

## PERSONAL DATA

No. MCU : 8170/GMI-MCU/XII/2021  
No. Badge : -  
N a m a : **MUHAMMAD ANNUR RAHMAN, Tn.**  
U m u r : 30 tahun  
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**  
Jabatan : Asst. Inspector  
Tgl Pemeriksaan : 29/12/2021  
Alamat : Jl. Pasar, Gunung Tembak RT 17

8170



PT. INSPEKTINDO SINERGI PERSADA

## HEALTH AND MEDICAL SURVEILLANCE TAHUN 2021



NAMA : Muhammad Annur Rahman  
TANGGAL LAHIR : 11 Maret 1991  
JENIS KELAMIN : Laki-laki  
S/N : .....  
IGG : .....  
DEPT/SERVICE : Inspection & Testing  
LOKASI KERJA : Schumberger Balikpapan (Manggar)  
JENIS PEMERIKSAAN :  Pre-employment  
 Annual  
 Pre-retirement



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

**RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT**

1. Dalam satu tahun terakhir apakah Anda pernah mengalami kecelakaan akibat kerja ? 1. Ya    2. Tidak      
*Bila tidak, langsung ke no. 6*
2. Bila YA, berapa kali dalam setahun terakhir Anda mengalami kecelakaan ?
3. Apakah Anda perlu mendapatkan perawatan di rumah sakit karena kecelakaan tersebut ? 1. Ya    2. Tidak
4. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan akibat kecelakaan tersebut ?
5. Apakah timbul gangguan fungsi maupun kecacatan setelah sembuh ? 1. Ya    2. Tidak
6. Dalam satu tahun terakhir apakah Anda pernah dirawat di rumah sakit ? 1. Ya    2. Tidak      
*Bila tidak, langsung ke no. 8*
7. Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?
8. Apakah Anda menderita penyakit yang dikontrol terus menerus selama satu tahun terakhir ? 1. Ya    2. Tidak

**KEBIASAAN MEROKOK**

1. Apakah anda pernah merokok ?

1. Ya 2. Tidak  1

*Bila tidak, langung ke alkohol*

2. Sejak umur berapa Anda mulai merokok untuk pertama kalinya ?

2  5

3. Apakah saat ini Anda merokok ?

1. Ya, setiap hari  2

2. Ya, tidak setiap hari

3. Tidak - bila tidak langung ke no. 14

4. Berapa banyak rokok yang Anda isap setiap harinya ?

2

5. Jenis rokok apa yang Anda isap ? (DITULIS MEREK)

1. Kadar nikotin rendah  2

2. Kadar nikotin sedang

3. Kadar nikotin tinggi

6. Seberapa sering Anda menghisap dalam-dalam asap rokok ?

1. Tidak pernah  1

2. Kadang-kadang

3. Selalu

7. Berapa menit sehabis bangun tidur Anda mulai merokok?

6  0  0

8. Apakah Anda lebih banyak merokok dalam jam pertama di pagi hari ?

1. Ya 2. Tidak  2

9. Apakah sulit untuk tidak merokok di tempat yang dilarang merokok ?

1. Ya 2. Tidak  2

10. Apakah Anda tetap merokok di saat Anda sedang sakit ?

1. Ya 2. Tidak  2

11. Dalam satu hari, rokok manakah yang sulit di lewatkan ?

1. Rokok pertama di pagi  -

*Dari no. 11 langung ke pertanyaan alkohol*

2. Rokok lainnya

12. Apakah anda ingin berhenti merokok?

1. Ya 2. Tidak 1

13. Bila Ya, apakah Anda bersedia untuk mengikuti program Berhenti Merokok?

1. Ya 2. Tidak 2

*Langung ke pertanyaan alkohol*

14. Sudah berapa lama Anda berhenti merokok ? (tahun)

**KONSUMSI ALKOHOL**

1. Apakah Anda pernah minum minuman beralkohol ?

1. Ya 2. Tidak  2

*Bila tidak, langung ke olahraga*

2. Apakah Anda minum minuman beralkohol dalam 12 bulan terakhir ?

1. Ya 2. Tidak  2

*Bila tidak, langung ke olahraga*

3. Apakah Anda minum minuman beralkohol dalam 4 minggu terakhir ?

1. Ya 2. Tidak  2

*Bila tidak, langung ke olahraga*

4. Berapa kali Anda minum minuman beralkohol dalam sebulan ?

5. Berapa banyak minuman beralkohol yang Anda habiskan tiap kalinya ? (diperkirakan dalam satuan cc)

**AKTIFITAS FISIK DAN OLAHRAGA**

1. Berapa banyak waktu yang Anda habiskan untuk duduk setiap harinya ? (dalam menit, dan termasuk waktu yang dihabiskan untuk duduk di tempat kerja maupun di waktu luang)

60

2. Berapa kali Anda berolahraga dalam sebulan ?

2  0

3. Berapa lama waktu yang Anda habiskan untuk berolahraga tiap kalinya ? (dalam menit)

60

4. Bagaimana intensitas olahraga yang Anda lakukan ?

1. Ringan 4. Berat  4

2. Sedang 5. Sangat berat

3. Cukup berat

### POLA KONSUMSI BAHAN MAKANAN

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

### RIWAYAT PENYAKIT KELUARGA

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

### UNTUK KARYAWAN WANITA

1. Apakah saat ini Anda sedang hamil ? 1. Ya 2. Tidak
- Bila tidak, lanjutkan ke no. 3*
2. Berapa bulan umur kehamilan Anda saat ini ?
3. Berapa jumlah kehamilan yang pernah Anda alami (termasuk kehamilan kali ini) ?
4. Berapa jumlah keguguran yang pernah Anda alami ?
5. Kapan hari pertama haid terakhir Anda ?  /  /
6. Berapa umur Anda pada saat haid pertama ?
7. Berapa banyak pada saat Anda haid ? 1. Banyak 2. Sedikit
8. Apakah dalam satu tahun terakhir pola haid Anda teratur ? 1. Ya 2. Tidak
9. Apakah ada rasa sakit yang berhubungan dengan haid ? 1. Ya 2. Tidak
10. Apakah Anda sering menderita keputihan ? 1. Ya 2. Tidak

### KELUARGA BERENCANA

1. Apakah keluarga Anda mengikuti keluarga berencana ?

1. Ya    2. Tidak     2

*Bila tidak langsung ke Vaksinasi*

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

1. Kondom    5. IUD      
2. Pili    6. Vasektomi  
3. Suntik    7. Tubektomi  
4. Susuk    8. Lainnya

### RIWAYAT VAKSINASI

1. Apakah anda pernah mendapatkan vaksinasi tetanus ?

1. Ya    3. Tidak tahu     1  
2. Tidak

2. Apakah Anda pernah mendapatkn vaksinasi hepattis ?

1. Ya    3. Tidak tahu     1  
2. Tidak

### DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?

1. Ya    2. Tidak     1

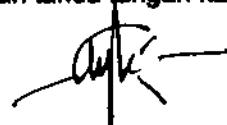
2. Kapan Anda melakukan donor darah terakhir ?

0  4 /  0  7 /  1  9

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

Balikpapan, 29 ..... 12 ..... 2021.

Nama dan tanda tangan karyawan



(Muhammad Anwar Rahmawati)

## MEDICAL CHECK UP –2021

## PHYSICAL EXAMINATION

NAME	MUHAMMAD ANNUR RAHMAN, Tn.	S/N	-	DEPT	Inspection & Testing
------	----------------------------	-----	---	------	----------------------

## I. VITAL SIGN

Blood Pressure (supine)	108/65	mmHg	Pulse	42	x/m	Respiration	20	x/m	Temp.	36,7	-C
Weight (W)	72	kg	Height (H)	173	cm	BMI	24,06	Waist	82	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), Root⊖		✓	
8	NECK	Adenopathi/Thyroid/Carotids/ Tracheal Veins/ Mass/ Spine/ Motion/ Bruit		✓	
9	BACK / SPINE	Kyphosis/Scoliosis/ Lordosis/ Mobility/ CVA/ Bone/ Tenderness/ Other deformities		✓	
10	THORAX	Symmetry/Movement/Contour / Tender		✓	
11	BREAST	Size/Consistency/ Nipples/ Areola / Discharge/ Palpable mass/ enderness/ Nodes/ Scars		✓	
12	HEART	Rate/Rhythm/Apical/Impulse/Trits/ Quality of sound/Intensity/Spitting/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/ Hemias/ 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		✓	



## SUPPORTIVE INVESTIGATIONS

### I. VISION

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	85°	Colour Blind

### II. LABORATORIUM SUMMARY

See attached result

✓	Normal	COMMENT:
	Abnormal	

### III. CHEST X-RAY

See attached result

Pneumoconiosis	Yes	No	✓
If Yes – ILO Classification			
Evidence of TB	Yes	No	✓
Other Abnormalities			
COMMENT	Foto Thorax Normal		

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

See attached result

Normal	✓	Abnormal	(specify) : Sinus Bradycardia, HR : 42 bpm.
--------	---	----------	---

### V. TREADMILL (Optional for over 35 years of age)

See attached result

Normal	✓	Abnormal	(specify) : Negative Ischemic Response, 12 Mets.
--------	---	----------	--

### VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease, ....)

See attached result

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

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

See attached result

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

## Med Track

Schlumberger Medical Department

International Medical

PRE-EMERGENCY

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PERIOD OF VALIDITY: \_\_\_\_\_

This form is to be completed by you and a competent health professional. It is intended to be used in the event of an emergency and your location is not known. It is not intended to be used for medical or administrative purposes. It is not intended to be used for medical or administrative purposes. It is not intended to be used for medical or administrative purposes.

- If you are unable to complete this form, please contact your local emergency services.
- If you are unable to complete this form, please contact your local emergency services.
- If you are unable to complete this form, please contact your local emergency services.
- If you are unable to complete this form, please contact your local emergency services.
- If you are unable to complete this form, please contact your local emergency services.

Schlumberger Medical Department and International SOS

### COMPLETED BY THE EMPLOYEE

(PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH)

FIRST NAME: \_\_\_\_\_  
 SURNAME: \_\_\_\_\_  
 SEX: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 HOME FAX: \_\_\_\_\_  
 BIRTH DATE (day/month/year): \_\_\_\_\_  
 NATIONALITY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 COUNTRY: \_\_\_\_\_

PLEASE INDICATE WITH YOUR COMPANY INFORMATION - PUT AN "X" IN THE CORRESPONDING BOX BELOW

<input type="checkbox"/> Business traveler (ex: WS, VHS, etc.)	<input type="checkbox"/> Country of assignment
<input type="checkbox"/> International commuter	<input type="checkbox"/> International commuter
<input type="checkbox"/> International mobile	<input type="checkbox"/> International mobile
<input type="checkbox"/> Home country mobile	<input type="checkbox"/> Home country mobile
<input type="checkbox"/> GeoMobile	<input type="checkbox"/> GeoMobile
<input type="checkbox"/> Other (HCR, HCC, etc.)	<input type="checkbox"/> Other (HCR, HCC, etc.)

PLEASE ANSWER ONLY 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 that you have been 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 a list of recommended medical centers, see: <http://www.internationalsos.com/private/schlumberger/MedTrack/>

I do hereby 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 4 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 4 and 5 to:

International SOS  
Med-Track Department  
2/14 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  
2/14 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 4 and 5 to:

International SOS  
Med-Track Department  
2/14 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 employees 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 families and their dependants under the program, to reduce its employee's and their family's medical risks. In addition, the eMed-Track program provides employees and their families with access to their (or part of their) medical information. SCHLUMBERGER will not have access to the personal data resulting from the medical examination (by 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 hereby requests you to give your consent to such processing and to the possible transfer of such data outside the EU.

#### INFORMATION AND CONSENT

1. I am aware of and hereby accept:

(a) that SCHLUMBERGER will request International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, address, phone number, e-mail, country of assignment and contact details);

(b) that 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 and medical staff to the data related to my medical examination, including health data;

(c) that 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) that I undertake to provide correct, relevant and accurate data;

(e) that 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) that 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 collect, process and record the personal data of licensed physician(s) and medical staff who perform this medical examination to comply with EU personal data protection laws and other applicable laws and regulations and applicable medical and health regulations. It also undertakes to implement adequate confidentiality and security measures to protect and manage 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) that 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) that 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) that 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-Ferret 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) that SCHLUMBERGER has complied with its notification obligation under the Directive 95/46/EC of 24 October 1995.

(k) that 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 provide 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 .....

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

FORM 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 employees who hold jobs in the company and the unequal/inconsistent level of protection provided by local labor regulations and local medical facilities in the various countries in which Schlumberger has implemented the eMed-Track program and is carrying out personal data processing related to health care, Schlumberger Medical Department, under the program to reduce its employees and their families medical costs, has implemented the eMed-Track program which allows employees to have access to the (part of their) medical information. Schlumberger Medical Department, and International SOS which provides the eMed-Track program, and the personal data resulting from the medical examination of the Schlumberger Medical Department and International SOS which provides the eMed-Track program, and the personal data resulting from the medical examination of the Schlumberger Medical Department and International SOS. The data processing made by Schlumberger Medical Department and International SOS is therefore, SCHLUMBERGER wishes to inform you of the data processing activities and to obtain your consent.

INFORMATION AND CONSENT

Schlumberger Medical Department and International SOS will collect, process and store my personal non-sensitive data required by SOS to organize the medical examination and to transfer the results of the examination to the country of assignment and contact details.

Schlumberger Medical Department, and International SOS which provides the eMed-Track program, will collect, process and store 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 contacted 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.

The personal data described above is 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.

The personal data described above is collected from my data.

Schlumberger Medical Department (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 may collect, process, and record my personal data, on behalf of SCHLUMBERGER. International SOS entered into an agreement with SCHLUMBERGER to act as representative of the latter and undertakes to comply with EU personal data protection laws and national laws adopted pursuant thereto, and to apply new national health regulations. It also undertakes to implement adequate confidentiality and security measures in order to protect and maintain my personal data in a secure 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.

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 65 83 32 32). Note that your request must be executed and accompanied by an executed copy of your ID card or passport.

Schlumberger has notified with its notification obligation under the Directive 95/46/EC of 24 October 1995.

Schlumberger will delete my personal data via International SOS. Except as provided to the contrary by law or legal authorities, SCHLUMBERGER will delete 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 .....

Employee's name .....

Employee's signature .....

EMPLOYEE'S  
COMPLETED BY THE EMPLOYEE

**PAST MEDICAL HISTORY**

DO YOU HAVE OR HAVE YOU HAD

(PLEASE PRINT NAME OF ILLNESS)

	Yes	No		Yes	No			
1. cough	<input type="checkbox"/>	<input type="checkbox"/>	21. cancer	<input type="checkbox"/>	<input type="checkbox"/>	41. exposure to lead	<input type="checkbox"/>	<input type="checkbox"/>
2. chest pain	<input type="checkbox"/>	<input type="checkbox"/>	22. heart disease	<input type="checkbox"/>	<input type="checkbox"/>	42. exposure to asbestos	<input type="checkbox"/>	<input type="checkbox"/>
3. difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	23. diabetes or fever	<input type="checkbox"/>	<input type="checkbox"/>	43. exposure to radiation	<input type="checkbox"/>	<input type="checkbox"/>
4. dizziness	<input type="checkbox"/>	<input type="checkbox"/>	24. abnormal heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	44. surgical treatment	<input type="checkbox"/>	<input type="checkbox"/>
5. fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	25. high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	45. radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>
6. flu	<input type="checkbox"/>	<input type="checkbox"/>	26. stroke	<input type="checkbox"/>	<input type="checkbox"/>	46. treated for a mental condition	<input type="checkbox"/>	<input type="checkbox"/>
7. headache	<input type="checkbox"/>	<input type="checkbox"/>	27. chest pain	<input type="checkbox"/>	<input type="checkbox"/>	47. treated for drinking problem/ drug abuse	<input type="checkbox"/>	<input type="checkbox"/>
8. influenza	<input type="checkbox"/>	<input type="checkbox"/>	28. eye/eye disease	<input type="checkbox"/>	<input type="checkbox"/>	48. exposed to		
9. measles	<input type="checkbox"/>	<input type="checkbox"/>	29. kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Mercury	<input type="checkbox"/>	<input type="checkbox"/>
10. mumps	<input type="checkbox"/>	<input type="checkbox"/>	30. painful passage of urine	<input type="checkbox"/>	<input type="checkbox"/>	Radioactivity	<input type="checkbox"/>	<input type="checkbox"/>
11. pertussis	<input type="checkbox"/>	<input type="checkbox"/>	31. blood in urine	<input type="checkbox"/>	<input type="checkbox"/>	Toxic chemicals	<input type="checkbox"/>	<input type="checkbox"/>
12. pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	32. tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Excess noise	<input type="checkbox"/>	<input type="checkbox"/>
13. rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>	33. migraines/epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			
14. sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	34. other eye condition	<input type="checkbox"/>	<input type="checkbox"/>			
15. gall bladder disease	<input type="checkbox"/>	<input type="checkbox"/>	35. epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			
16. marked change in bowel habits	<input type="checkbox"/>	<input type="checkbox"/>	36. joints/spinal trouble	<input type="checkbox"/>	<input type="checkbox"/>			
17. blood in stool	<input type="checkbox"/>	<input type="checkbox"/>	37. surgical operation	<input type="checkbox"/>	<input type="checkbox"/>			
18. change in weight	<input type="checkbox"/>	<input type="checkbox"/>	38. accident/fracture	<input type="checkbox"/>	<input type="checkbox"/>			
19. varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	39. tropical disease	<input type="checkbox"/>	<input type="checkbox"/>			
20. ulcers/heart	<input type="checkbox"/>	<input type="checkbox"/>	40. fear of heights	<input type="checkbox"/>	<input type="checkbox"/>			

**HAVE YOU EVER BEEN**

**FOR WOMEN ONLY**

Have you ever had

46. an abortion/surgical

47. a gynecological

treatment

48. are you pregnant?

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

.....

.....

.....

.....

On your trip to malaria risk areas, did you take malaria medication when in high malaria risk areas? YES  NO

DATE(S) OF LAST VACCINATION: (If monthly, so)

polio  hepatitis B  hepatitis A

tetanus  yellow fever  typhoid

measles  Other

Alcohol consumption: Number of glasses per day \_\_\_\_\_ Tobacco: Number of cigarettes per day \_\_\_\_\_





LAST NAME : ANNUR RAHMAN

FIRST NAME : MUHAMMAD

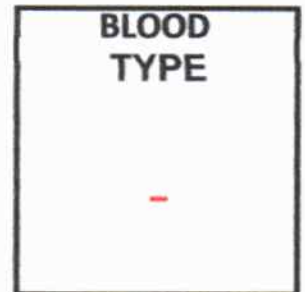
TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

ECG (n) a : Sinus Bradycardia, HR : 42 bpm
Treadmill (n) a : Negatif Ischemic Response, 12 Mets.
Chest X Ray (n) a : Within Normal Limits

BLOOD ANALYSIS

Table with 6 columns: Test Name, Value, Unit, Test Name, Value, Unit. Rows include RBC, WBC, NEUTROPHIL, EOSINOPHIL, BASOPHIL, LYMPHOCYTE, MONOCYTE, HEMATOCRIT, HEMOGLOBIN, ESR, SGOT (ASAT), SGPT (ALAT), GAMMA GT, GLYCEMIA, CHOLESTEROL TOTAL, HDL, LDL, CREATININE, URIC ACID, TRIGLYCERIDES.



test only if not already known

URINE ANALYSYS

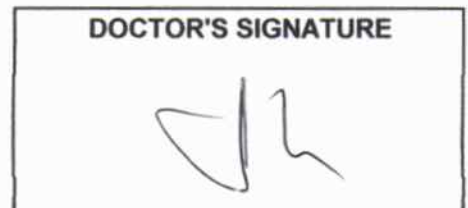
ALBUMIN : -

STOOL ANALYSIS

SUGAR : Negative BLOOD : Negative PARASITES : Negative BLOOD : Negative

CONCLUSION : FIT IN ALL AREA Yes [checked] No [ ] MUST BE REASSESSSED Yes [ ] No [ ]
if you answer No. please detail your reasons)

Detail : .....



Date of medical examination (day/month/year) : 29/12/2021

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, Sunbelt/Beigel offers you the possibility of performing a more in-depth health assessment. This exam is designed to check your general wellness. Med Track Plus should be performed at the same time as your annual physical 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 .....

PERIPHERAL VASCULAR DOPPLER ULTRASONOGRAPHY 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:

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



**Patient Data**

ID Number :	8170/GMI-MCU/XII/2021			Company :	PT. INSPEKTINDO SINERGI PERSADA
Name :	<b>MUHAMMAD ANNUR RAHMAN, Tn.</b>			Occupation :	Asst. Inspector
Gender :	Laki-Laki			Test Date :	29/12/2021
DOB / Age :	11/03/1991	/	30 Yo.	BMI :	24,06
Height (cm)	173	Weight (kg) :	72		

**Jakarta Cardiovascular Risk Table**

Risk Factor		Score	Result	Poin
Sex	Female	0	Male	1
	Male	1		
Age	25-34	-4	30	-4
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
Blood Pressure	Normal	0	108/65	0
	High Normal	1		
	Grade 1 Hypertension	2		
	Grade 2 Hypertension	3		
	Grade 3 Hypertension	4		
BMI (Kg/m2)	13,79 - 25,99	0	24,06	0
	26,00 - 29,99	1		
	30,00 - 35,58	2		
Smoke	Never	0	Smoker	4
	Ex Smoker	3		
	Smoker	4		
Diabetes Mellitus	No	0	No	0
	Yes	2		
Physical Exercise/Activity	No	2	High	-3
	Low	1		
	Medium	0		
	High	-3		
<b>Total Point</b>				<b>-2</b>

**Determine the 10-year CVD risk (%)**

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

**Result**

Estimated 10-year CVD Risk

**4,2%**

Risk Category

**Low Risk**
**Advice**

Patients with **HIGH RISK** scores should be counseled aggressively about social factors contributing to their risk (smoking, exercise, weight, diet, etc) and also managed with blood pressure and lipid evaluation.

**References**

Kusmana. Dede. *The Jakarta Cardiovascular Score, A Modified Framingham Score, Is A Simple Method For Cardiovascular Risk Stratification In Developing Countries. 21st Scientific Meeting of the International Society of Hypertension, 2006; 201.*





**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.** : 8170 /GMI-MCU/XX/2021  
*(Lab. Number)*

**Data Pasien (Patient Detail)**

<b>Nama</b> <i>(Name)</i>	: MUHAMMAD ANNUR RAHMAN / Laki-Laki	<b>Umur</b> <i>(Age)</i>	: 30 Tahun <i>(Years old)</i>
<b>Pekerjaan</b> <i>(Job Position)</i>	: ASST INSPECTOR	<b>Dokter</b> <i>(Doctor)</i>	: Dr. Hendra AZ
<b>Perusahaan</b> <i>(Company)</i>	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> <i>(Date of Analysis)</i>	: 29 Desember 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>HEMATOLOGI</b>			
<b>HEMATOLOGI RUTIN</b>			
Hemoglobine ( Hgb )	14,9	Laki-laki dewasa : 13,0-18,0 Perempuan dewasa : 12,0-16,0	g/dL
Hematocrit ( Hct )	42,0	Laki-laki dewasa : 40,0 - 50,0 Perempuan dewasa : 35,0 - 45,0	%
Erythrocyt (RBC)	4,7	Laki-laki dewasa : 4,4-5,6 Perempuan dewasa : 3,8-5,5	10 <sup>6</sup> sel/mm <sup>3</sup>
Leucocyt (WBC)	8,4	Dewasa : 4,0 - 10,0	10 <sup>3</sup> / $\mu$ L
<b>Differential Count</b>			
Basophile	0	0 - 2	%
Eosinophile	1,6	0 - 3	%
Neutrofil	66	50 - 70	%
Lymphocyte	26	20 - 40	%
Monocyte	6,7	3 - 12	%
MCV	88	80 - 100	fL
MCH	31	27 - 34	pg/cell
MCHC	35	32 - 36	g/dL
RDW- CV	13	11 - 16	%
RDW-SD	41	35 - 56	fL
Thrombocyt	410	140 - 440	10 <sup>3</sup> /mm <sup>3</sup>
<b>KIMIA KLINIK</b>			
<b>METABOLISME GLUKOSA/DIABETES</b>			
Glucose Fasting	93	Normal : 70 - 110	mg/dL
Glucose 2h pp	122	Normal : < 140 Gangguan toleransi glukosa : 140 - 199 Diabetes melitus : > 200	mg/dL
<b>PROFIL LEMAK</b>			
Cholesterol total	185	Yang diinginkan : < 200 Batas tinggi : 200 - 240 Tinggi : $\geq$ 240	mg/dL
Triglycerides	70	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : $\geq$ 500	mg/dL
HDL Cholesterol	60	Rendah : < 40	mg/dL



## HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

**Nomor Lab.**  
(Lab. Number) : 8170 /GMI-MCU/XII/2021

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name) :	MUHAMMAD ANNUR RAHMAA / Laki-Laki	<b>Umur</b> (Age) :	30 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) :	29 Desember 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
LDL Cholesterol	111	Tinggi : >= 60 Optimal : < 100 Mendekati optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : > 190	mg/dL
Rasio LDL/HDL	1,9	CARDIO RISK INDEX (CRI) < 3 : Low risk 3 - 5 : Moderate risk > 5 : High risk	
<b>FUNGSI HATI</b>			
SGOT / AST	13	0 - 37	U/L
SGPT / ALT	15	0 - 40	U/L
Gamma GT	33	11 - 51	U/L
<b>FUNGSI GINJAL</b>			
Uric Acid	5,5	Laki-laki dewasa : 3,5 - 7,2 Perempuan dewasa : 2,6 - 6,0	mg/dL
Creatinine	0,8	0,8 - 1,4	mg/dL
Ureum	23	10 - 50	mg/dL
<b>IMMUNOLOGI</b>			
<b>HEPATITIS</b>			
HBs Ag	Negatif	Negatif	
<b>URINALISA</b>			
<b>MAKROSKOPIS URIN</b>			
Warna	Kuning		
Kejernihan	Jernih		
<b>KIMIA</b>			
Berat jenis	1,025	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/μL
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



**HASIL PEMERIKSAAN LABORATORIUM**

*Result of Laboratorium Analysis*

**Nomor Lab.**  
(Lab. Number) : 8170 /GMI-MCU/XII/2021

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: MUHAMMAD ANNUR RAHMAN / Laki-Laki	<b>Umur</b> (Age)	: 30 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)	: 29 Desember 2021

PEMERIKSAAN / Examination	HASIL / Result	NILAI RUJUKAN / Reference Value	SATUAN
<b>MIKROSKOPIS URIN</b>			
Epithel	1-2		
WBC	2-3		
RBC	1-2		
Cast	Negatif		
Crystal	Negatif		
Bacterie	Negatif		
Others	Negatif		
<b>FAECES</b>			
<b>FAECES RUTIN</b>			
<b>MAKROSKOPIS</b>			
Warna	Kecoklatan		
Konsistensi	Lunak		
Darah	Negatif	Negatif	
Lendir	Negatif	Negatif	
<b>MIKROSKOPIS</b>			
Leukosit	Negatif	Negatif	
Eritrosit	Negatif	Negatif	
Telur cacing	Negatif	Negatif	
Amoeba	Negatif	Negatif	
Lainnya	Negatif	Negatif	

Tanggal pengambilan sampel : 29 Desember 2021

Penanggung Jawab  
Laboratorium,



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

Analisis Laboratorium

Syamsiar Am. Ak





Nomor Pasien  
(Patient Number) :

Nomor Film  
(Film Number) : 8170

**Data Pasien (Patient Detail)**

Nama  
(Name) : MUHAMMAD ANNUR RAHMAN, Tn.

Perusahaan  
(Company) : PT. INSPEKTINDO SINERGI PERSADA

Umur  
(Age) : 30 Tahun  
(years old)

Pekerjaan  
(Occupation) : ASST INSPECTOR

Jenis Kelamin  
(Gender) : Male

Tgl Pemeriksaan  
(Date of Analysis) : 29 Desember 2021

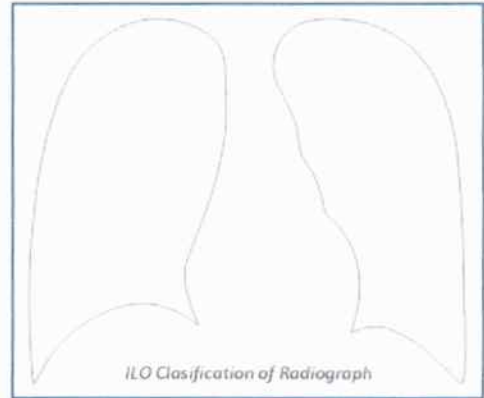
**Rincian Pemeriksaan (Examination Detail)**

Jenis Pemeriksaan  
(Type of Examination) : Foto thorax

Posisi Penyinaran  
(Exposure Position) : PA

Kondisi Penyinaran  
(Exposure Condition) : kV : 58

mAs : 0,30



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

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

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

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

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

Foto thorax normal

**dr. ABDUL HARIS, Sp.Rad**  
 Spesialis Radiologi



**Patient Data**

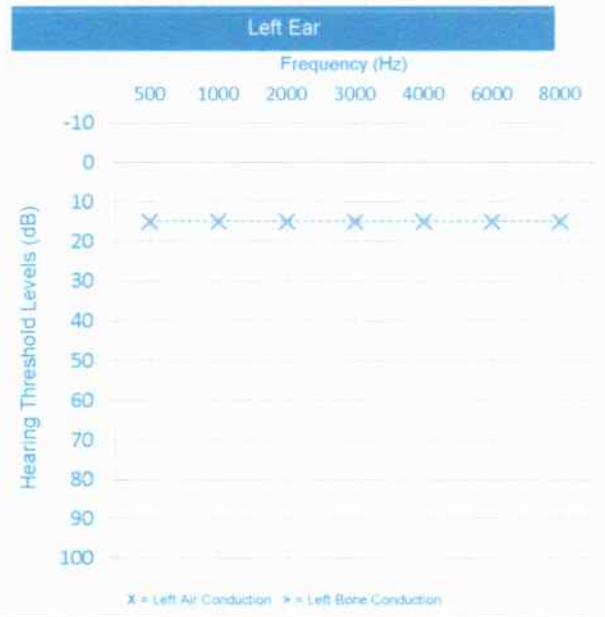
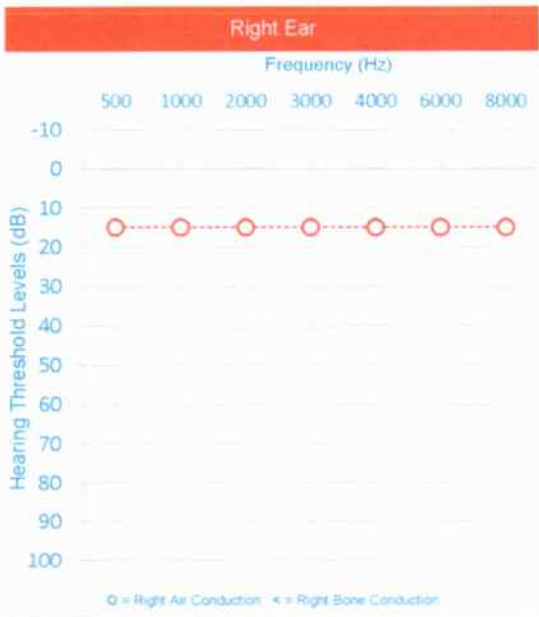
ID Number	8170	Gender	Laki-laki
First Name	MUHAMMAD	Occupation	Asst. Inspector
Last Name	ANNUR.R	Company	PT. Inspektindo Sinergi Persada
Age	30 Yo.	Test Date	29 Desember 2021

**Occupational Noise Exposure**

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

**Test Detail**

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



**Right Ear Observation and Test Result**

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

**Left Ear Observation and Test Result**

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

**Conclusion / Medical Report**

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

Signature   
**Grand MEDICA INDONESIA**  
 dr. Hendra A.Z.

Instrument used  
**SIBEL SOUND 427**

Standard  
 OSHA







**Nomor Pasien**  
(Patient Number) : 8170

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

**Data Pasien (Patient Detail)**

**Nama**  
(Name) : **MUHAMMAD ANNUR RAHMAN,Tn.**

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

**Umur**  
(Age) : **30** Tahun  
(Years old)

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

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

**Tgl Pemeriksaan**  
(Date of Analysis) : **29/12/2022**

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

**USG Abdomen:**

Liver : *Bentuk , ukuran normal, echoparenkim superficialis meningkat, bile duct normal ,tidak ada fokal noduler .*

GB : *Distensi ,Tampak Multiple echo Batu Kecil Pada Corpus .*

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)**

*Cholitiasis Kecil (Batu kolestrol ),Organ solid andomen lainnya normal*

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



**Grand**  
MEDICA INDONESIA

**mindray**  
ULTRASOUND

**Nomor Pasien** : 8170  
*(Patient Number)*

**Tgl Pemeriksaan** : 29/12/2022  
*(Date of Analysis)*

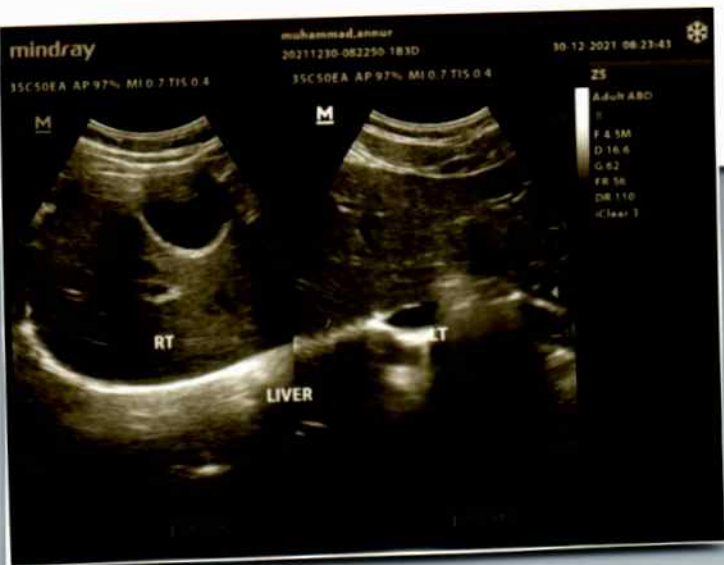
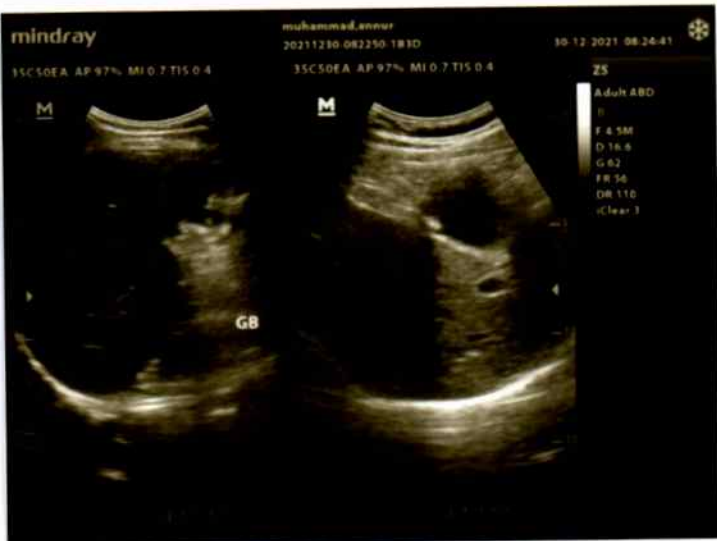
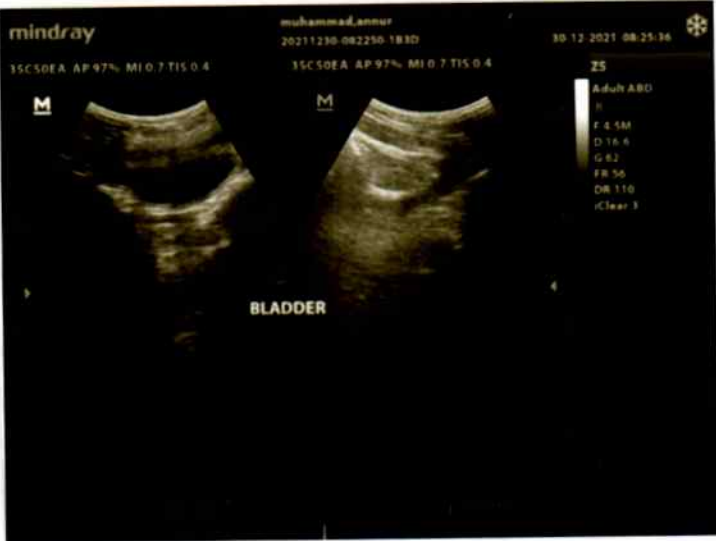
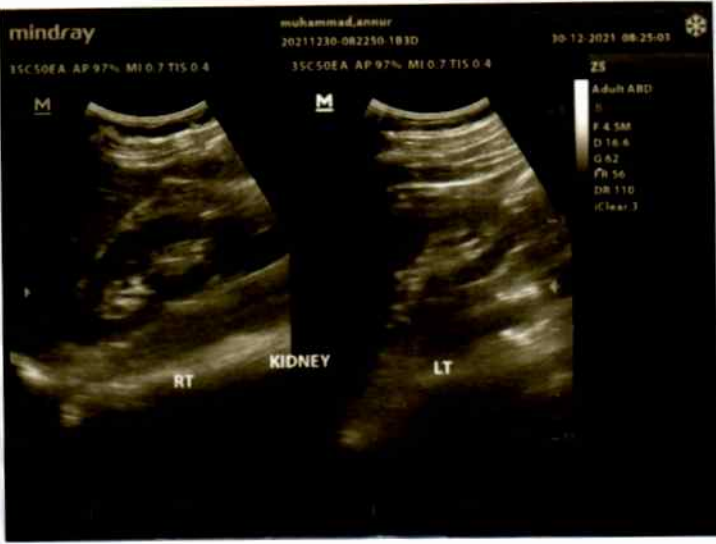
**Pemeriksaan**  
*Examination*

**Data Pasien (Patient Detail)**

**Nama (Name)** : MUHAMMAD ANNUR RAHMAN, Tn.  
**Umur (Age)** : 30  
**Tahun (Years old)**

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

**Perusahaan (Company)** : PT.INSPEKTINDO SINERGI PERSADA  
**Pekerjaan (Occupation)** : ASST INSPECTOR





**Patient Data**

ID Number	<b>8170</b>	Company	<b>PT. Inspektindo Sinergi</b>
Name	<b>MUHAMMAD ANNUR</b>	Occupation	Asst. Inspector
Gender	Male	Test Date	29 Desember 2021
DOB / Age	11 Maret 1991 / 30 Yo.	Height (cm)	173
Weight (kg)	72	BMI	24,06

**Pre-exercise Test**

Indication	Medical Check Up
Pre-exercise BP	108/65 mmHg
Heart Rate	55 bpm
Respiration	16 x/mnt
Resting ECG	<i>Sandy and?</i>

**Exercise Test Summary**

Exercise Time	12:06	mm:ss	End Stage	4
Max Heart Rate	153	bpm	Target Heart Rate	162 bpm
Max Blood Pressure	120/80	mmHg	Max Heart Rate	94,4 %
Aerobic Capacity	<i>12</i>	METS.	VO2 Max	42,84 ml/kg/min

**Reason Of End**

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

**ST- T segment changes**

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

**Abnormal Lead :**

**Classification of Physical Fitness**

Low   
  Fair   
  Average   
  Good   
  High

**Blood Pressure Response**

Normal Response   
  Hipertensive Response

**Functional Classification**

Clas I   
  Clas II   
  Clas III

**Conclusion / Medical Report**

*Negative Isotermic response  
fit to work at remote Area*

**Recommendation :**

Cardiologist Signature dr. ACHMAD YUSRI, SpJP Instrument Used

SPEKIALIS JANTUNG DAN PEMBULUH DARAH CONTEC 8000S S/N 140203027





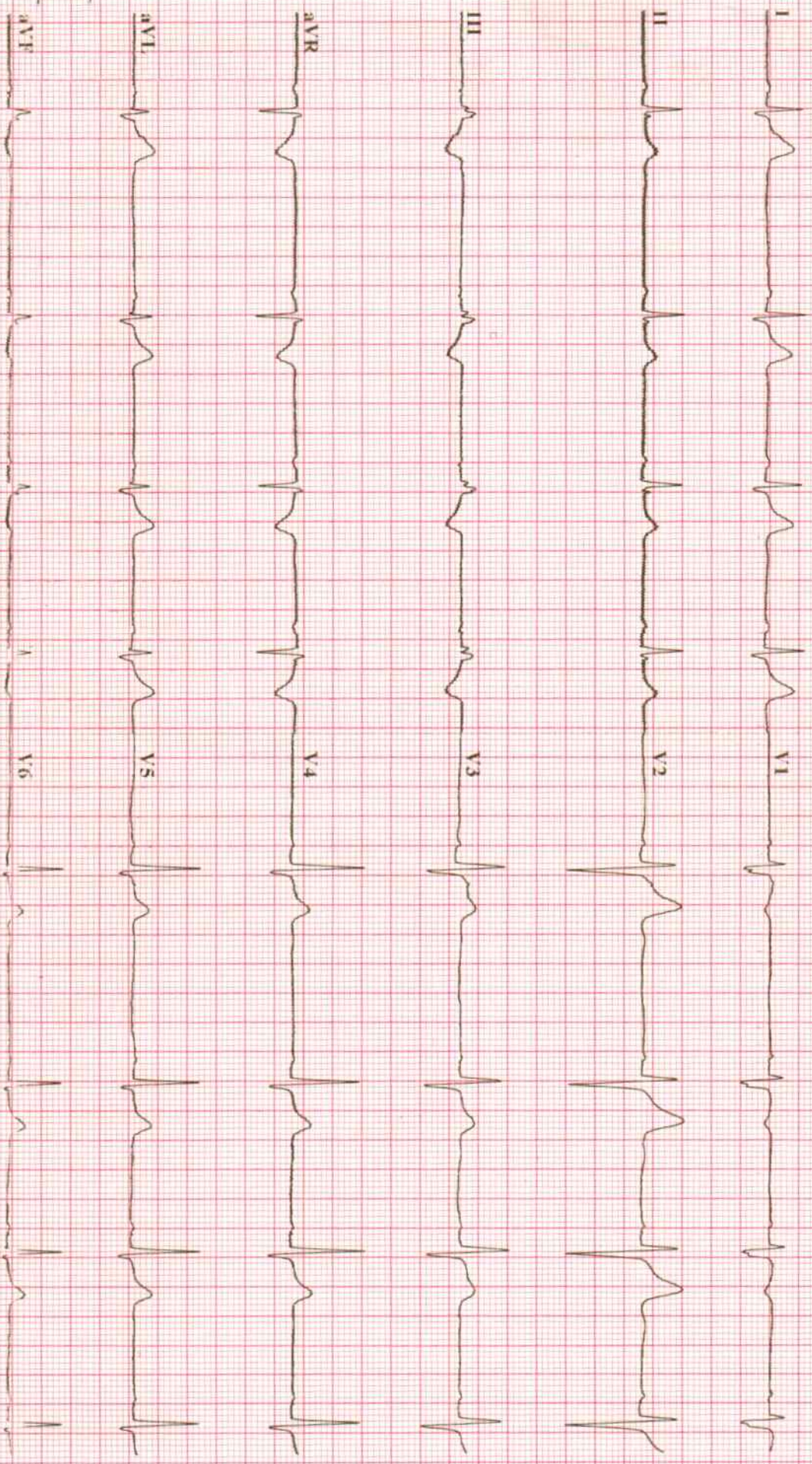
ID : 8170  
Name : M. Anwar Rahman  
Age : 30 Years  
Gender : Male  
Department: PT. Inspektindo

HR : 42 BPM  
P Dur : 109 ms  
PR int : 181 ms  
QRS Dur : 92 ms  
QT/QTc int : 412/346 ms  
P/QRS/T axis : 30/67/0 °  
RV5/SV1 amp : 1.221/0.506 mV  
RV5+SV1 amp : 1.727 mV  
RV6/SV2 amp : 0.983/1.332 mV

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

Diagnosis Information:  
822: Sinus Bradycardia with Sinus Arrhythmia  
\*\*\*Normal ECG\*\*\*

*Radyar*  
dr. AGUNG ADYUSRI SpJP  
SPECIALIS PANTUNG DAY PERSIBUHAN DASAH





# Grand Medica Indonesia Stress Exercise Report

ID: 8170      Section:      Name: M. Annur, R. Tr      Sex: Male      Age: 30      Exam Time: 30-12-2021 08:49

**Information**

DOB: 1991-03-11      Race: Oriental Race      Weight: 72.00 kg  
 Height: 173.00 cm  
 Smoking       Diabetic       History of MI  
 Hypertension       Hyperlipidemia       Family History

Indications: MCU  
 Medications:

Address:  
 Telephone:

**Result**

Stage Name	HR (bpm)	BP (mmHg)	Summary	Max Values	ST Segment
PRE-EXE	74	108/65	Protocol Name: BRUCE	HR: 153 bpm	Max Elevation: 1.42 mV      04:00 aVR
EXE1	93	----/----	Target HR: 162 bpm	Target HR: 94.4 %	Max Depression: -2.66 mV      04:00 III
EXE2	101	110/70	Exercise Time: 12:06	METS: 13.5 METs	Max Elevation Change: 1.43 mV      04:00 aVR
EXE3	141	110/70	Max Speed: 6.8 km/h	HR*BP: 10800.0 bpm*mmHg	Max Depression Change: -2.72 mV      04:00 III
EXE4	134	----/----	Max Grade: 16.0 %	SYS: 120.0 mmHg	
REC1	131	120/80	Exceed +/-100uV Leads: I II III aVL aVR aVF V1 V2 V3 V4 V5 V6	DIA: 80.0 mmHg	
			DUKE Score: ----	Reason for End:	

Arrhythmia	
Total Beats:	1275
Total V:	11
V Pairs:	0
V Run:	0
V bigeminal:	0
V trigeminal:	0
Total Long:	8
Abnormal Beats:	29
Total S:	10
S Pairs:	0
S Run:	0
S bigeminal:	0
S trigeminal:	0

Symptoms:

Conclusions:

*Negative*  
*Ischemic*  
*Response*

Operator:

dr. ACHMAD YUSRI, SpJP  
 SpESIAIS JANTUNG DAN PEMBULUH DARAH  
 Reviewing Physician:



# Grand Medica Indonesia Stress Exercise Report

## Average QRS

ID: 8170      Section:      Name: M. Annur, R. Tn      Sex: Male      Age: 30      Exam Time: 30-12-2021 08:49

Time: 00:20	Time: 03:20	Time: 06:20	Time: 09:20	Time: 11:50
HR: 76 bpm BP: 108/65 mmHg	HR: 88 bpm BP: 108/65 mmHg	HR: 98 bpm BP: 110/70 mmHg	HR: 136 bpm BP: 110/70 mmHg	HR: 131 bpm BP: 110/70 mmHg
0.05 I 1.80	0.05 I 7.35	0.07 I 9.47	-0.07 I 26.90	-0.13 I 21.63
0.10 II 18.27	0.01 II 23.19	0.09 II 9.84	0.02 II 45.27	-0.04 II 11.26
0.05 III 13.89	-0.04 III 16.87	0.02 III 2.58	0.08 III 26.59	0.10 III 20.34
-0.08 aVR -12.07	-0.03 aVR -15.53	-0.08 aVR -8.77	0.02 aVR -38.71	0.09 aVR 13.25
0.00 aVL -4.38	0.04 aVL -5.31	0.02 aVL 5.92	-0.08 aVL -0.08	-0.11 aVL -19.24
0.08 aVF 15.91	-0.02 aVF 20.30	0.05 aVF 3.32	0.05 aVF 36.00	0.02 aVF 6.41
-0.02 V1 5.00	-0.01 V1 13.54	-0.03 V1 8.21	0.04 V1 19.79	0.04 V1 16.15
0.21 V2 51.55	0.25 V2 35.06	0.26 V2 43.89	0.26 V2 64.86	0.26 V2 63.35
0.05 V3 12.49	0.02 V3 3.30	0.03 V3 6.54	-0.01 V3 29.75	0.06 V3 27.15
0.13 V4 29.57	0.13 V4 17.80	0.07 V4 23.76	0.10 V4 47.73	0.10 V4 35.49
0.13 V5 13.69	0.11 V5 16.31	0.08 V5 16.58	0.11 V5 45.69	0.05 V5 21.83
0.11 V6 5.62	0.10 V6 8.26	0.08 V6 8.36	0.10 V6 42.45	0.06 V6 24.58

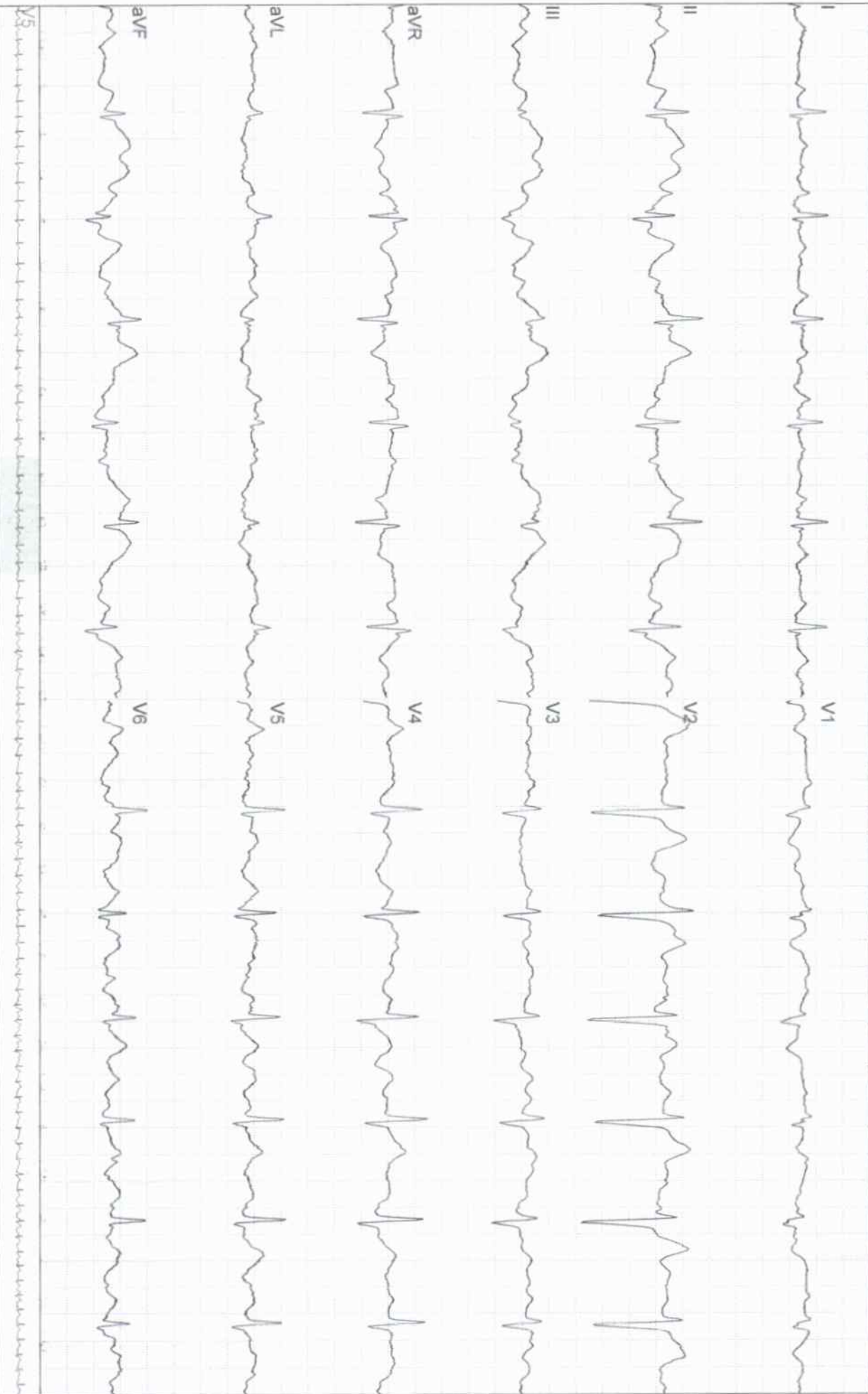


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:8170      Section:      Name: M. Annur, R. Tr      Sex: Male      Age: 30      Exam Time: 30-12-2021 08:49

Time: 00:20      Stage: [ 1 / 6 ] PRE-EXE 00:20 [ 0.0 Km/h 0.0 % ]      HR: 76 bpm      BP: 108/65 mmHg      10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:8170

Section:

Name: M. Annur, R. Tn

Sex: Male

Age: 30

Exam Time: 30-12-2021 08:49

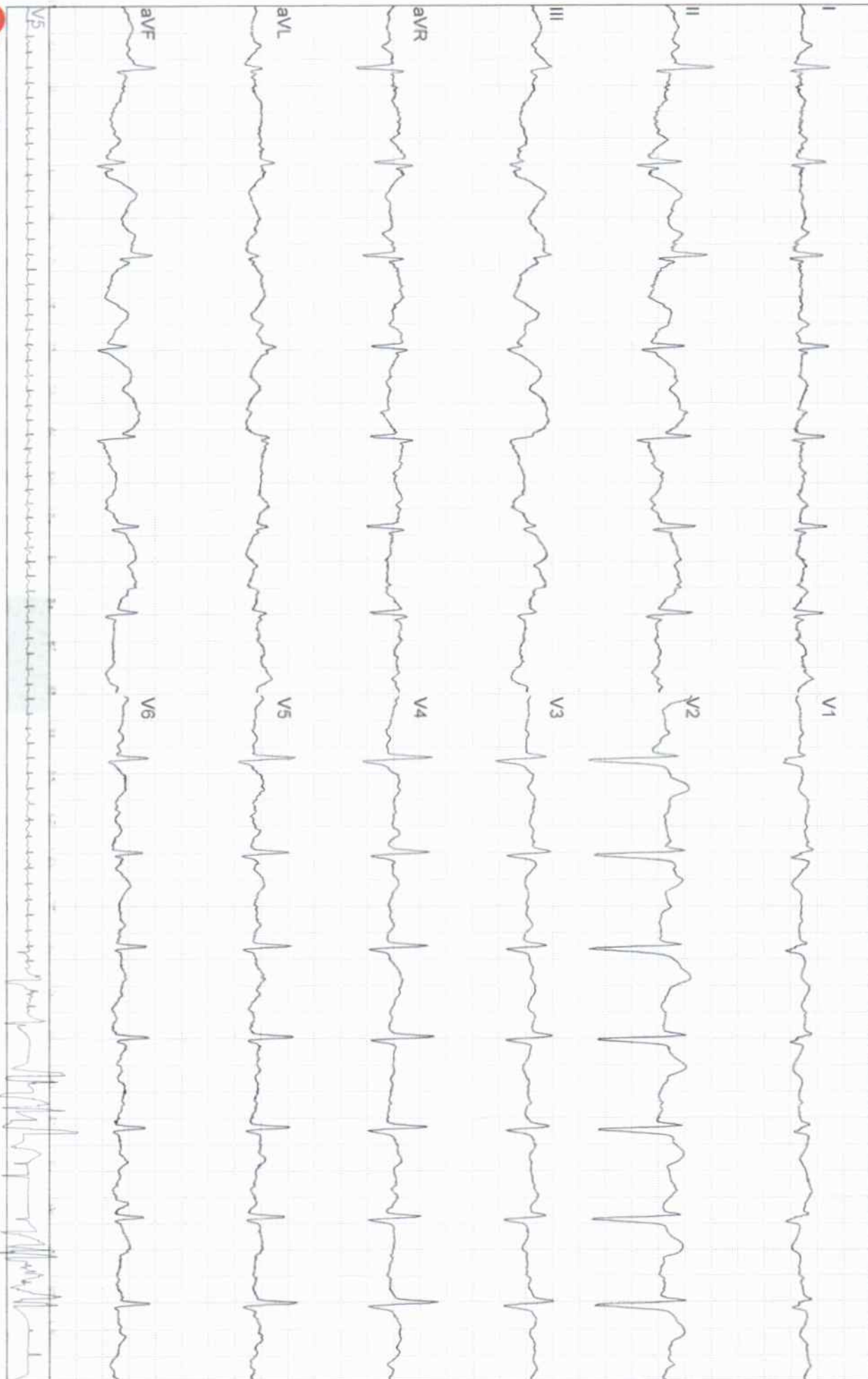
Time: 03:20

Stage: 2 / 6 | EXE1 02:50 | 2.7 Km/h 10.0 %

HR: 88 bpm

BP: 108/65 mmHg

10mm/mV 25mm/s



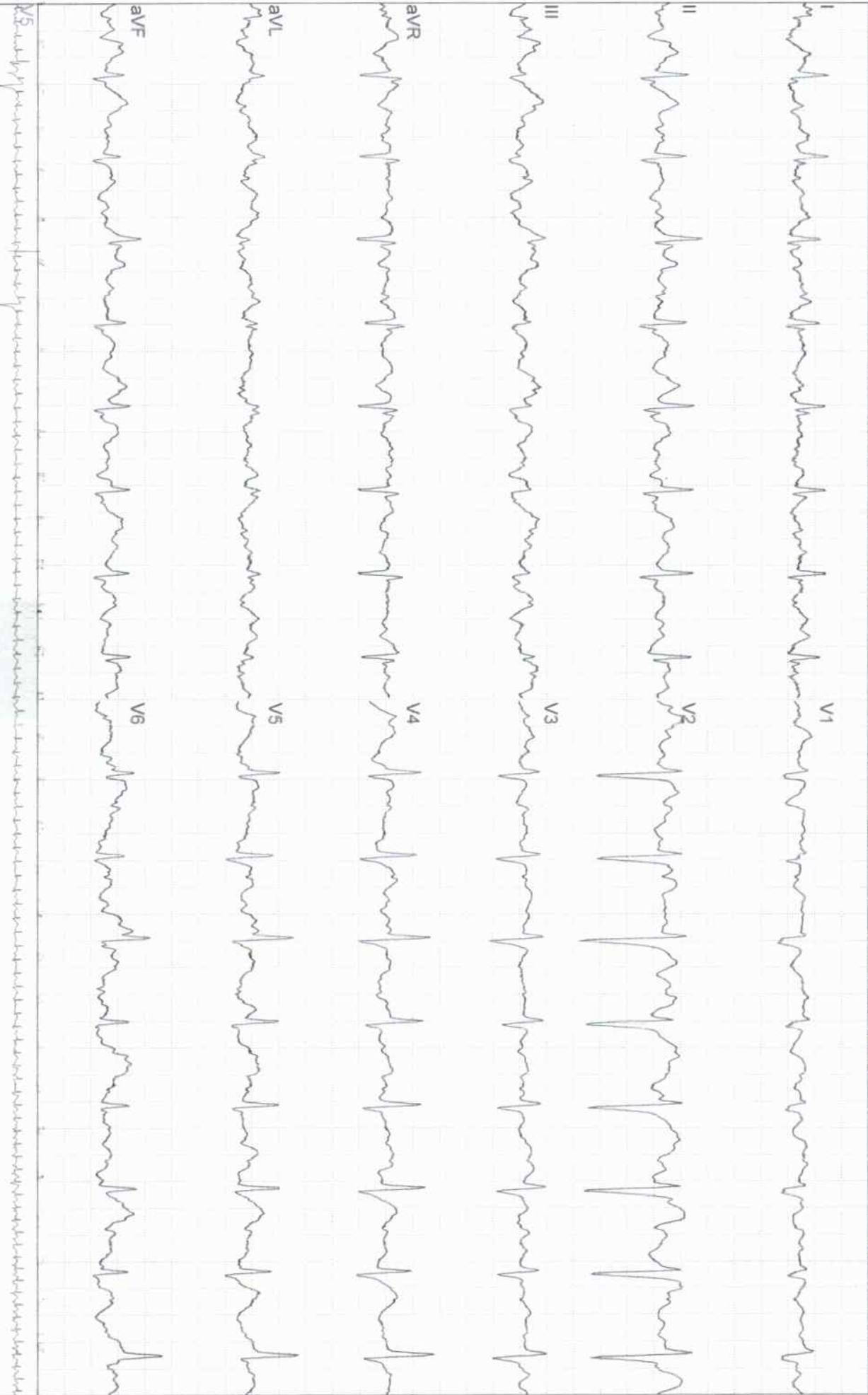


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:8170      Section:      Name: M. Annur, R. Tn      Sex: Male      Age: 30      Exam Time: 30-12-2021 08:49

Time: 06:23      Stage: [3 / 6] EXE2 02:53 [4.0 Km/h 12.0 %]      HR: 98 bpm      BP: 110/70 mmHg      10mm/mV 25mm/s

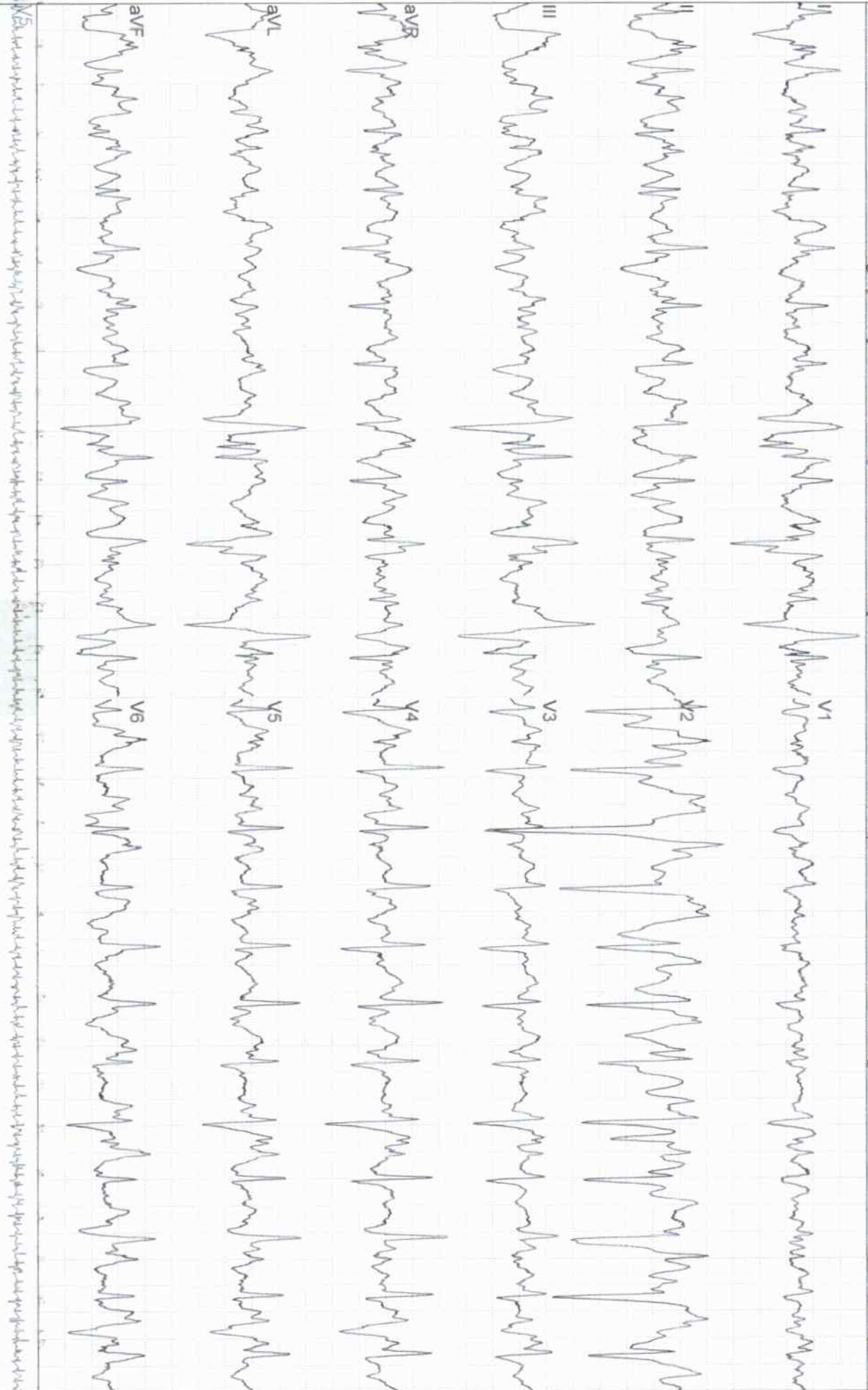


# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 8170      Section:      Name: M. Annur, R. Tn      Sex: Male      Age: 30      Exam Time: 30-12-2021 08:49

Time: 09:26      Stage: [ 4 / 6 ] EXE3 02:56 [ 5.5 Km/h 14.0 % ]      HR: 136 bpm      BP: 110/70 mmHg      10mm/mV 25mm/s



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:8170      Section:      Name: M. Annur, R. Tn      Sex: Male      Age: 30      Exam Time: 30-12-2021 08:49

Time: 11:46      Stage: [ 5 / 6 ] EXE4 02:16 [ 6.8 Km/h 16.0 % ]      HR: 134 bpm      BP: 110/70 mmHg      10mm/mV 25mm/s

