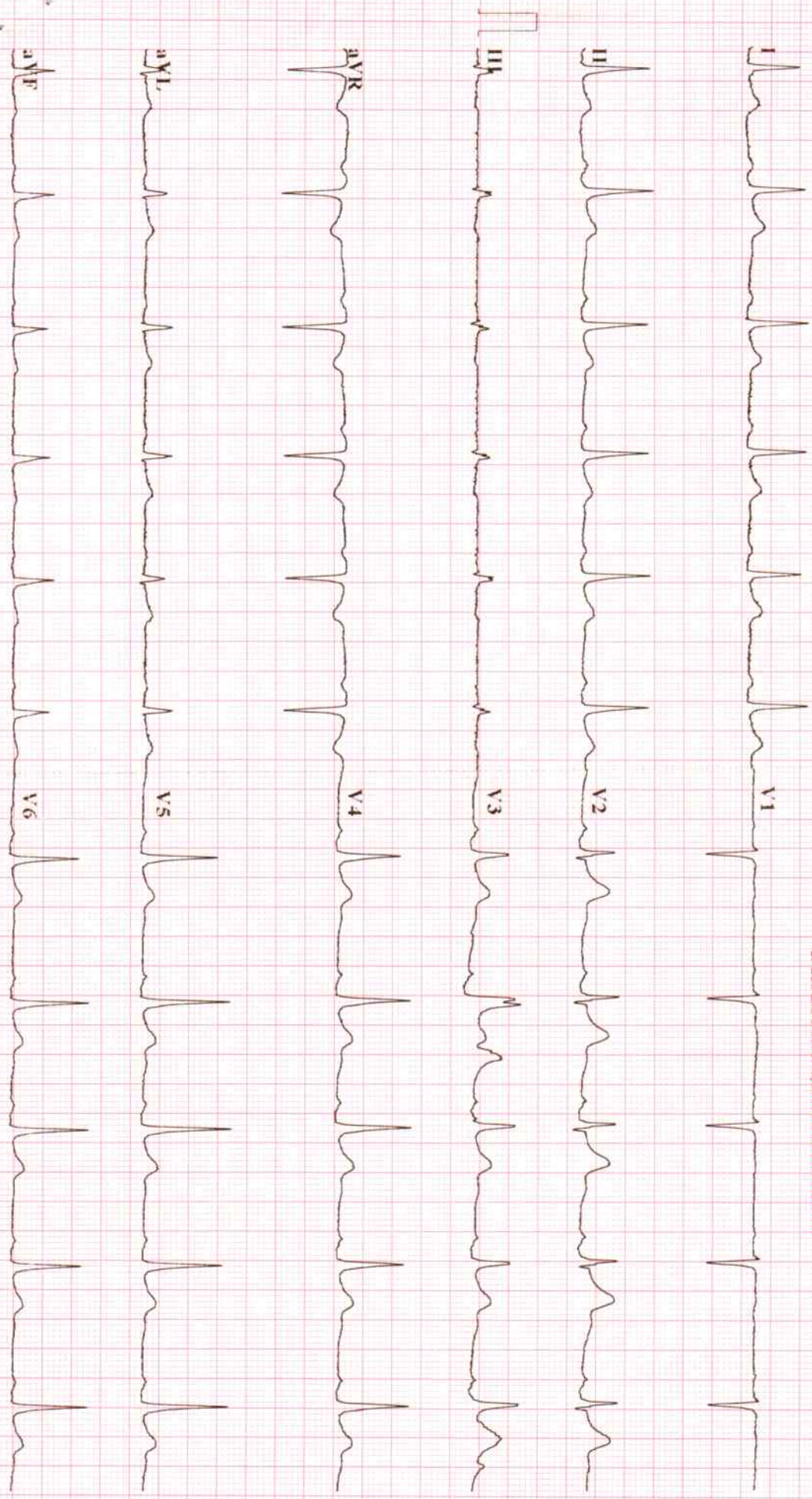
ID : 868  
Name : Juli Purwanto  
Age : 43 Years  
Gender : Male  
Department: PT. Inspektindo Sinergi Persad

HR : 64 BPM  
P Dur : 113 ms  
PR int : 181 ms  
QRS Dur : 110 ms  
QT/QTc int : 391/406 ms  
P/QRS/T axis : 25/39/24  
RV5/SV1 amp : 1.529/0.849 mV  
RV6/SV1 amp : 2.378 mV  
RV6/SV2 amp : 1.336/0.080 mV

Diagnosis Information:  
800: Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

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

dr. ACHMAD YUSRI, SpJP  
SPECIALIS JANTUNG DAN PEMBULUH DARAH



# Grand Medica Indonesia Stress Exercise Report

ID:868      Section:      Name: Juli Purwanto      Sex: Male      Age: 44      Exam Time: 19-02-2021 09:30

DOB: 1977-07-13      Race: Oriental Race      Indications: MCU  
 Height: 170.00 cm      Weight: 75.00 kg

Smoking       Diabetic       History of MI  
 Hypertension       Hyperlipidemia       Family History

Address:      Medications:  
 Telephone:

Stage Name	HR(bpm)	BP(mmHg)	Summary	Result	Max Values	ST Segment			
PRE-EXE	84	120/80	Protocol Name: BRUCE	HR: 173	bpm	08:50	Max Elevation: 0.24 mV	01:10	V2
EXE1	111	---/---	Target HR: 150	Target HR: 115.3	%		Max Depression: -0.20 mV	08:50	V5
EXE2	126	120/80	Exercise Time: 12:10	METS: 13.5	METS	09:30	Max Elevation Change: 0.25 mV	11:00	aVL
EXE3	168	---/---	Max Speed: 6.8	HR*BP: 17955.0	bpm*mmHg	11:20	Max Depression Change: -0.31 mV	11:00	II
EXE4	172	---/---	Max Grade: 16.0	SYS: 130.0	mmHg	11:28			
REC1	159	130/80	Exeed +/-100uV Leads: I II III aVL aVR aVF V1 V2 V3 V4 V5 V6 DUKE Score: ----	DIA: 80.0	mmHg	00:03			

Arrhythmia

Total Beats:	1632	Abnormal Beats:	7
Total V:	4	Total S:	3
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 behavior reports*

Operator:

Reviewing Physician:



**Dr. Achmad Yusuf, SpJP**  
 SPESIALIS JANTUNG DAN PEMBULUH DARAH

# Grand Medica Indonesia Stress Exercise Report

## Average QRS

ID: 868      Section:      Name: Juli Purwanto      Sex: Male      Age: 44      Exam Time: 19-02-2021 09:30

Time: 00:20	Time: 03:20	Time: 06:20	Time: 09:20	Time: 11:20	Time: 12:00
HR: 92 bpm BP: 120/80 mmHg	HR: 113 bpm BP: 120/80 mmHg	HR: 127 bpm BP: 120/80 mmHg	HR: 170 bpm BP: 120/80 mmHg	HR: 171 bpm BP: 120/80 mmHg	HR: 156 bpm BP: 130/80 mmHg
I 0.04 II 14.03 III 0.02 aVR -0.02 aVL -0.03 aVF 0.03 V1 0.03 V2 0.02 V3 0.23 V4 0.12 V5 0.08 V6 0.07 32.97	I 0.02 II 24.45 III 0.03 aVR -0.01 aVL -0.02 aVF 0.00 V1 0.04 V2 0.04 V3 0.04 V4 0.06 V5 0.04 V6 0.03 11.25	I 0.04 II 6.33 III 0.01 aVR -0.04 aVL -0.03 aVF 0.04 V1 0.04 V2 0.04 V3 -0.02 V4 0.13 V5 0.02 V6 0.01 4.87	I 0.05 II 38.03 III -0.08 aVR -0.13 aVL 0.01 aVF 0.09 V1 -0.10 V2 0.07 V3 0.06 V4 0.06 V5 -0.10 V6 -0.17 18.90	I -0.06 II 19.79 III -0.15 aVR -0.08 aVL 0.10 aVF 0.01 V1 -0.11 V2 0.10 V3 0.03 V4 0.10 V5 -0.10 V6 -0.15 35.54	I 0.00 II 13.91 III -0.04 aVR -0.05 aVL 0.02 aVF 0.02 V1 -0.04 V2 0.08 V3 0.08 V4 0.12 V5 -0.00 V6 -0.03 35.59

# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 868

Section:

Name: Juli Purwanto

Sex: Male

Age: 44

Exam Time: 19-02-2021 09:30

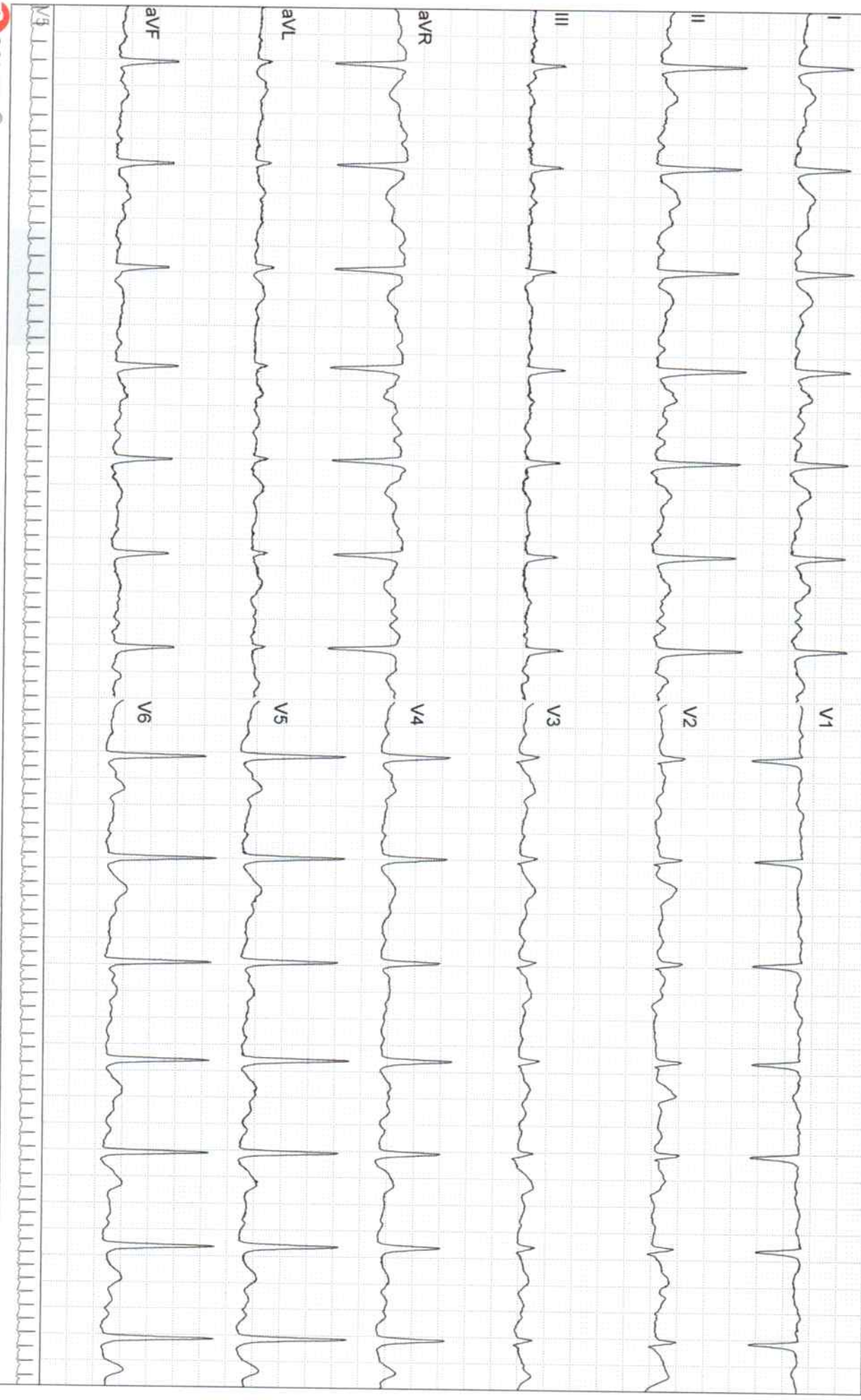
Time: 00:10

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

HR: 84 bpm

BP: 120/80 mmHg

10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 868

Section:

Name: Juli Purwanto

Sex: Male

Age: 44

Exam Time: 19-02-2021 09:30

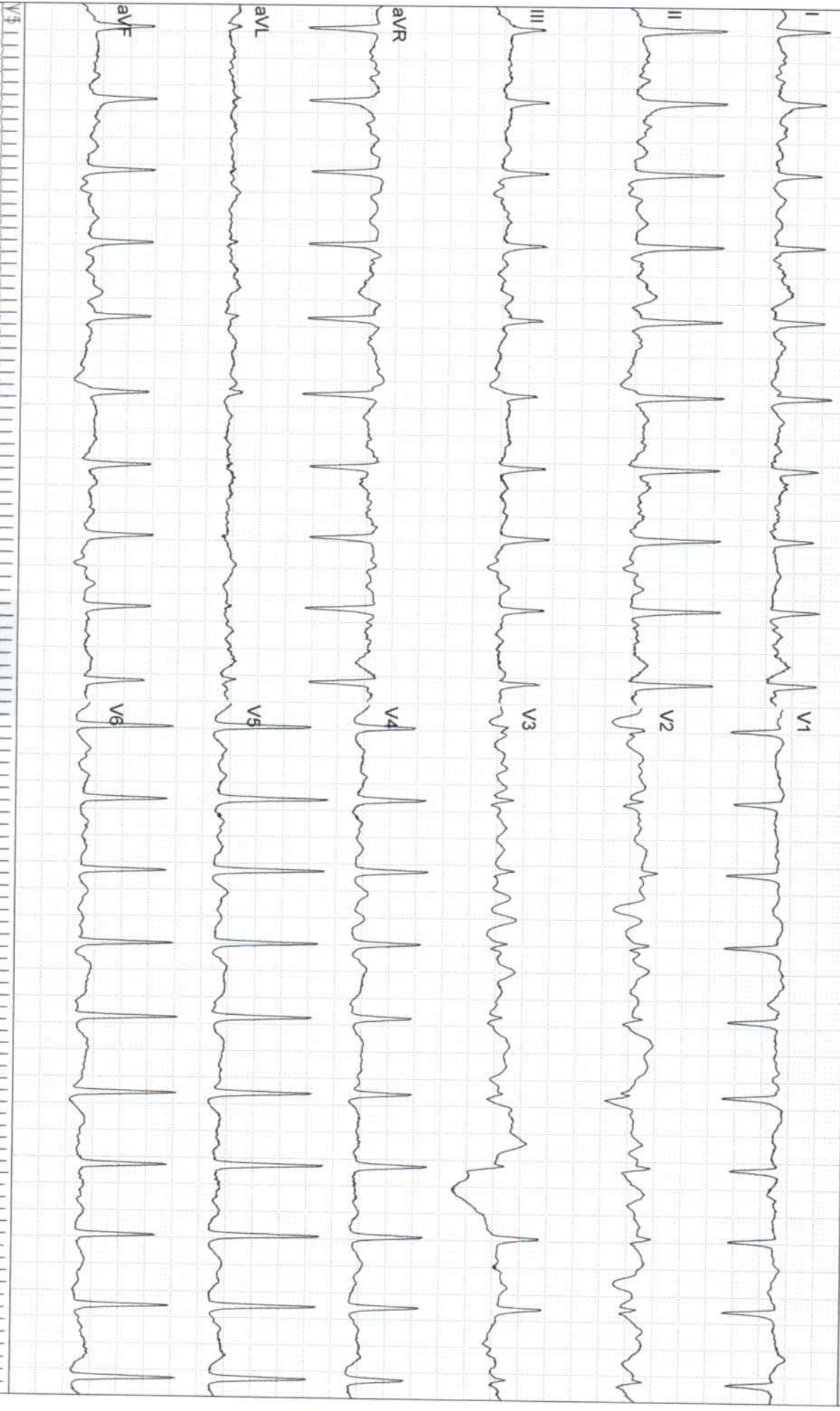
Time: 03:33

Stage: [ 3 / 6 ] EXE2 00:03 [ 4.0 Km/h 12.0 % ]

HR: 110 bpm

BP: 120/80 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 868

Section:

Name: Juli Purwanto

Sex: Male

Age: 44

Exam Time: 19-02-2021 09:30

Time: 06:06

Stage: [ 3 / 6 ] EXE2 02:36 [ 4.0 Km/h 12.0 % ]

HR: 126 bpm

BP: 120/80 mmHg

10mm/mV 25mm/s

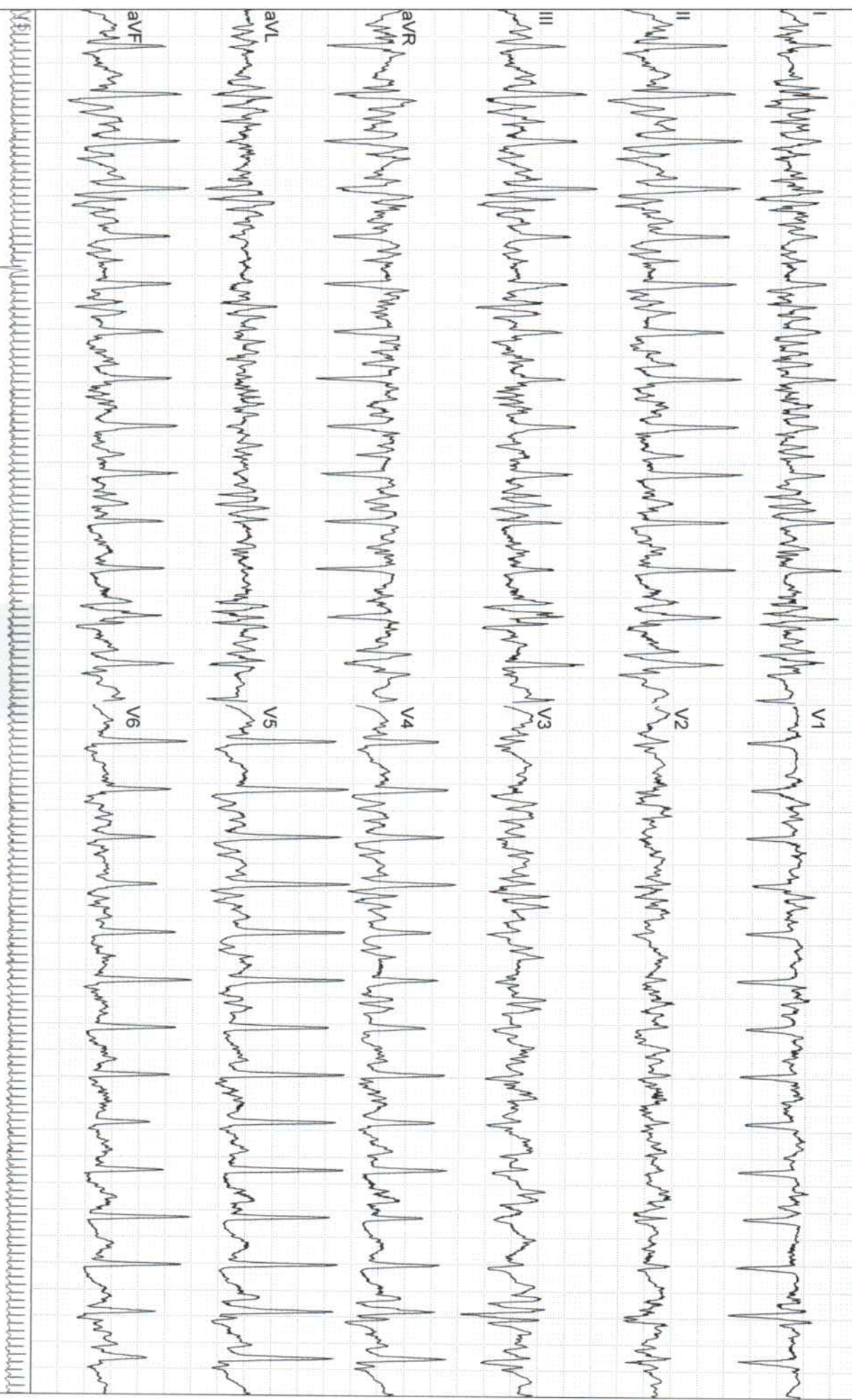


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 868      Section:      Name: Juli Purwanto      Sex: Male      Age: 44      Exam Time: 19-02-2021 09:30

Time: 09:10      Stage: [ 4 / 6 ] EXE3 02:40 [ 5.5 Km/h 14.0 % ]      HR: 168 bpm      BP: 120/80 mmHg      10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:868

Section:

Name: Juli Purwanto

Sex: Male

Age: 44

Exam Time: 19-02-2021 09:30

Time: 11:00

Stage: [ 5 / 6 ] EXE4 01:30 [ 6.8 Km/h 16.0 % ]

HR: 171 bpm

BP: 120/80 mmHg

10mm/mV 25mm/s

