

E-Med-Track

Subject: Certificate of fitness- (to be filled in by examining physician)

Please write in clear capital letters.

This certificate of fitness, based on UKOOA guidelines, is valid for a period of three years.

I, Doctor Farah Alkatiri, do hereby certify that Mr/ Miss / Mrs (Last name, first name) Sembiring Sant Holomon, born on (dd/mm/yy) 03-07-1981, underwent a Med-Track physical on (dd/mm/yy) 18-01-2016,

and is medically:

- Fit without restrictions in the oil and gas industry
- Fit but is restricted for the following activities
- UNFIT to work in the oil and gas industry

Examining physician's name: Dr. Farah A

Examining physician's signature: Dr. Farah Alkatiri

Examining physician's address: Rumah No 1 Kalimantan Balikpapan
R. Jember Kalimantan No 1 Balikpapan East Kalimantan

Phone: (0542) 739020 Ext 4318

Fax: (0542) 738105

Email: mcu @ rspb . id

Please write in clear capital letters.

Stamp of the medical facility





Schlumberger

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

Med-Track

SCHLUMBERGER PHYSICAL

Confidential Medical

PRE-EMPLOYMENT	<input type="checkbox"/>
Name of recruiter
Job proposed :	Office <input type="checkbox"/>
	Field <input type="checkbox"/>
PERIODIC CHECK-UP	<input checked="" 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) SEMBIRING FIRST NAME SAUT HALOMAN
 SEX MALE BIRTH DATE (day/month/year) 03 / 07 / 1981
 HOME PHONE NATIONALITY Indonesia
 HOME ADDRESS Jl. Pempatan Dalam RT 35 Gg. Damai II
 Email address: ssembiring@drilco.com

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

Business segment: DRILCO

(ex: WS, WG, etc.)

MEA EAF

LAM SLR

NAM

GIN /EMPLOYEE NUMBER 04767398

POSITION / Job Title INSPECTOR

PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE

Country of assignment

International commuter

International mobile

Home country mobile

GeoMobile

Other (HCR, HCC, etc.):

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

• **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

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

IMPORTANT: MUST BE FILLED IN BEFORE RETURNING TO INTERNATIONAL SOS

TO BE COMPLETED BY THE EMPLOYEE

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

OPTION 1

Medical examination performed by an International SOS recommended medical center

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

INFORMATION AND CONSENT

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

- 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).
 - 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.
 - 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.
 - I undertake to provide complete and accurate data.
 - 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.
 - 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.
 - 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).
 - 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.
 - 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.
 - SCHLUMBERGER has complied with its notification obligation under the Directive 95/46/EC of 24 October 1995.
 - 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: SAUT HALIMAN SEMBIRING

Date (day/month/year): 18 January 2016 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: SAUT HALMOANI SEMBIRING

Date (day/month/year): 18 January 2016 Employee's signature: 

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :

(If known)

PAST MEDICAL HISTORY

DO YOU HAVE OR HAVE YOU HAD

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

		Yes	No			Yes	No	HAVE YOU EVER BEEN		Yes	No
1.	sinus trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21.	cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41.	rejected for employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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/	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 :	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	abdominal pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31.	blood in urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Mercury	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	stomach ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32.	diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Radioactivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	recurrent indigestion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33.	headaches/migraine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Toxic chemicals	<input checked="" 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 checked="" 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"/>	FOR WOMEN ONLY			
16.	marked change in bowel habits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36.	joints/spinal trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you ever had			
17.	blood in stool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37.	surgical operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	46.	an abnormal smear	<input type="checkbox"/>	<input type="checkbox"/>
18.	change in weight	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38.	accident/fracture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	47.	a gynecological	<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"/>		treatment	<input type="checkbox"/>	<input type="checkbox"/>
20.	lump in breast	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40.	fear of heights	<input type="checkbox"/>	<input checked="" 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 : N/A

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

Allergies to medication: N/A
 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: 16

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH OR TYPE WHENEVER POSSIBLE. NO ABBREVIATIONS PLEASE

DRUG TESTING: for pre-employment medicals only:
 Not performed Performed Positive Negative

PLEASE UP DATE VACCINATIONS: Indicate ONLY vaccinations performed during this examination
 POLIO TETANUS HEPATITIS B YELLOW FEVER HEPATITIS A TYPHOID

OTHER VACCINATIONS PERFORMED:

Please make sure patient has correct malaria protection when travelling to high malaria risk areas

MEDICAL EXAMINATION

IF ABNORMAL, PLEASE DETAIL

- | | normal | abnormal |
|-------------------------------------|------------------------------------|----------|
| 1. eyes and pupils | <input checked="" type="radio"/> n | a |
| 2. ear/nose/throat | <input checked="" type="radio"/> n | a |
| 3. teeth and mouth | <input checked="" type="radio"/> n | a |
| 4. lungs and chest | <input checked="" type="radio"/> n | a |
| 5. cardiovascular | <input checked="" type="radio"/> n | a |
| 6. abdo. viscera | <input checked="" type="radio"/> n | a |
| 7. hernial orifices | <input checked="" type="radio"/> n | a |
| 8. anus and rectum | <input checked="" type="radio"/> n | a |
| 9. genito-urinary | <input checked="" type="radio"/> n | a |
| 10. extremities | <input checked="" type="radio"/> n | a |
| 11. musculo-skeletal | <input checked="" type="radio"/> n | a |
| 12. skin/varicose vns | <input checked="" type="radio"/> n | a |
| 13. neurological/
mental fitness | <input checked="" type="radio"/> n | a |
| 14. breast | <input checked="" type="radio"/> n | a |

HEIGHT	
cms	ft
160	

WEIGHT	
kgs	lbs
78	

BLOOD PRESSURE
120/70

PULSE
76

HEARING		
	n	a
R	<input checked="" type="radio"/> n	<input type="radio"/> a
L	<input checked="" type="radio"/> n	<input type="radio"/> a

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

LAST NAME

FIRST NAME

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

ECG

(n) a

chest X ray

(n) a

BLOOD ANALYSIS

RBC 5.08 M/mm3

WBC 8.32 /mm3

NEUTRO 59 %

EOSINO 3 %

BASO 0 %

LYMPHO 30 %

MONO 8 %

HEMATOCRIT 44.3 %

HEMOGLOBIN 14.9 g/dl

ESR (sedimentation rate)

SGOT (ASAT) 16 UI

SGPT (ALAT) 17 UI

GAMMA GT 28.0 UI

GLUCEMIA 95 (mmol/l)

CHOLESTEROL TOTAL 203.0 (mmol/l)

HDL 31.1 (mmol/l)

LDL 145.0 (mmol/l)

CREATININE 0.9 (µmol/l)

URIC ACID 5.6 (µmol/l)

TRIGLYCERIDES 117.3 (mmol/l)

BLOOD TYPE

test only if not already known

URINE ANALYSIS

ALBUMIN (C)

SUGAR (C)

BLOOD (C)

STOOL ANALYSIS

PARASITES (C)

BLOOD (C)

CONCLUSION: FIT IN ALL AREAS Yes No

(if you answer No, please detail your reasons)

MUST BE REASSESSED Yes No

Detail: low fat diet

- susunan caesaar

DOCTOR'S SIGNATURE

Dr. Farah Alkatiri

RS. PERTAMINA BALIKPAPAN

MEDICAL CENTER STAMP/SEAL



Date of medical examination (day/month/year) 18/01/2016

EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS

Name: dr Farah Alkatiri

Forename:

Street: Jl. Jendral Sudirman No 1

City: Balikpapan Country: Indonesia

Tel: (0542) 738105 Fax: (0542) 738105

E-mail address: mev@rspb-1d

Please write in clear, capital letters!

Field Inspection Services 2016 Annual Vision Examination Form

Name Saut Holomuan S Date 18-01-2016

Age 34 Corrective Lenses Needed Yes / No

Visual Acuity - (Distance) BOTH EYES - OU - 6/6

RIGHT EYE - OD - 6/6

LEFT EYE - OS - 6/6

PASSED FAILED

*Visual Acuity - (Near) BOTH EYES - OU - _____

RIGHT EYE - OD - 3.2

LEFT EYE - OS - 3.2

PASSED FAILED

Color Vision Examination

PASSED FAILED

Deficiencies & Comments normal

EXAMINATION PERFORMED BY:

Examiner: (Please Print) Dr. Farah Alkatiri

RS. PERTAMINA BALIKPAPAN

Phone: (0542) 734021

Signature: _____



*Jaeger 2 or equivalent test chart at a distance of not less than 12 inches (30.5cm). Test equipment such as Titmus or Ortho-Rater minimum of 8 or similar test pattern is acceptable. If other charts are used, please include the equivalent Jaeger chart rating.



RUMAH SAKIT PERTAMINA BALIKPAPAN PERTAMEDIKA

Jl. Jend. Sudirman No.1 Balikpapan 76111
Kalimantan Timur - Indonesia
Telepon : (0542) 734020, 734021
Fax : (0542) 736134
E-mail : customer@rspb.co.id



LAPORAN HASIL MEDICAL CHECK UP

Telah kami laksanakan Medical Check Up atas:

NAMA	SAUT HALOMOAN SEMBIRING, Tn		
GENDER	TANGGAL LAHIR	USIA	
Pria	03 Juli 1981	35 tahun	
PERUSAHAAN	SCHLUMBERGER, PT		
POSISI	Inspector / 04767398		
TANGGAL PEMERIKSAAN	18 Januari 2016		
NOMOR RM	R12050355		

Pemeriksaan Dokter MCU



ANAMNESIS

KELUHAN	Tidak ada
RIWAYAT PENYAKIT	Tidak ada
RIWAYAT OPERASI	Tidak ada
RIWAYAT PERAWATAN RUMAH SAKIT	Tidak ada
RIWAYAT MENSTRUASI	Tidak ada
KEBIASAAN MEROKOK	Ya, 16 batang / hari
KONSUMSI ALKOHOL	Tidak
OBAT RUTIN	Tidak
OLAHRAGA	Futsal (1 x/ minggu)
RIWAYAT KELUARGA	Tidak ada
RIWAYAT VAKSIN	Tidak ada
RIWAYAT PAPARAN BAHAYA	Bising, Debu, Kimia



PEMERIKSAAN FISIK

TEKANAN DARAH	NADI	TINGGI	BERAT	BODY MASS INDEX
120/70 mmhg	76 x/menit	160 cm	78 kg	Obese (30,5)
KEPALA	MATA		THT	
Dalam batas normal	Dalam batas normal		Dalam batas normal	
GIGI & MULUT	JANTUNG		PARU	
Dalam batas normal	Dalam batas normal		Dalam batas normal	
ABDOMEN, HERNIA	ANUS & RECTUM		GENITOURINARY	
Dalam batas normal	Dalam batas normal		Dalam batas normal	
MUSKULO SKELETAL	NEUROLOGICAL		KULIT	
Dalam batas normal	Dalam batas normal		Dalam batas normal	



RUMAH SAKIT PERTAMINA BALIKPAPAN PERTAMEDIKA

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Telepon : (0542) 734020, 734021
Fax : (0542) 736134
E-mail : customer@rspb.co.id



PEMERIKSAAN JANTUNG

EKG Sinus Arythmia

UJI TREADMILL

Tidak diuji

KAPASITAS AEROBIK

Tidak diuji

TINGKAT KEBUGARAN JASMANI

Tidak diuji



PEMERIKSAAN MATA

**VISUS
MATA**

AVOD

6/6

AVOS

6/6

ADDC

Jaeger 2 Uncorrected

TONOMETRY OD

Tidak diuji

TONOMETRY OS

Tidak diuji

TES ISHIHARA

Normal

TES LAPANG PANDANG

Tidak diuji



PEMERIKSAAN LABORATORIUM

HASIL PEMERIKSAAN ABNORMAL

Total kolesterol 203 mg/dl



PEMERIKSAAN RADIOLOGI

FOTO THORAX

COR

Besar & bentuk normal

CTR

< 50%

SINUS & DIAGFRAGMA

Normal

PULMO

CORAKAN PARU

Corakan paru dalam batas normal, tidak tampak pembersakan

SOFT TISSUE & SKELETAL

Dalam batas normal

KESIMPULAN

Cor dan Pulmo tidak tampak ada kelainan



USG ABDOMEN

Tidak diperiksa



SPIROMETRY

Tidak diperiksa



AUDIOMETRY

ADS dalam batas normal



KESIMPULAN

FIT

SARAN

- Olahraga teratur dan hentikan merokok
- Diet rendah lemak
- Cukup minum air putih
- Turunkan berat badan

Balikpapan, 18/01/2016

Dokter Pemeriksa,

dr. Farah Alkatiri

**LABORATORIUM KLINIK****RUMAH SAKIT
PERTAMINA BALIKPAPAN**

003/FRM/LAB/RSPB

Jl. Jend. Sudirman No. 1,
Balikpapan 76111,
Kalimantan Timur - Indonesia
Telp. (0542) 734020 ext. 7723, 7729
Fax. (0542) 7517492

Name : Saut Halomoan Sembiring
Age : 34 years 6 month 18 days
Sex : Male
Doctor sender : FARAH ALKATIRI, DR
Address : JL. PRAPATAN DALAM NO.10
BALIKPAPAN
Phone : 081346567713

M.R No. : R12050355
Order No. : 1601180179
Date/Time : 18/01/2016 11:37:39
Room : MCU RSPB

Print date: 21/01/2016 11:57:24 Page 1 of 2

Analyt	Result	Flag	Unit	Reference range	Note
Hematology					
Haemoglobin	14.9		g/dL	14.0 - 18.0	
Hematocrit	44.3		%	42.0 - 52.0	
Erythrocyte	5.08		10 ⁶ /uL	4.70 - 6.10	
Leucocyte	8.32		10 ³ /uL	4.80 - 10.80	
Trombosit	204		10 ³ /uL	150 - 450	
MCV	87		fL	81 - 99	
MCHC	34		g/dL	33 - 37	
MCH	29		pg	27 - 31	
DIFF COUNT					
Basophils	0		%	0 - 1	
Eosinophils	3		%	0 - 7	
Neutrophils	59	*	%	40 - 47	
Lymphocytes	30		%	19 - 48	
Monocytes	8		%	3 - 9	
Clinical Chemistry					
Glucose Fasting	95		mg/dL	70 - 110	
Triglicerida	117.3		mg/dL	< 200.0	
Cholesterol HDL	34.1	*	mg/dL	> 35.0	
Cholesterol LDL	145.0		mg/dL	< 150.0	
Cholesterol Total	203.0	*	mg/dL	< 200.0	
ALTL/SGPT	17		U/L	0 - 41	
ASTL/SGOT	16		U/L	0 - 32	
Gamma-GT	28.0		U/L	11.0 - 50.0	
Creatinine	0.9		mg/dL	0.7 - 1.2	
Uric Acid	5.6		mg/dL	3.4 - 7.0	
Faesces					
FAESES					
Color	Brown			Yellow	
Consistensy	Semi Liquid			Semi Liquid	
Mucous	Negative			Negative	
Leucocyte	0 - 1			Negative	



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Analyt	Result	Flag	Unit	Reference range	Note
Faesces					
Erythrocyte	0 - 1			Negative	
Amoeba	Negative			Negative	
Ascaris Egg	Negative			Negative	
Ankylos Egg	Negative			Negative	
Urine					
URINALYSIS					
Color	Yellow			Yellow	
Clearance	Clear			Clear	
Gravity	1.015			1.003 - 1.030	
pH	5.0			4.8 - 7.8	
Leucocyte Urine	Negative		/uL	Negative	
Nitrit	Negative			Negative	
Albumin Urine	neg			Negative	
Glucose	norm		mg/L	Normal	
Aceton Urine	Negative		mg/dL	Negative	
Urobilinogen	norm		mg/dL	Negative	
Bilirubin	Negative		mg/dL	Negative	
Blood (Hb/eri)	Negative		/uL	Negative	
Epithel	0.2		/LPB	< 5.0	
Silinder Patologis	0.0		/LPK	-	
Bakteria	Negative		/LPK	Negative	
Crystal	Negative		/LPK	Negative	
Fungi	Negative		/LPK	Negative	
Others	Negative		/LPK	Negative	
Leucocyte Sed.	2.9		/LPB	0.0 - 5.0	
RBC	1.3		/LPB	0.0 - 3.0	

Responsible doctor : dr. Suryani Trismiasih, Sp.PK

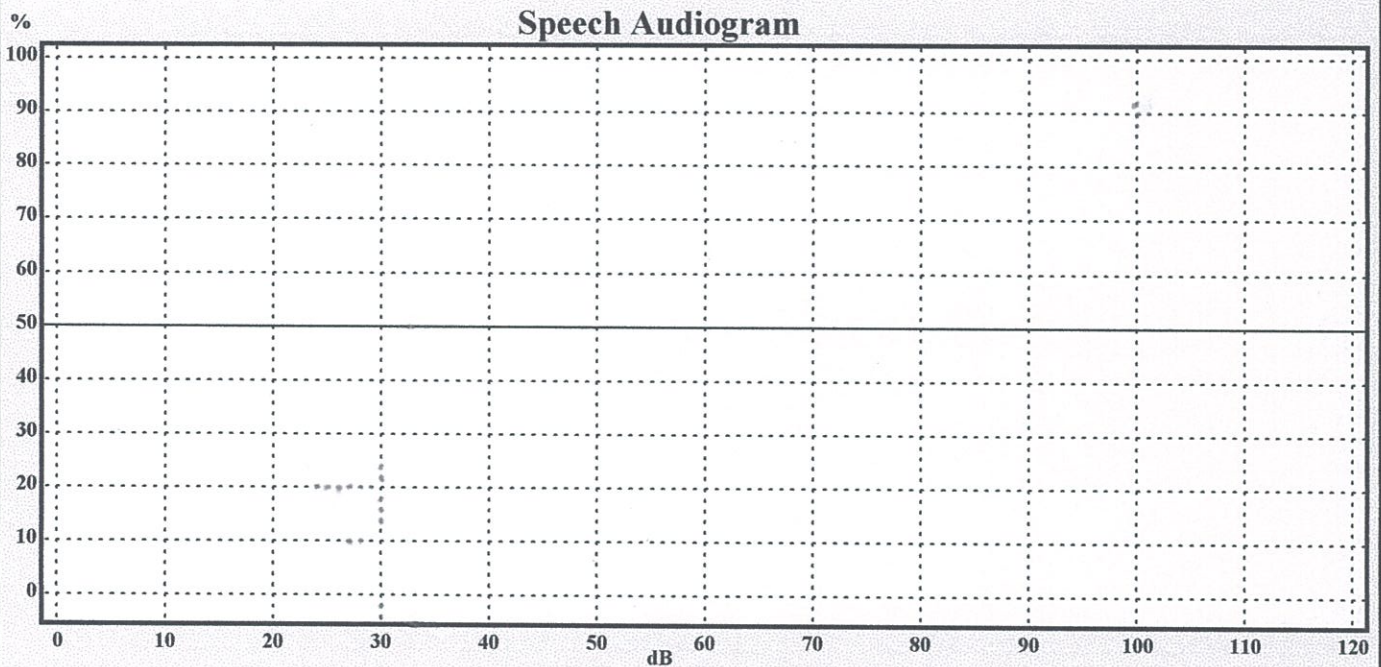
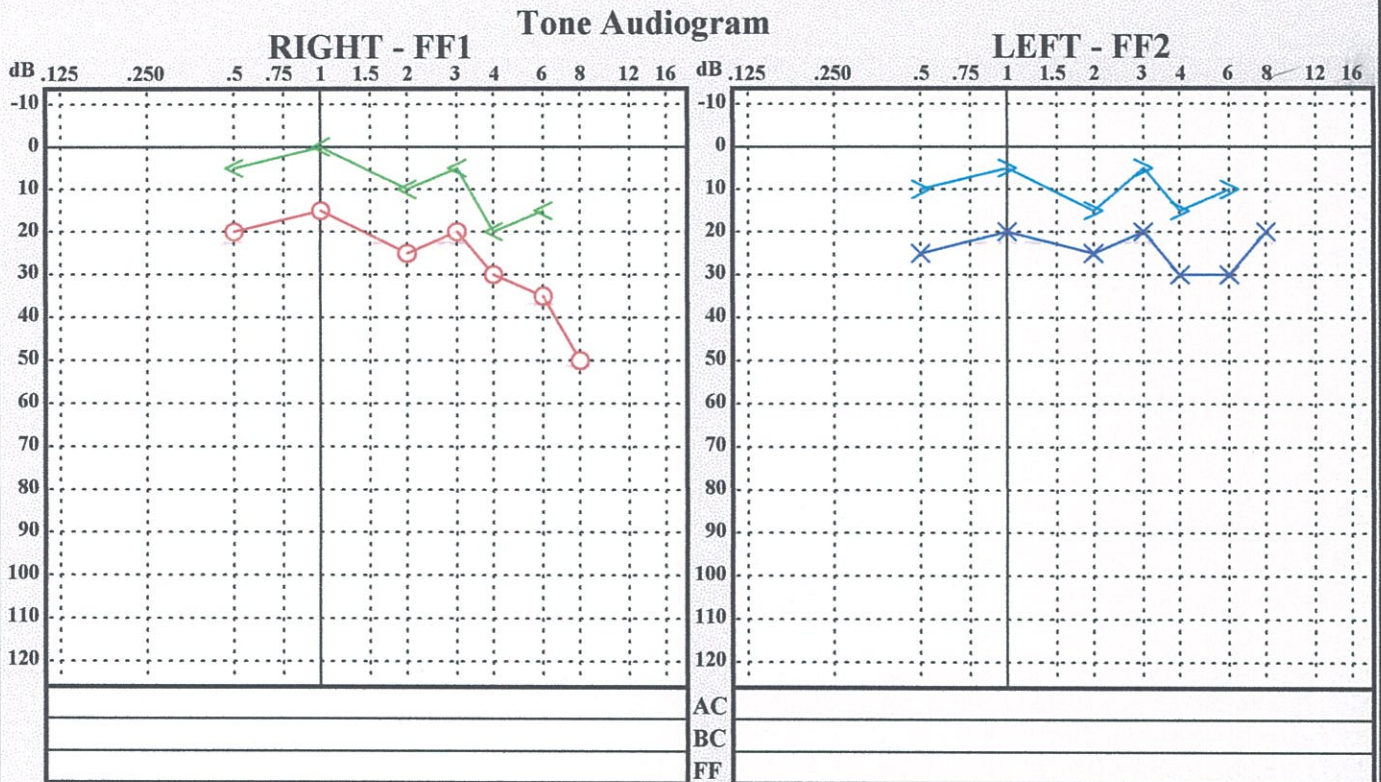


RUMAH SAKIT PERTAMINA BALIKPAPAN PERTAMEDIKA

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 Kalimantan Timur - Indonesia
 Telepon : (0542) 734020, 734021
 Fax : (0542) 736134
 E-mail : customer@rspb.co.id

AUDIOMETRI			
Address:	MEDICAL CHECK UP		
	RS PERTAMINA BALIKPAPAN		
Tel:	EXT.4318 / 4309	Fax:	0542738105
		No:	MCU

PATIENT DATA			
Family Name:		Sex:	M
		ID no:	30
First Name(s):	SAUT HALOMOAN S.	Age (years):	34
		Date (YMD):	2016-01-18
Address:	PT. SCHLUMBERGER		
Title:			
		Tel:	
Examiner:	IK	Instrument:	Audiometer AD 226



Handwritten signature/initials in blue ink.

Dr. Healtho LD, SpTHT-KL
 RS. PERTAMINA BALIKPAPAN

**RUMAH SAKIT PERTAMINA BALIKPAPAN**

Jl. Jenderal Sudirman No. 1
Telp. (0542) 734020,734021,734024. Fax.736134
E-mail customer@rspb.co.id
Balikpapan - Kalimantan Timur 76111

NOMOR RADIOLOGI :

359-

Tanggal : 18-1-2016. Jam :

Kepada Yth. TS : Dr.

Hasil Pemeriksaan Radiologi Pada :

Nama : tu. Saut Halomoan SembiringTanggal lahir : 3 Juli 1981 Umur :No. Peg

No. Rekam Medik :

No. Register :

Pengirim : Poliklinik / Unit/ RS / Ruang Perawatan*

* (coret yang tidak perlu)

HASIL PEMERIKSAAN RADIOLOGI

X - Ray Thorax

There is no sign of pleural thickening

Pulmonary structure is normal and shows normal vascular markings..

There are no intrapulmonary nodules

The heart is normal size.

The thoracic skeleton show no abnormalities

Conclusion : The heart, lung, thoracic skeleton and thoracic soft tissue appears normal.

Salam sejawat,

Dr. Debie E.E. Poluan, Sp Rad.



RUMAH SAKIT PERTAMINA
BALIKPAPAN

Nama Pasien : M - Skut H. Sembiring LYP

I / A Dari :

Tgl. Lahir : 07 - 07 - 1981

Elektrokardiogram No. :

Poliklinik / Lantai : Dibuat Jam 10.15 oleh CRS **18 JAN 2016**

Diminta oleh Dokter : EKG. Pertama / Ke

Di RS Pernah dibuat thorak foto / analisa jantung / tidak



ELEKTROKARDIOGRAM

NP.

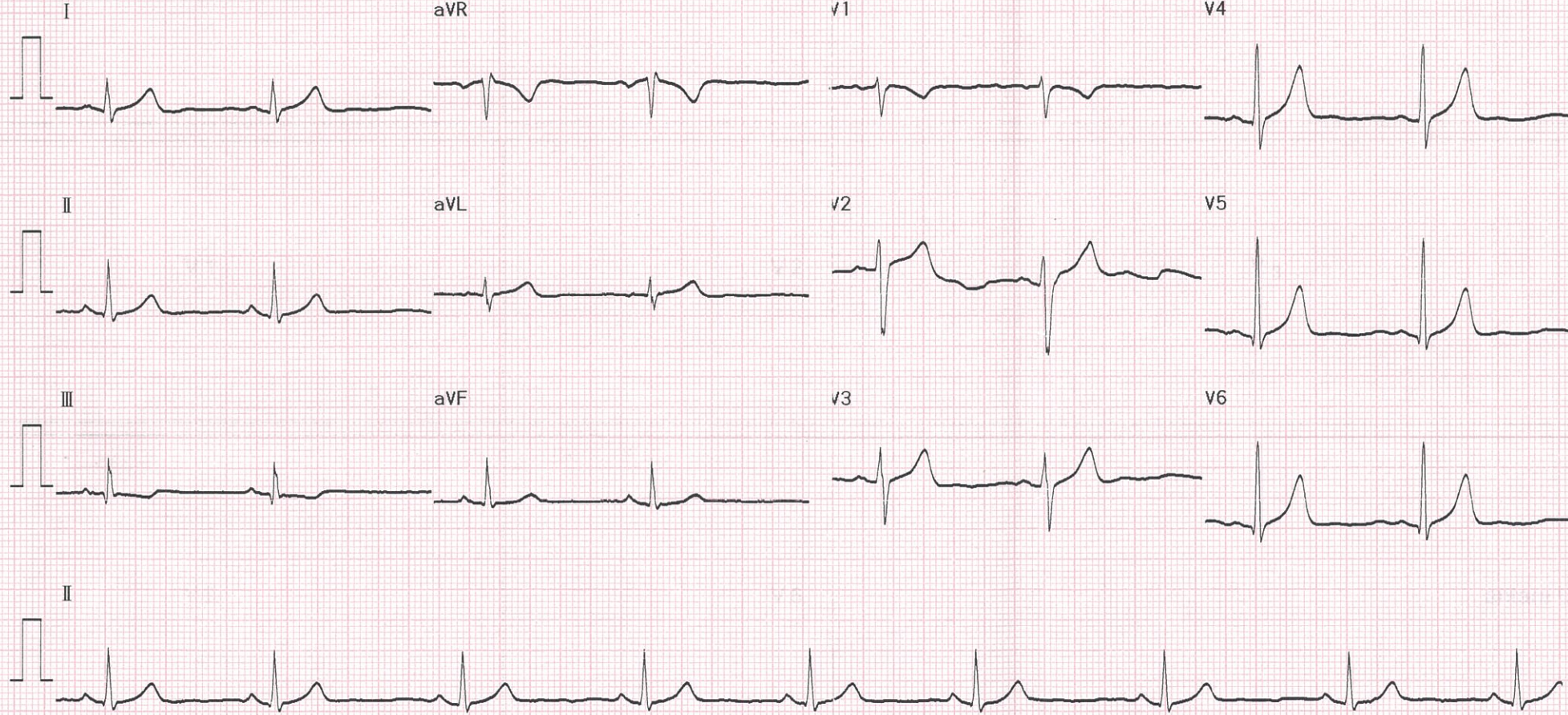
ID = 36
 AGE/SEX = 34/M
 H./W. = 160cm/ 78kg
 B.P. = 120/ 70mmHg
 H.R. = 51/min(1.165s)
 PR = 0.154s
 QRS = 0.092s
 AXIS = 59deg
 QT/QTc = 0.410s/0.378
 RV5 = 1.61mV
 SV1 = 0.50mV
 MEDICATION =

RESTING ECG (3.50)
 ***** NORMAL ECG ***** DOMINANT

JAN 18 2016 10:18
 FILTER:HF,DF
 STRESS TEST: YES

**** Unconfirmed. MD must review. ****
 REVIEWED BY

10mm/mV 25mm/s



V 3r

V 4

RS.PERTAMINA-BALIKPAPAN

[Kenz Cardico1210 V-3.50]

P210 X 48Z

Dokter pemeriksa EKG
Dr. Muhammad Iqbal, SpJP
 RS. PERTAMINA BALIKPAPAN

Tanda tangan dan nama terang

R

