



**GRAND MEDICA  
INDONESIA**

*Make SMILE and Be HEALTHY*

## PERSONAL DATA

No. MCU : 5642/GMI-MCU/VII/2022  
No. Badge : ISP 20219  
N a m a : **DENNY MIRANDA PUTRA, Tn.**  
U m u r : 29 tahun  
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**  
Jabatan : Asst. Inspector  
Tgl Pemeriksaan : 06/07/2022  
Alamat : *Jl. Persatuan RT 30 Manggar Baru.*

**PEMERIKSAAN KESEHATAN TAHUN 2022**
*Health and Medical Surveillance of 2022*
**Bagian 1. Untuk diisi oleh karyawan/calon karyawan**
*Part 1. To be completed by the employee / preemployee*

Isilah formulir ini dengan sebenarnya dan selengkap-lengkapannya. Apabila ada hal-hal yang kurang dipahami segera hubungi dokter atau petugas kami.

*Fill out this form with real and complete as possible. If there are things that are poorly understood immediately*

**IDENTITAS KARYAWAN/CALON KARYAWAN**
*IDENTITY OF EMPLOYEES / PREEMPLOYEES*

Nama : Nomy Miranda Putra  
 Name  
 Nomor Badge : 107 20219  
 Badge number  
 Tempat, Tanggal Lahir : Balukpapan 14/08/1992. Jenis Kelamin : Laki-laki / Perempuan\*  
 Date of birth Gender Male / Female  
 Status : Belum menikah / ~~Nikah~~ / Janda / Duda\*  
 Marital Not married / Married/Widow/Widower  
 Jabatan/Posisi Pekerjaan : Asst Inspector Lokasi kerja : (SLB - Manggar Barat)  
 Job position Site Location  
 Alamat Sekarang : Jln Porsahan RT 30 manggar Barat.  
 Address  
 Telepon : 082250064184.  
 Phone

\* pilih salah satu/ Select one

**RIWAYAT PEKERJAAN DAN POTENSI BAHAYA AKIBAT PEKERJAAN**
*WORK HISTORY AND POTENTIAL HAZARD DUE TO WORK*

Pilih semua potensi bahaya yang mungkin dapat terpapar, termasuk riwayat pekerjaan sebelumnya.  
*Select all the potential hazards that may be exposed, including previous work history.*

Jabatan/Posisi Pekerjaan <i>Job position</i>	Lama Kerja <i>Years</i>	Jenis potensi bahaya di tempat kerja <i>Types of potential hazards in the workplace</i>				
		Bising <i>Noisy</i>	Debu <i>Dust</i>	Kimia <i>Chemical</i>	Panas/Dingin <i>Hot/cold</i>	Lainnya <i>Other</i>
<u>Asst Inspector</u>	<u>+ - 2 tahun.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**RIWAYAT KESEHATAN**
*MEDICAL HISTORY*

Selama 1 tahun terakhir, apakah anda pernah sakit:  
*Over the last 1 year, if you get sick:*

	Yes	No		Yes	No
1. Tekanan darah tinggi <i>High blood pressure</i>		<input checked="" type="checkbox"/>	17. Nyeri punggung <i>Back pain</i>	<input checked="" type="checkbox"/>	
2. Tekanan darah rendah <i>Low blood pressure</i>		<input checked="" type="checkbox"/>	18. Diare berulang <i>Recurrent diarrhea</i>		<input checked="" type="checkbox"/>
3. Kepala <i>Headaches</i>		<input checked="" type="checkbox"/>	19. Masalah kulit <i>Skin problems</i>		<input checked="" type="checkbox"/>

**MEDICAL HISTORY** *Continue*

4. Mata <i>Eyes problems</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Alergi makanan tertentu <i>Food allergies</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Telinga <i>Ear problems</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Alergi obat tertentu <i>Medicine allergies</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Hidung <i>Nose problems</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Nyeri persendian <i>Pain of joint</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Tenggorok <i>Throat problems</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Berat badan :bertambah / normal / berkurang <i>Body weight problems</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Gigi / Mulut <i>Mouth / Teeth problems</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Sukar tidur <i>Sleep disorders</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Sesak napas <i>Shortness of breath</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Sakit kuning <i>Yellow Fever</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Asma <i>Asthma</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Kencing manis <i>Diabetic mellitus</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Batuk berdarah <i>Bloody cough</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Types <i>Thypoid</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Jantung <i>Heart problems</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28. Malaria <i>Malaria</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Nyeri dada <i>Chest pain</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Batu ginjal <i>Stones of kidney</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Nyeri ulu hati / Maag <i>Dyspepsia / Ulcer</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. Wasir <i>Hemorhoid</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Takut ketinggian <i>Afraid of heights</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. Hepatitis <i>Hepatitis</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Epilepsi / Gangguan saraf <i>Epilepsy / neurological disorders</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. Timbul benjolan / Tumor <i>Mass / Tumor</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* berilah tanda  pada salah satu kolom ya atau tidak / mark on one of the columns yes or no

Penjelasan lebih rinci terhadap sakit yang dipilih:

*Detailed description of the selected illness:*

gigi berlubang

**POLA HIDUP SEHAT**

**HEALTHY LIVING PATTERNS**

1. Apakah anda pernah merokok  
*Did you ever smoked* :  Yes / No
2. Berapa banyak rokok yang anda hisap dalam sehari  
*How many cigarettes do you consume in a day* : 16 Qty/ day
3. Jenis rokok apa yang anda hisap  
*Type of cigarettes do you consume* : (SKM)
4. Sudah berapa lama anda berhenti merokok  
*How long have you quit smoking* : -
5. Apakah anda pernah konsumsi minuman beralkohol  
*Did you ever consumption of alcoholic beverages* :  Yes / No
6. Berapa banyak minuman beralkohol yang anda habiskan tiap kalinya : 100 cc  
*How many alcoholic drinks do you spend each time*
7. Berapa kali anda berolah raga dalam 1 minggu  
*How many times did you exercise in 1 week* : 8/2 times / week

**HEALTHY LIVING PATTERNS** Continue

8. Jenis olah raga apa yang anda lakukan  
*Sporting type what you are doing*

: Jogging

**RIWAYAT PENYAKIT DAHULU**

**PAST MEDICAL HISTORY**

1. Apakah anda pernah dirawat di rumah sakit  
*Did you ever hospitalized*
2. Dirawat karena apa  
*Causes of hospitalized*
3. Berapa lama anda dirawat  
*How long have you been hospitalized*
4. Apakah anda menderita penyakit yang dikontrol terus-menerus selama satu tahun terakhir  
*Did you suffer illness controlled continuously during the past year*
5. Jika "Ya", karena apa  
*If "Yes", because what*
6. Sejak kapan anda menderita penyakit tersebut  
*Since when you are suffering from the disease*

: Yes /  No

:

:

: Yes /  No

:

:

**RIWAYAT PENYAKIT KELUARGA**

**DISEASE FAMILY HISTORY**

1. Berapa usia ayah anda : 57 years old  Hidup / Meninggal  
*How old is your father Life / Death*
2. Apakah ayah anda pernah menderita penyakit  Alergi / Asma / Kanker / Lainnya :  
*Was your father had suffered from the disease :Hypertension, Stroke, Heart problems, Diabetes mellitus, Allergic, Cancer, Others :*
3. Berapa usia ibu anda : 50 years old  Hidup / Meninggal  
*How old is your mother Life / Death*
4. Apakah ibu anda pernah menderita penyakit  Darah tinggi / Stroke / Jantung / Kencing manis /  
Alergi / Asma / Kanker / Lainnya :  
*Was your mother had suffered from the disease :Hypertension, Stroke, Heart problems, Diabetes mellitus, Allergic, Cancer, Others :*
5. Apakah ada saudara kandung anda menderita penyakit : Darah tinggi / Stroke /  Jantung / Kencing manis /  
Alergi / Asma / Kanker / Lainnya :  
*Is there a sibling you suffer illness: Hypertension, Stroke, Heart problems, Diabetes mellitus, Allergic, Cancer, Others :*

**UNTUK KARYAWAN / CALON KARYAWAN WANITA**

**FOR FEMALE EMPLOYEE / PREEMPLOYEE**

1. Apakah saat ini anda sedang hamil  
*Are you currently pregnant*
2. Berapa bulan usia kehamilan anda  
*How many months of your pregnancy*
3. Berapa jumlah kehamilan yang pernah anda alami  
*How many preanancies you've ever experienced*

: Yes / No

:

:

**UNTUK KARYAWAN / CALON KARYAWAN WANITA**  
*FOR FEMALE EMPLOYEE / PREEMPLOYEE*

4. Berapa jumlah keguguran yang pernah anda alami : \_\_\_\_\_  
*How many of you have ever experienced a miscarriage*
5. Berapa usia anda saat terjadi haid pertama : \_\_\_\_\_ years old  
*How old are you when menstruation occurs first*
6. Keluhan saat terjadi haid : \_\_\_\_\_  
*Complaint occurs when menstruation*
7. Pola haid anda : Banyak / Sedikit ; Teratur / Tidak teratur  
*Menstrual pattern Many / Few; Regular / Irregular*
8. Apakah anda sering menderita keputihan : Yes / No  
*Did you often suffer from vaginal discharge*
9. Apakah anda pernah melakukan "Pap's Smear" : Yes / No  
*Did you ever do a "Pap's Smear"*
10. Jika "Ya", apa hasil pemeriksaannya : \_\_\_\_\_  
*If "Yes", what the results of the examination*
11. Apakah anda menggunakan alat kontrasepsi : Yes / No  
*Did you use a tool contraceptives*
12. Jenis kontrasepsi apa yang anda gunakan : \_\_\_\_\_  
*Contraception Type what you use*

**RIWAYAT VAKSINASI**  
*HISTORY OF VACCINATION*

1. Apakah anda pernah mendapatkan vaksin tetanus : Sudah / Belum / Tidak tahu  
*Did you ever get a tetanus vaccine Already / Not / Do not know*
2. Jika "Sudah", kapan terakhir anda divaksin : \_\_\_\_\_  
*If "Already", when did you last vaccinated*
3. Apakah anda pernah mendapatkan vaksin Hepatitis : Sudah / Belum / Tidak tahu  
*Did you ever get a hepatitis vaccine Already / Not / Do not know*
4. Jika "Sudah", kapan terakhir anda divaksin : \_\_\_\_\_  
*If "Already", when did you last vaccinated*
5. Vaksin lainnya yang sudah anda dapatkan : \_\_\_\_\_  
*Other vaccine that you have got*

**DONOR DARAH**  
*BLOOD DONOR*

1. Kapan anda melakukan donor darah terakhir : \_\_\_\_\_  
*Whenever you make a blood donation last*
2. Bersediakah anda medonorkan darah bila diperlukan : Yes / No  
*Would you donate blood when needed*

**PERNYATAAN KESEDIAAN MEMBERIKAN INFORMASI MEDIS**  
*WILLINGNESS TO GIVE MEDICAL INFORMATION STATEMENT*

Saya menyatakan bahwa jawaban dan pernyataan di atas adalah benar dan telah diisi sesuai dengan 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.

*I certify that the above answers and statements are true and have been filled in accordance with the truth. I agree my test results are stored in the form of written or electronic documents and if necessary medical information related to my work, can be given to the leadership of the company where I work.*

BALIKPAPAN, 06/07 2022  
Name and Signature Employee / Pre Employee

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MEDICAL CHECK UP –2022

PHYSICAL EXAMINATION

NAME	DENNY MIRANDA PUTRA, Tn.	S/N	ISP 20219	DEPT	Tubular
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I. VITAL SIGN

Blood Pressure (supine)	115/64 mmHg	Pulse	56 x/m	Respiration	20 x/m	Temp.	36 -C
Weight (W)	85 kg	Height (H)	165 cm	BMI	31,2	Waist	105 cm

(\* BMI = W / H<sup>2</sup> (Underweight = <18, Normal 18-25, Overweight 25-30, Obese > 30)

II. PHYSICAL EXAMINATION

No	PHYSICAL	A = ABNORMAL; N = NORMAL	A	N	Describe abnormalities in detail (circle words of importance and explain)
1	GENERAL APPEARANCE	Appearance age/ Nutritional/ Development/ Mental & emotional status/Posture/Gait/Speech		✓	
2	HEAD / SCALP	Size/Shape/Tender over sinuses/ Hair/ Eruption/ Masses/Bruit		✓	
3	EYES	Conjunctiva /Sclera/ Cornea/ Pupils/ Ptosis/ Tension/ Eye lid/Bruit/Reflex/ Range of Movement		✓	
4	EARS	Ext. canal/Membran perforation/ Discharge/ Tophi/ Hearing problem/ Mastoids		✓	
5	NOSE / SINUSES	Septum/obstruction/ Turbinate /Discharges		✓	
6	MOUTH / THROAT	Odor/Lips/Tongue/Tonsils/ Gums/ Pharynx		✓	
7	TEETH	Caries @, Filling(F), Missing (M), Radix@	✓		Caries, 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/ Rates/ 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/ Call tenderness/Joints for swelling/ ROM		✓	
18	JOINTS	ROM/ Swelling / Inflammation /Deformity		✓	
19	SKIN	Color/Birthmark/Scars/ Tattoos /Texture/Rash/ Eczema / ulcers/Piercing		✓	
20	NEUROLOGICAL	Reflexes/Cranial nerve/Tremor/Paralysis/Motoric/ Sensor (touch,prick,vibrate)/ Coordination/ Romberg		✓	Romberg Test : Negative
21	MUSCULAR SYSTEM	Strength/Wasting/Development		✓	
22	RECTAL EXAM.	Sphincter tonus/ Hemorrhoids/ Fissure/ Masses /Prostate		✓	

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



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

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

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

Dear Schlumberger Employee,

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

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

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

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

Thank you for cooperation.

Schlumberger Medical Department and International SOS

**TO BE COMPLETED BY THE EMPLOYEE**

PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH

LAST NAME (as appears in LDAP) Miranda Putra Denny FIRST NAME DENNY  
 SEX MALE BIRTH DATE (day/month/year) 14 / 08 / 77  
 HOME PHONE 082160064154 NATIONALITY INDONESIAN  
 HOME ADDRESS Jln Persatuan RT. 30 Mangrove Baru  
 Email address: sdenny36@gmail.com

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

Business segment: .....

(ex: WS, WG, etc.)

<input type="checkbox"/> MEA	<input type="checkbox"/> EAF	Country of assignment .....
<input type="checkbox"/> LAM	<input type="checkbox"/> SLR	International commuter <input type="checkbox"/>
<input type="checkbox"/> NAM		International mobile <input type="checkbox"/>
GIN /EMPLOYEE NUMBER <u>15P 2024</u>		Home country mobile <input type="checkbox"/>
POSITION / Job Title <u>Act. Inspector</u>		GeoMobile <input type="checkbox"/>
		Other (HCR, HCC, etc.): .....

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



## TO BE COMPLETED BY THE EMPLOYEE

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

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

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

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

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

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

Medical center : Grand Medica Indovera Name of doctor : .....

Medical exam date : 06 / 07 / 2012

And return only page 1 and 2 to :

International SOS  
Med-Track Department  
12/14 rue d'Alsace  
92300 Levallois Perret, France  
Fax : +33 1 55 63 32 42  
[emedtrack@internationalsos.com](mailto:emedtrack@internationalsos.com)

• **Option 2: Medical examination performed by a medical center of your choice, And not on the list of centers recommended by International SOS**

I agree to send my confidential medical data to International SOS and I agree to the subsequent transfer to the Schlumberger Medical Department, and I hereby acknowledge that I have read, understood and signed the attached **Consent Form Option 2**. (Please fill in pages 4 and 5. The examining physician will fill in pages 6 and 7.)

For rapid processing please ensure that the entire Med-Track report is sent as rapidly as possible to :  
International SOS

Med-Track Department  
12/14 rue d'Alsace  
92300 Levallois Perret, France  
Fax : +33 1 55 63 32 42  
[emedtrack@internationalsos.com](mailto:emedtrack@internationalsos.com)

I do not agree to send my confidential medical data to International SOS (and I do not agree to the subsequent transfer to the Schlumberger Medical Department). Please fill in below.

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

Medical exam date : .....

And return only page 1 and 2 to :

International SOS  
Med-Track Department  
12/14 rue d'Alsace  
92300 Levallois Perret, France  
Fax : +33 1 55 63 32 42  
[emedtrack@internationalsos.com](mailto:emedtrack@internationalsos.com)

**IMPORTANT: MUST BE FILLED IN BEFORE RETURNING TO INTERNATIONAL SOS**

# TO BE COMPLETED BY THE EMPLOYEE

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

### OPTION 1 :

### Medical examination performed by an International SOS recommended medical center

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

#### INFORMATION AND CONSENT

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

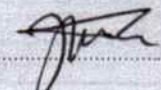
- (a) SCHLUMBERGER will transfer to International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, nationality, job description/title, country of assignment and contact details).
- (b) SCHLUMBERGER via the Schlumberger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

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

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

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

Full name: Remy Mirard pjm

Date (day/month/year): 06/07/2012 Employee's signature: 

## TO BE COMPLETED BY THE EMPLOYEE

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

### OPTION 2:

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

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

#### INFORMATION AND CONSENT

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

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

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

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

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

Full name: .....

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

LAST NAME Miranda Pita FIRST NAME Romy

TO BE COMPLETED BY THE EMPLOYEE

**BLOOD TYPE :**  
(If known) O

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

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

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

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

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

Medication taken regularly : .....

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

Allergies to medication: .....

DATES OF LAST VACCINATIONS: (day/month/year)  
 polio ...../...../..... hepatitis B ...../...../..... hepatitis A ...../...../.....  
 tetanus ...../...../..... yellow fever ...../...../..... typhoid ...../...../.....  
 other:.....,date:...../...../..... Other: ..... ,date: ...../...../.....

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

LAST NAME MIRANDA PUTRA FIRST NAME DENNY

**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) Caries (+), Radix (+), Missing (+). |
| 4. lungs and chest                  | (n)    | a .....                                 |
| 5. cardiovascular                   | (n)    | a .....                                 |
| 6. abdo. viscera                    | (n)    | a .....                                 |
| 7. hernial orifices                 | (n)    | a .....                                 |
| 8. anus and rectum                  | (n)    | a .....                                 |
| 9. genito-urinary                   | (n)    | a .....                                 |
| 10. extremities                     | (n)    | a .....                                 |
| 11. musculo-skeletal                | (n)    | a .....                                 |
| 12. skin/varicose vns               | (n)    | a .....                                 |
| 13. neurological/<br>mental fitness | (n)    | a .....                                 |
| 14. breast                          | n      | a .....                                 |

HEIGHT		WEIGHT		BLOOD PRESSURE		PULSE		HEARING			VISION			WITH GLASSES		COLOR Vision		
cms	ft	kgs	lbs	mmHg		x/m		R	n ✓	a	Distant	R	20/20	L	20/20	Yes	<input type="checkbox"/>	N
165		85		115/64				L	n ✓	a	Near	R	20/20	L	20/20	No	<input checked="" type="checkbox"/>	

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

**PARA-CLINICAL EXAMINATION**

ECG (n) a : Sinus Bradycardia, HR : 56 bpm.  
 Treadmill (n) a : Negatives Ischemis Response, 12 Mets.  
 Chest X Ray (n) a : Within Normal Limits

**BLOOD ANALYSIS**

RBC	5.300.000	/mm3	SGOT (ASAT)	29	U/L
WBC	7800	/mm3	SGPT (ALAT)	40	U/L
NEUTROPHIL	54	%	GAMMA GT	50	U/L
EOSINOPHIL	3,0	%	GLYCEMIA	99	mg/dL
BASOPHIL	0	%	CHOLESTEROL TOTAL	157	mg/dL
LYMPHOCYTE	37	%	HDL	60	mg/dL
MONOCYTE	6	%	LDL	78	mg/dL
HEMATOCRIT	47,0	%	CREATININE	1,3	mg/dL
HEMOGLOBIN	16,6	g/dL	URIC ACID	7,2	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	95	mg/dL

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

test only if not already known

**URINE ANALYSYS**

ALBUMIN : - SUGAR :- BLOOD :-


**STOOL ANALYSIS**

PARASITES :- BLOOD : -

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

**MUST BE REASSESSED** Yes  No

Detail : .....  
 .....  
 .....  
 .....

**DOCTOR'S SIGNATURE**  


**MEDICAL CENTER STAMP/SEAL**  


Date of medical examination (day/month/year) : **06/07/2022**

**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:

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

Balikpapan, **11/07/2022**

ANNUAL MEDICAL CHECK UP

Kepada Yth : <b>DENNY MIRANDA PUTRA, Tn.</b>	Umur : 29 tahun	S/N : ISP 20219
Posisi : Asst. Inspector	MCU ID : 5642/GMI-MCU/VII/2022	Dept. : Tubular

Berikut adalah kesimpulan hasil pemeriksaan medical check up yang telah dilaksanakan pada tanggal :  
**06/07/2022**

**TEMUAN :**

- \* Berat Badan = 85 Kg (Obese Grade I), BMI = 31,22; BB Ideal = 49,01 - 68,06 Kg. Lingkar Perut : 105 cm (M : N ≤ 90 cm, F : N ≤ 80 cm).
- \* Riwayat Kesehatan = Keluhan nyeri punggung, gigi berlubang. MEROKOK 16 batang/hari. Konsumsi minuman BEALKOHOL 100 cc. BEROLAHRAGA 8x/minggu (Jogging).
- \* Riwayat Kesehatan Keluarga = Ayah (Alergi), Ibu (Hipertensi). Riwayat Vaksinasi = Vak. Tetanus & Vak. Hepatitis : TIDAK TAHU.
- \* Fisik = TD : 115/64 mmHg (Normal). Gigi : Caries, Radix, Missing. Romberg Test : Negatif. Mata : VODS : 20/20 (Normal), VF ODS : 85°(Normal). Test Buta Warna : Normal.
- \* Lab = Darah Lengkap (Hematology) : Dalam batas normal. Urine : Dalam batas normal. Kimia Darah : Dalam batas normal. Gol. Darah : O/+.
- \* Rekam Jantung (EKG) = Sinus Bradycardia, HR : 56 bpm. Treadmill Test = Negative Ischemic Response, 12 Mets (Normal), VO2 Max 42,49 ml/kg/min.
- \* Rontgen Dada (Thorax) = Dalam batas normal. Audiometri = Fungsi pendengaran dalam batas normal.
- \* USG Abdomen = Tidak tampak kelainan signifikan pada USG ini.
- \* *Faktor Resiko Jantung Koroner berdasarkan Jakarta Cardiovascular Score = 3 → Moderate Risk (CV10 = 10-20%)*

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

**KESIMPULAN :**

- FIT                                      Sebagai : Asst. Inspector  
 UNFIT                                        Di : SLB - Manggar Base  
 TEMPORARY UNFIT


**SARAN - SARAN :**

- \* Turunkan Berat Badan menjadi dalam batas IDEAL, konsultasikan pada DOKTER dan Ahli Gizi utk program penurunan Berat Badan.
- \* Hentikan SEGERA kebiasaan merokok & konsumsi minuman beralkohol. Pelajari EFEK BURUK merokok jangka panjang.
- \* Konsul ke dokter bila timbul keluhan kesehatan. Banyak minum air putih 2-3 liter/hari. Lakukan perawatan gigi ke dokter GIGI.
- \* OLAHRAGA secara teratur dan terukur untuk menjaga kesehatan JANTUNG dan KEBUGARAN tubuh.
- \* -
- \* -

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

Terima kasih atas kerjasamanya.

Catatan :

\* Status Medical Check Up ini berlaku sampai dengan tanggal : **06/07/2023**

Mengetahui :

dr. ....

Hormat Kami,  
Dokter Pemeriksa,



dr. **Hendra AZ**

No. SKP : KEP.350/BINWASK3-PNK3KK/02017





**Patient Data**

ID Number :	5642/GMI-MCU/VII/2022		
Name :	<b>DENNY MIRANDA PUTRA, Tn.</b>	Company :	PT. INSPEKTINDO SINERGI PERSADA
Gender :	Laki-Laki	Occupation :	Asst. Inspector
DOB / Age :	14/08/1992 / 29 Yo.	Test Date :	06/07/2022
Height (cm)	165	Weight (kg) :	85
		BMI :	31,22

**Jakarta Cardiovascular Risk Table**

Risk Factor		Score	Result	Poin	Determine the 10-year CVD risk (%)		
<b>Sex</b>	Female	0	Male	1	Total Points	10-year CVD risk (%)	
	Male	1				-4	Low Risk
<b>Age</b>	25-34	-4	29	-4	-3	Low Risk	2,6
	35-39	-3			-2	Low Risk	4,2
	40-44	-2			-1	Low Risk	5,8
	45-49	0			0	Low Risk	7,4
	50-54	1			1	Low Risk	9
	55-59	2			2	Moderate Risk	10,0
	60-64	3			3	Moderate Risk	13,1
<b>Blood Pressure</b>	Normal	0	115/64	0	4	Moderate Risk	17,2
	High Normal	1			5	High Risk	20,0
	Grade 1 Hypertension	2			6	High Risk	21,2
	Grade 2 Hypertension	3			7	High Risk	22,5
	Grade 3 Hypertension	4			8	High Risk	23,7
<b>BMI (Kg/m2)</b>	13,79 - 25,99	0	31,22	2	9	High Risk	25
	26,00 - 29,99	1			10	High Risk	26,2
	30,00 - 35,58	2			11	High Risk	27,5
<b>Smoke</b>	Never	0	Smoker	4	12	High Risk	28,7
	Ex Smoker	3			13	High Risk	>30
	Smoker	4					
<b>Diabetes Mellitus</b>	No	0	No	0	<b>Result</b>		
	Yes	2			Estimated 10-year CVD Risk		
<b>Physical Exercise/Activity</b>	No	2	Medium	0	<b>13,1%</b>		
	Low	1			Risk Category		
	Medium	0			<b>Moderate Risk</b>		
	High	-3					
<b>Total Point</b>				<b>3</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.*

**Nomor Lab.**  
(Lab. Number) : 5642 /GMI-MCU/VII/2022

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: DENNY MIRANDA P., Tn. / Laki-Laki	<b>Umur</b> (Age)	: 29 Tahun (Years old)
<b>Pekerjaan</b> (Job Position)	: ASST INSPECTOR	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 06 Juli 2022

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>HEMATOLOGI</b>			
<b>HEMATOLOGI RUTIN</b>			
Hemoglobine ( Hgb )	16,6	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit ( Hct )	47,0	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35 ,0- 45,0	%
Erythrocyt (RBC)	5,3	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 <sup>6</sup> sel/mm <sup>3</sup>
Leucocyt (WBC)	7,8	Dewasa : 4,0 - 10,0	10 <sup>3</sup> / $\mu$ L
<b>Differential Count</b>			
Basophile	0	0 - 2	%
Eosinophile	3,0	0 - 3	%
Neutrofil	53,8	50 - 70	%
Lymphocyte	37,2	20 - 40	%
Monocyte	6	3 - 12	%
MCV	87	80 - 100	fL
MCH	30	27 - 34	pg/cell
MCHC	35	32 - 36	g/dL
RDW- CV	11,9	11 - 16	%
RDW-SD	38,3	35 - 56	fL
Thrombocyt	187	140 - 440	10 <sup>3</sup> /mm <sup>3</sup>
<b>GOLONGAN DARAH ABO</b>			
ABO System	O		
Rhesus	+		
<b>KIMIA KLINIK</b>			
<b>METABOLISME GLUKOSA/DIABETES</b>			
Glucose Fasting	99	Normal : 70 - 110	mg/dL
Glucose 2h pp	110	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes melitus : > 200	mg/dL

**Nomor Lab.**  
(Lab. Number) : 5642 /GMI-MCU/VII/2022

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: DENNY MIRANDA P., Tn. / Laki-Laki	<b>Umur</b> (Age)	: 29 Tahun (Years old)
<b>Pekerjaan</b> (Job Position)	: ASST INSPECTOR	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 06 Juli 2022

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>PROFIL LEMAK</b>			
Cholesterol total	157	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : >= 240	mg/dL
Triglycerides	95	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : >= 500	mg/dL
HDL Cholesterol	60	Rendah : < 40 Tinggi : >= 60	mg/dL
LDL Cholesterol	78	Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	1,3	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
<b>FUNGSI HATI</b>			
SGOT / AST	29	0 - 37	U/L
SGPT / ALT	40	0 - 40	U/L
Gamma GT	50	11 - 51	U/L
<b>FUNGSI GINJAL</b>			
Uric Acid	7,2	Laki-laki dewasa : 3,5 - 7,2 Perempuan dewasa : 2,6 - 6,0	mg/dL
Creatinine	1,3	0,8 - 1,4	mg/dL
Ureum	22	10 - 50	mg/dL
<b>URINALISA</b>			
<b>MAKROSKOPIS URIN</b>			
Warna		Kuning	
Kejernihan		Jernih	

**Nomor Lab.**  
(Lab. Number) : 5642 /GMI-MCU/VII/2022

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: DENNY MIRANDA P., Tn. / Laki-Laki	<b>Umur</b> (Age)	: 29 Tahun (Years old)
<b>Pekerjaan</b> (Job Position)	: ASST INSPECTOR	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 06 Juli 2022

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<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
Blood	Negatif	Normal : 1< 0,018 (Negatif)	mg/dL

Tanggal pengambilan sampel : 06 Juli 2022

Penanggung Jawab Laboratorium,



Dr. Hendra Agus Z



Analisis Laboratorium



Syamsiar Am. Ak



Nomor Pasien  
(Patient Number) :

Nomor Film  
(Film Number) : 5642

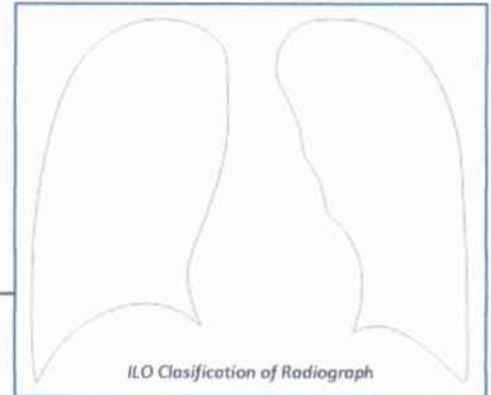
**Data Pasien (Patient Detail)**

Nama  
(Name) : DENNY MIRANDA PUTRA, Tn.  
Umur  
(Age) : 29 Tahun  
(years old)  
Jenis Kelamin  
(Gender) : Male

Perusahaan  
(Company) : PT. INSPEKTINDO SINERGI PERSADA  
Pekerjaan  
(Occupation) : ASST INSPECTOR  
Tgl Pemeriksaan  
(Date of Analysis) : 06 Juli 2022

**Rincian Pemeriksaan (Examination Detail)**

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



**Interpretasi Foto Thorax 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 HARIS, Sp.Rad**  
Spesialis Radiologi



**Grand  
MEDICA INDONESIA**

**Allengers**  
Passion for excellence

**Patient Data**

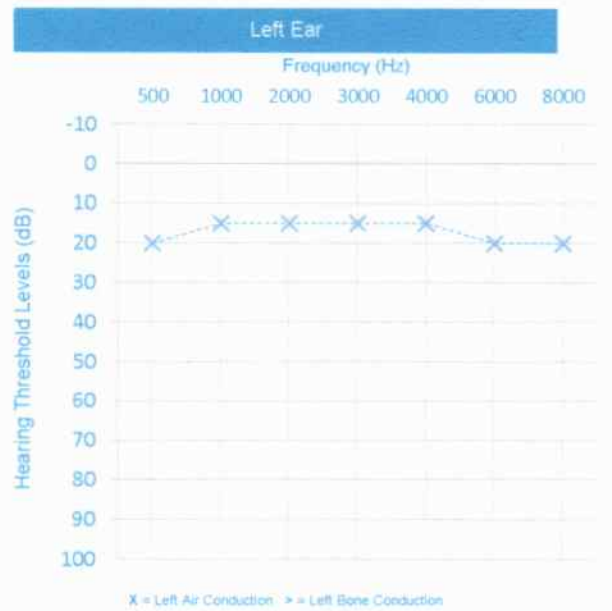
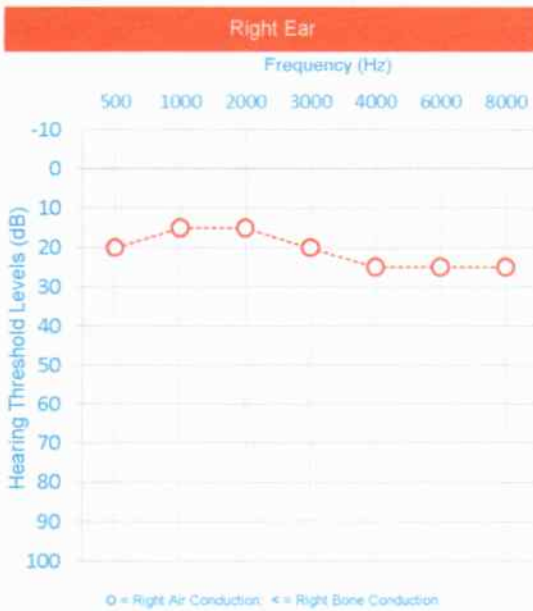
ID Number	5642	Gender	Laki-laki
First Name	DENNY	Occupation	ASST. INSPECTOR
Last Name	MIRANDA PUTRA	Company	PT. INSPEKTINDO
Age	29 Yo.	Test Date	6 Juli 2022

**Occupational Noise Exposure**

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

**Test Detail**

Test Location	<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	Rentivia Apriyani A.Md. Kep		


**Right Ear Observation and Test Result**

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

**Left Ear Observation and Test Result**

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

**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) : 5642

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

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : **DENNY MIRANDA PUTRA.Tn.**

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

**Umur**  
(Age) : **29**      **Tahun**  
(Years old)

**Pekerjaan**  
(Occupation) : **ASST INSPECTOR**

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

**Tgl Pemeriksaan**  
(Date of Analysis) : **06/07/2022**

**Interpretasi Foto oleh Spesialis Radiologi**

(Interpretation by the Radiologist)

**USG Abdomen:**

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

GB : *Tidak tampak Batu (Post cholecystectomy)*

Pancreas : *Normal*

Lien : *normal*

Kidney dextra - sinistra : *Bentuk, ukuran dalam batas normal, tidak tampak batu maupun massa, sistem pelvocalyceal normal.*

Bladder : *Dinding normal, batu (-)*

Prostat : *normal*

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

**Tidak tampak kelainan signifikan pada usg ini.**

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





**Nomor Pasien**  
(Patient Number) : **5642**

**Tgl Pemeriksaan**  
(Date of Analysis) : **06/07/2022**

**Pemeriksaan**  
Examination

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : **DENNY MIRANDA PUTRA,Tn.**

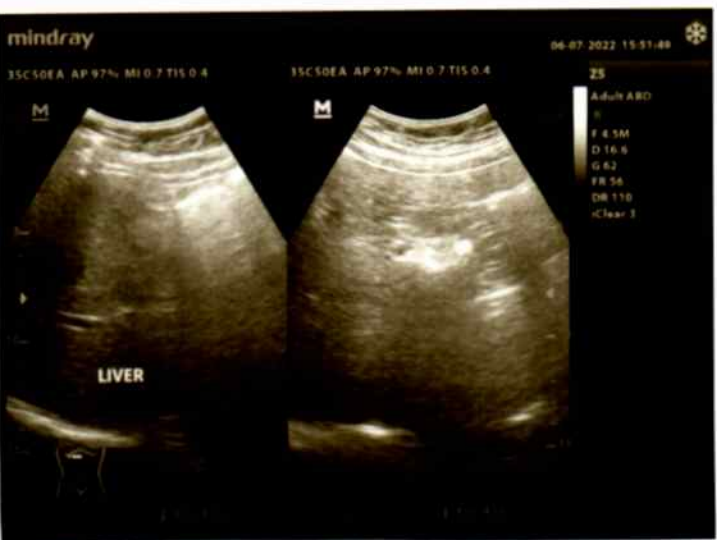
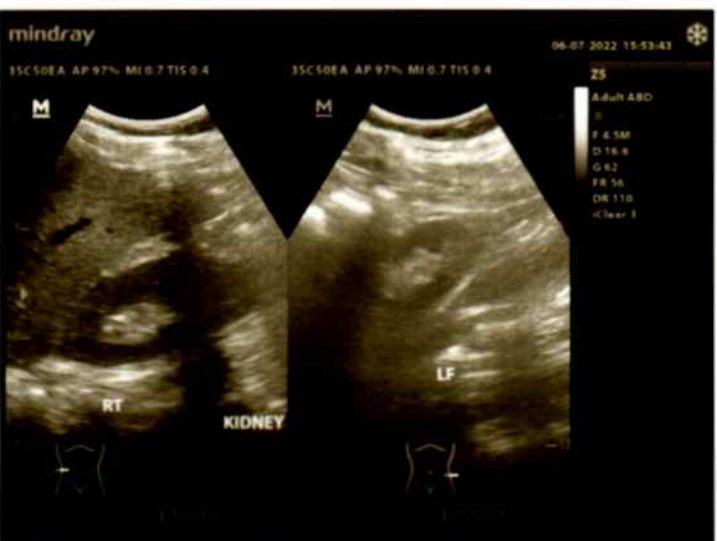
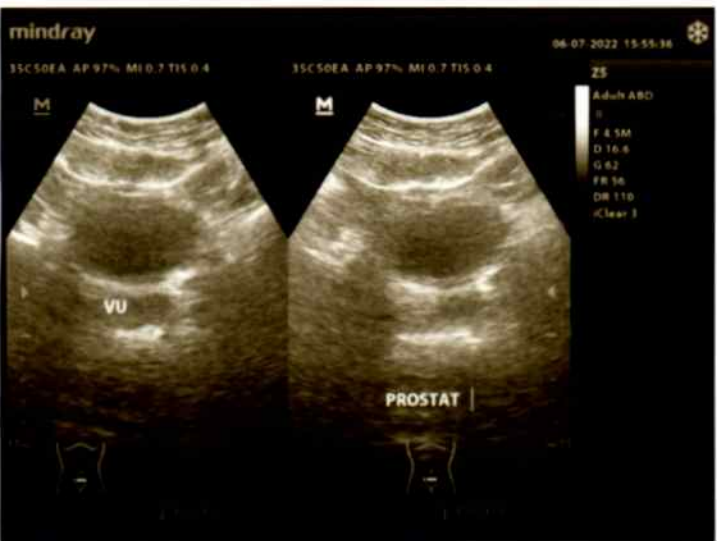
**Umur**  
(Age) : **29**

**Tahun**  
(Years old)

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

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

**PT . INSPEKTINDO SINERGI PERSADA**  
**ASST INSPECTOR**







**Patient Data**

ID Number	5642				
Name	DENNY MIRANDA,P,Tn		Company	PT. Inspektindo	
Gender	Male		Occupation	ASST INSPECTOR	
DOB / Age	14 Agustus 1992	// 29 Yo.	Test Date	06 Juli 2022	
Height (cm)	165	Weight (kg)	85	BMI	31,22

**Pre-exercise Test**

Indication	Medical Check Up		
Pre-exercise BP	115/64	mmHg	
Heart Rate	59	bpm	
Respiration	20	x/mnt	
Resting ECG	Bradycard 7.		

**Exercise Test Summary**

Exercise Time	12:01	mm:ss	End Stage	4
Max Heart Rate	194	bpm	Target Heart Rate	162 bpm
Max Blood Pressure	120/75	mmHg	Max Heart Rate	119,8 %
Aerobic Capacity	12	METS.	VO2 Max	42,49 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**  
SPECIALIS JANTUNG DAN PEMBULUH DARAH

Instrument Used

CONTEC 8000S S/N 140203027



06-07-2022 09:59:28

ID : 5642  
Name : Denny.M.P  
Age : 29 Years  
Department: P.T. Inspektindo  
Gender : Male

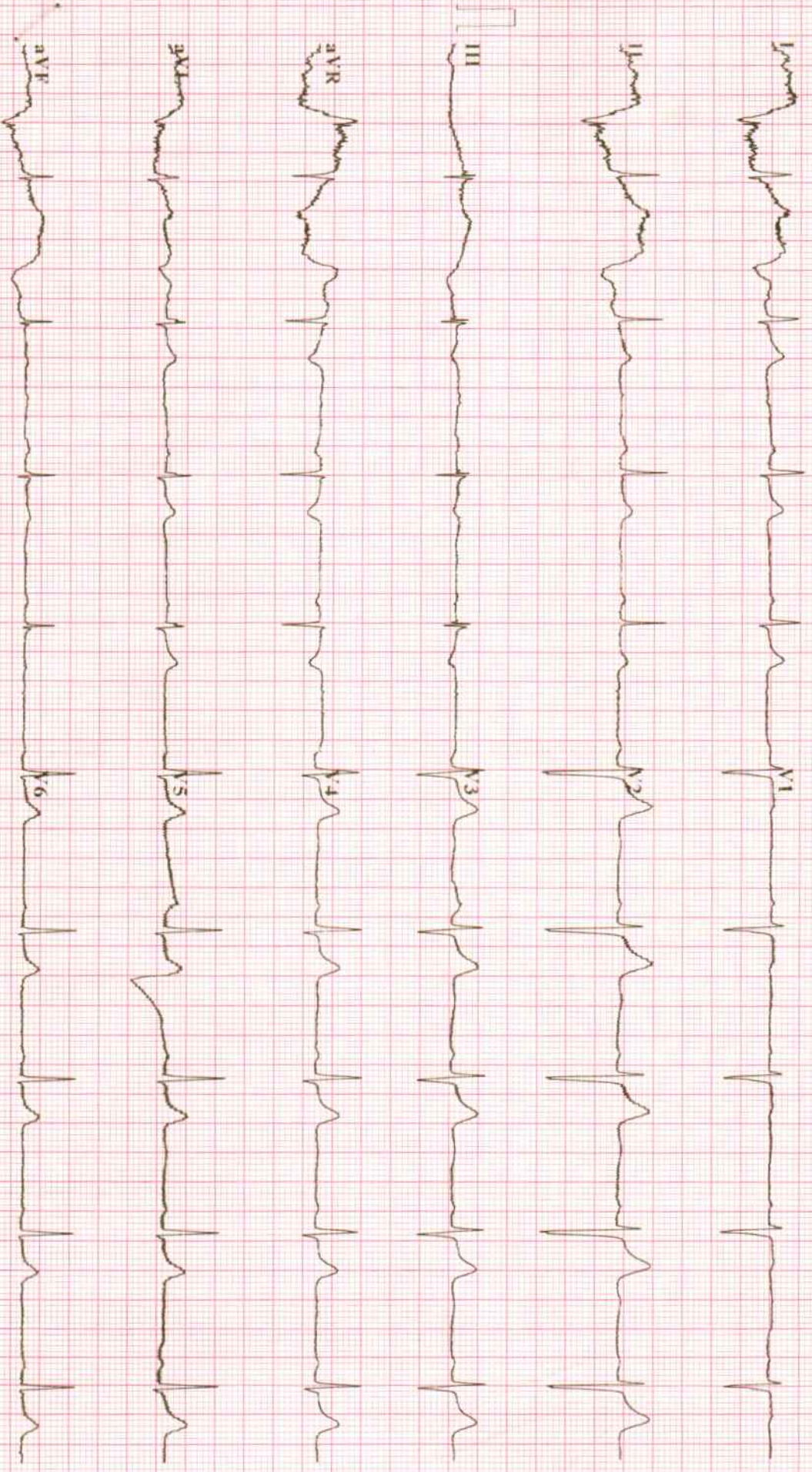
HR : 56 BPM  
P Dur : 107 ms  
PR int : 190 ms  
QRS Dur : 78 ms  
QT/QTc int : 389/378 ms  
P/QRS/T axis : 34/36/8 °  
RV5/SV1 amp : 1.045/0.849 mV  
RV5+SV1 amp : 1.894 mV  
RV6/SV2 amp : 0.953/1.319 mV

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

Diagnosis Information:  
811: Sinus Bradycardia  
841: Premature Atrial Contraction

*Rinda A.Md.Kej*

**dr. ACHMAD YUSRI SpJP**  
SPEKIALIS JANTUNG DAN PERKULIH DARAH



# Grand Medica Indonesia Stress Exercise Report

ID:5642      Section:      Name:Denny.M.P.Tn      Sex:Male      Age:30      Exam Time:06-07-2022 10:59

**Information**

DOB:1992-08-14      Race:Oriental Race  
 Height:165.00 cm      Weight:85.00 kg

Indications:MCU

Smoking       Diabetic  
 Hypertension       Hyperlipidemia       History of MI  
 Family History

Medications:

Address:  
 Telephone:

**Result**

Stage Name	HR(bpm)	BP(mmHg)
PRE-EXE	90	115/69
EXE1	113	----/----
EXE2	164	----/----
EXE3	145	----/----
EXE4	147	----/----
REC1	117	120/75

Summary  
 Protocol Name: BRUCE  
 Target HR: 162 bpm  
 Exercise Time: 12:01 mm:ss  
 Max Speed: 6.8 km/h  
 Max Grade: 16.0 %  
 Exceed +/-100uV Leads:  
 I II III aVL aVR aVF  
 V1 V2 V3 V4 V5 V6  
 DUKE Score: ----

Max Values  
 HR: 194 bpm  
 Target HR: 119.8 %  
 METs: 13.5 METs  
 HR\*BP: 13065.0 bpm\*mmHg  
 SYS: 120.0 mmHg  
 DIA: 75.0 mmHg

ST Segment  
 Max Elevation: 0.65 mV 07:50 I  
 Max Depression: -0.61 mV 04:20 II  
 Max Elevation Change: 0.79 mV 04:20 aVL  
 Max Depression Change: -0.86 mV 08:00 I

**Arrhythmia**

	Total Beats:	Abnormal Beats:	Total S:
Total V:	1531	329	211
V Pairs:	0	3	3
V Run:	1	9	9
V bigeminal:	0	4	4
V trigeminal:	1	1	1
Total Long:	0		

**Reason for End :**

Symptoms:

Conclusions:

Operator:

**dr. ACHMAD YUSRI, SpJP**  
 SPESIALIS JANTING DAN PEMBULUH DARAH  
 Reviewing Physician:

# Grand Medica Indonesia Stress Exercise Report

## Average QRS

ID:5642      Section:      Name:Denny.M.P.Tn      Sex:Male      Age:30      Exam Time:06-07-2022 10:59

Time:00:20	Time:03:20	Time:06:20	Time:09:20	Time:10:50	Time:11:50
HR:101 bpm BP:115/69 mmHg	HR:104 bpm BP:115/69 mmHg	HR:130 bpm BP:115/69 mmHg	HR:165 bpm BP:115/69 mmHg	HR:149 bpm BP:115/69 mmHg	HR:117 bpm BP:120/75 mmHg
0.02 I 47.69	0.28 I 30.71	0.16 I 16	0.30 I 73.34	-0.20 I 16.43	0.05 I 7.40
0.03 II 1.78	0.19 II 8.12	-0.02 II 8.84	-0.06 II 9.31	-0.01 II 4.80	-0.01 II 7.93
0.01 aVR 4.14	-0.09 aVR 2.78	-0.18 aVR 5.30	-0.38 aVR 7.86	0.19 aVR 35.03	-0.06 aVR 2.41
-0.02 aVL 2.52	-0.23 aVL 2.78	-0.07 aVL 34.24	-0.10 aVL 8.50	0.11 aVL 32.56	-0.02 aVL 2.22
0.01 aVF 4.25	0.19 aVF 1.50	0.17 aVF 8.21	0.34 aVF 7.56	-0.19 aVF 12.14	0.06 aVF 3.81
0.02 V1 9.73	0.05 V1 4.05	-0.10 V1 7.85	-0.23 V1 5.86	0.09 V1 9.26	-0.04 V1 7.82
0.01 V2 4.40	0.02 V2 2.40	-0.12 V2 6.17	-0.11 V2 2.20	0.10 V2 12.81	0.02 V2 1.88
0.23 V3 3.29	0.27 V3 3.66	-0.02 V3 1.17	0.04 V3 2.10	0.29 V3 3.64	0.08 V3 5.83
0.10 V4 2.88	0.10 V4 3.39	-0.24 V4 3.30	-0.10 V4 2.79	0.11 V4 3.54	0.04 V4 5.09
0.09 V5 2.02	0.10 V5 3.22	-0.17 V5 3.99	-0.17 V5 3.61	0.06 V5 7.25	-0.02 V5 2.70
0.13 V6 1.19	0.16 V6 4.69	-0.11 V6 3.95	-0.17 V6 2.25	0.06 V6 2.87	-0.01 V6 2.19
0.14 27.52	0.14 61.01	0.19 4.41	-0.17 3.46	0.06 0.08	0.02 33.71

# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:5642

Section:

Name: Denny M.P, Tn

Sex: Male

Age: 30

Exam Time: 06-07-2022 10:59

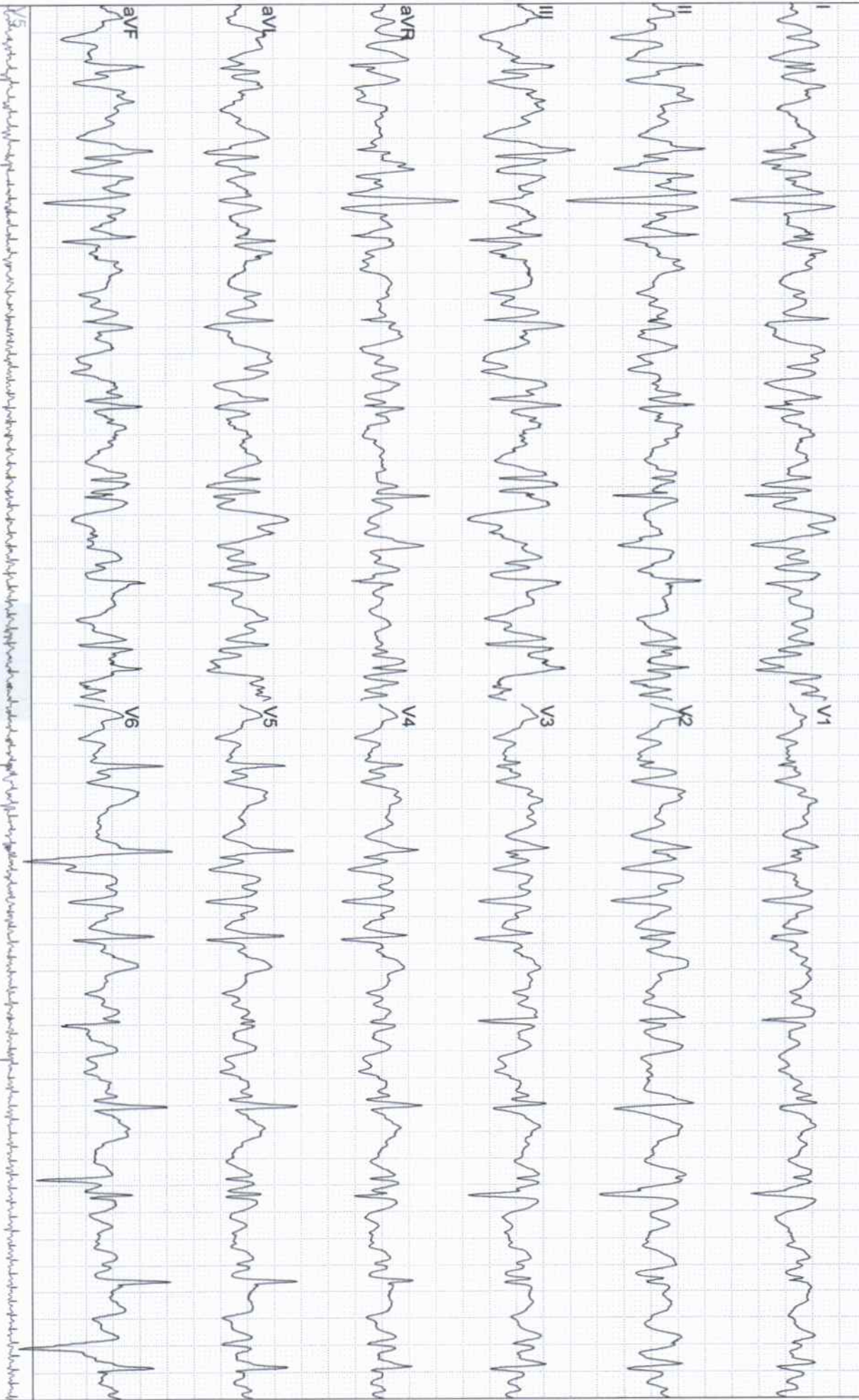
Time: 00:33

Stage: [ 2 / 6 ] EXE1 00:03 [ 2.7 Km/h 10.0 % ]

HR: 89 bpm

BP: 115/69 mmHg

10mm/mV 25mm/s

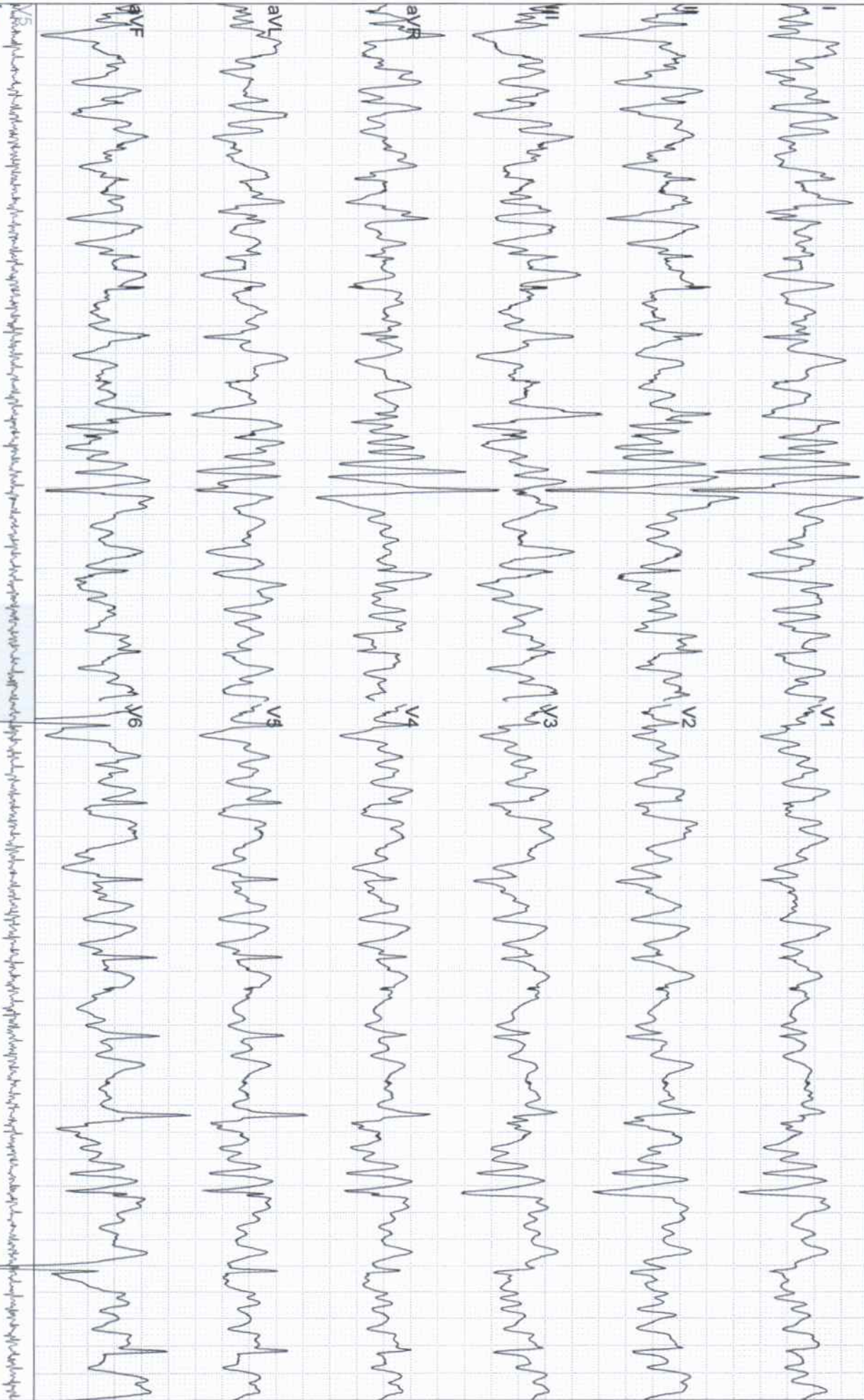


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:5642      Section:      Name:Denny.M.P.Tn      Sex:Male      Age:30      Exam Time:06-07-2022 10:59

Time:03:53      Stage: [ 3 / 6 ] EXE2 00:23 [ 4.0 Km/h 12.0 % ]      HR:111 bpm      BP:115/69 mmHg      10mm/mV 25mm/s

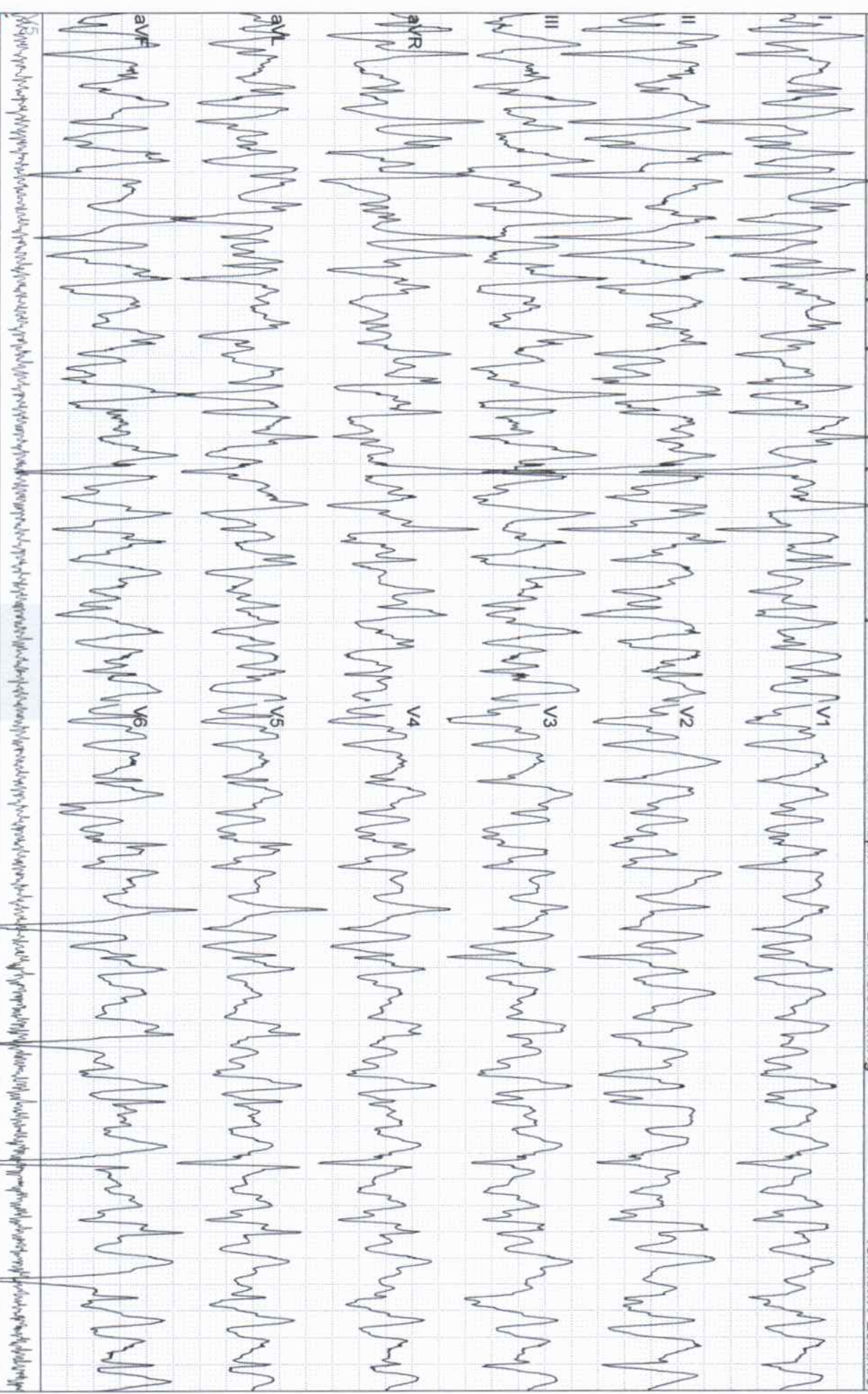


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:5642      Section:      Name:Denny.M.P.Tn      Sex:Male      Age:30      Exam Time:06-07-2022 10:59

Time:06:53      Stage: [ 4 / 6 ] EXE3 00:23 [ 5.5 Km/h 14.0 % ]      HR:147 bpm      BP:115/69 mmHg      10mm/mV 25mm/s

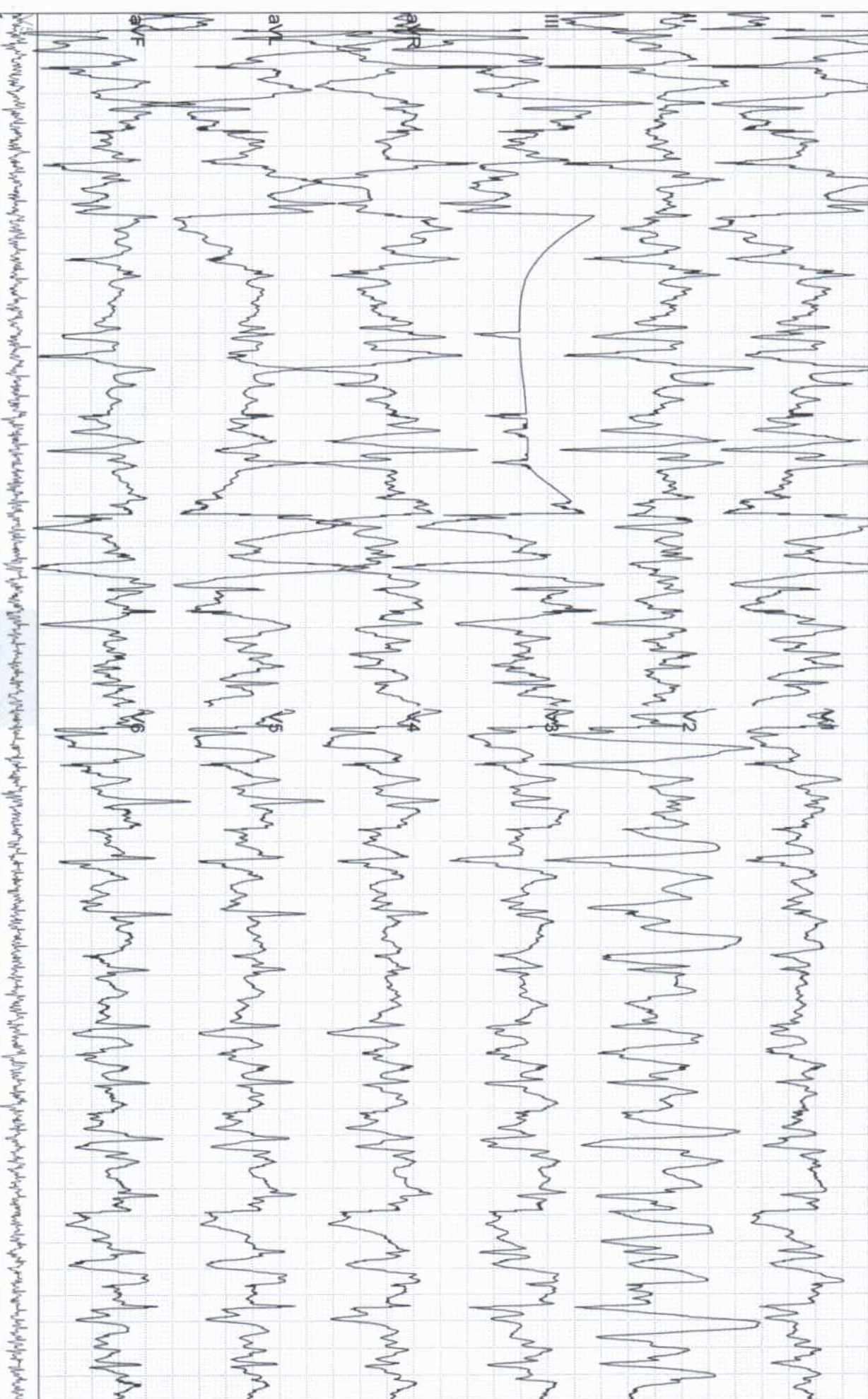


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:5642      Section:      Name:Denny.M.P.Tn      Sex:Male      Age:30      Exam Time:06-07-2022 10:59

Time:09:30      Stage: [ 5 / 6 ] EXE4 00:00 [ 6.8 Km/h 16.0 % ]      HR:148 bpm      BP:115/69 mmHg      10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 5642

Section:

Name: Denny, M.P. Tr

Sex: Male

Age: 30

Exam Time: 06-07-2022 10:59

Time: 10:50

Stage: [ 5 / 6 ] EXE4 01:20 [ 6.8 Km/h [ 16.0 % ]

HR: 149 bpm

BP: 115/69 mmHg

10mm/mV 25mm/s

