



PERSONAL DATA

No. MCU : 1842/GMI-MCU/VIII/2020
No. Badge : -
N a m a : **EKO TAUFIK NUGROHO, Tn.**
U m u r : 31 tahun
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**
Jabatan : Assistant Inspector
Tgl Pemeriksaan : 19/08/2020
Alamat : Jl. Siaga Dalam RT 17 No.29

Medical Department

HEALTH SURVEILLANCE

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

IDENTITAS PEGAWAI

- 1. Posisi : Assistant Inspector
- 2. Golongan Darah : A / B / AB / O Rhesus : + / -
- 3. Status : (1) Belum kawin (2) Kawin (3) Janda (4) Duda (5) Cerai
- 4. Jumlah anak : Anak laki-laki 1 Orang, Anak Perempuan orang
- 5. Alamat sekarang : Jl. Siaga Dalam Rt. 17 No 29
- 6. No. Extension Telpon. : Kantor : Telpon/HP 081262404407
Kamar (untuk lapangan)

HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN

No.	Posisi	Lama Kerja	Perusahaan	Lama paparan dalam jam/hari					
				Bising	Debu	Kimia	Radial	Ergonomi	lain-lain
	<u>Helper</u>	<u>6 bulan</u>	<u>Pt. Inspekfinda</u>	<u>4</u>	<u>4</u>				

HANYA UNTUK KARYAWAN RIWAYAT PEKERJAAN

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

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

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

RIWAYAT KESEHATAN

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

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

f. Timbul benjolan/tumor	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
g. Ayan / Gangguan syaraf	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
h. Asma	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
i. Batu ginjal	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
j. Alergi	1. Ya	2. Tidak	<input checked="" type="checkbox"/>
k. Thyphus	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, langsung ke alkohol
2. Sejak umur berapa Anda mulai merokok untuk pertama kalinya ?
 18
3. Apakah saat ini Anda merokok ?
1. Ya, setiap hari 3
2. Ya, tidak setiap hari
3. Tidak - bila tidak langsung ke no. 14
4. Berapa banyak rokok yang Anda isap setiap harinya ?
5. Jenis rokok apa yang Anda isap ? (DITULIS MEREK)
1. Kadar nikotin rendah
2. Kadar nikotin sedang
3. Kadar nikotin tinggi
6. Seberapa sering Anda menghisap dalam-dalam asap rokok ?
1. Tidak pernah
2. Kadang-kadang
3. Selalu
7. Berapa menit sehabis bangun tidur Anda mulai merokok?
8. Apakah Anda lebih banyak merokok dalam jam pertama di pagi hari ?
1. Ya 2. Tidak
9. Apakah sulit untuk tidak merokok di tempat yang dilarang merokok ?
1. Ya 2. Tidak
10. Apakah Anda tetap merokok di saat Anda sedang sakit ?
1. Ya 2. Tidak
11. Dalam satu hari, rokok manakah yang sulit di lewatkan ?
Dari no. 11 langsung ke pertanyaan alkohol
1. Rokok pertama di pagi
2. Rokok lainnya
12. Apakah anda ingin berhenti merokok?
1. Ya 2. Tidak
13. Bila Ya, apakah Anda bersedia untuk mengikuti program Berhenti Merokok?
1. Ya 2. Tidak
Langsung ke pertanyaan alkohol
14. Sudah berapa lama Anda berhenti merokok ? (tahun)
 3

KONSUMSI ALKOHOL

1. Apakah Anda pernah minum minuman beralkohol ?
1. Ya 2. Tidak 2
Bila tidak, langsung ke olahraga
2. Apakah Anda minum minuman beralkohol dalam 12 bulan terakhir ?
1. Ya 2. Tidak 2
Bila tidak, langsung ke olahraga
3. Apakah Anda minum minuman beralkohol dalam 4 minggu terakhir ?
1. Ya 2. Tidak
Bila tidak, langsung 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)
 20
2. Berapa kali Anda berolahraga dalam sebulan ?
 2
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 2
2. Sedang 5. Sangat berat
3. Cukup berat

KELUARGA BERENCANA

1. Apakah keluarga Anda mengikut keluarga berencana ?

1. Ya 2. Tidak

Bila tidak langsung ke Vaksinasi

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

1. Kondom 5. IUD

2. Pil 6. Vasektomi

3. Suntik 7. Tubektomi

4. Susuk 8. Lainnya

RIWAYAT VAKSINASI

1. Apakah anda pernah mendapatkan vaksinasi tetanus ?

1. Ya 3. Tidak tahu

2. Tidak

2. Apakah Anda pernah mendapatkan vaksinasi hepatitis ?

1. Ya 3. Tidak tahu

2. Tidak

DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?

1. Ya 2. Tidak

2. Kapan Anda melakukan donor darah terakhir ?

 / /

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

Balikpapan, 19 Agustus 2020

Nama dan tanda tangan karyawan

(Eko Taufik Nugroho)

MEDICAL CHECK UP -2020

PHYSICAL EXAMINATION

NAME	EKO TAUFIK NUGROHO, Tn.	S/N	-	DEPT	-
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I. VITAL SIGN

Blood Pressure (supine)	130/80	mmHg	Pulse	79	x/m	Respiration	20	x/m	Temp.	36,2	°C
Weight (W)	61	kg	Height (H)	164	cm	BMI	22,68	Waist	83	cm	

(*) BMI = W / H² (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@		✓	
8	NECK	Adenopathi/Thyroid/Carotids/ Trachea/ Veins/ Mass/ Spine/ Motion/ Bruit		✓	
9	BACK / SPINE	Kyphosis/Scoliosis/ Lordosis/ Mobility/ CVA/ Bone/ Tenderness/ Other deformities		✓	
10	THORAX	Symmetry/Movement/Contour / Tender		✓	
11	BREAST	Size/Consistency/ Nipples/ Areola / Discharge/ Palpable mass/ enderness/ Nodes/ Scars		✓	
12	HEART	Rate/Rhythm/Apical/Impulse/Trills/ Quality of sound/Intensity/Splitting/Extra sound/Murmurs		✓	
13	CHEST / LUNG	Excursion/Dullness or Hyper-resonance of percussion/ Quality of breath sound/ Rales/ Wheezing/Ronchi/ Bruit		✓	
14	ABDOMEN	Bowel sounds/ Appearance/ Liver/ Spleen/ Masses/ Hernias/ Murmur/ Contour/ Tenderness/ Bruit/ Nodes		✓	
15	GROIN	Hernia/Inguinal nodes/Femoral pulses		✓	
16	GENITAL	MALE		✓	
		FEMALE		✓	
17	EXTREMITIES	Deformity/Clubbing/Cyanosis/Edema/Nail/ Peripheral pulses/ Calf tenderness/Joints for swelling/ ROM		✓	
18	JOINTS	ROM/ Swelling / Inflammation /Deformity		✓	
19	SKIN	Color/Birthmark/Scars/ Tattoos /Texture/Rash/ Eczema / ulcers/Piercing		✓	
20	NEUROLOGICAL	Reflexes/Cranial nerve/Tremor/Paralysis/Motoric/ Sensor (touch,prick,vibrate)/ Coordination/ Romberg		✓	Romberg Test : Negative
21	MUSCULAR SYSTEM	Strength/Wasting/Development		✓	
22	RECTAL EXAM.	Sphincter tonus/ Hemorrhoids/ Fissure/ Masses /Prostate		✓	

SUPPORTIVE INVESTIGATIONS

I. VISION

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

II. LABORATORIUM SUMMARY

	Normal	COMMENT: <i>See attached result</i> Cholesterol 243 mg/dl (Tinggi), LDL 163 mg/dl (Tinggi).
✓	Abnormal	

III. CHEST X-RAY

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

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

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

Normal	✓	Abnormal	(specify): Negative Ischemic Response, 13 Mets.	<i>See attached result</i>
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VI. SPIROMETRY (Optional for dust exposure, respiratory chronic disease,)

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

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

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



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

Med-Track
SCHLUMBERGER PHYSICAL
Confidential Medical

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

Dear Schlumberger Employee,

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

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

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

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

Thank you for cooperation.

Schlumberger Medical Department and International SOS

TO BE COMPLETED BY THE EMPLOYEE

PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH

LAST NAME (as appears in LDAP) FIRST NAME

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

HOME PHONE NATIONALITY

HOME ADDRESS

.....

Email address:

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

Business segment:

(ex: WS, WG, etc.)

- MEA EAF
- LAM SLR
- NAM

Country of assignment

- International commuter
- International mobile
- Home country mobile
- GeoMobile
- Other (HCR, HCC, etc.):

GIN /EMPLOYEE NUMBER

POSITION / Job Title

PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE

TO BE COMPLETED BY THE EMPLOYEE

In order to process your Med-Track report and to upload it in the confidential eMed-Track web site, we require your authorization. If you are attending an International SOS recommended medical center, please fill in Option 1. If you are attending another medical center of your choice, please fill in Option 2.
IN ALL CASES PLEASE DATE AND SIGN AT THE BOTTOM OF THE PAGE.

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

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

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

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

Medical center : Name of doctor :

Medical exam date :

And return only page 1 and 2 to :

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

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

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

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

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

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

Medical center: Name of doctor:

Medical exam date :

And return only page 1 and 2 to:

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

IMPORTANT: MUST BE FILLED IN BEFORE RETURNING TO INTERNATIONAL SOS

TO BE COMPLETED BY THE EMPLOYEE

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

OPTION 1 :

Medical examination performed by an International SOS recommended medical center

In relation to the high mobility which applies to many jobs in the company and the unequal/inconsistent level of protection provided by local labor regulations and local medical facilities in the large number of countries concerned, SCHLUMBERGER has implemented the eMed-Track program and is carrying out personal data processing related to its employees' and their family's medical examination under this program, to reduce its 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'Alaace, 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:

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

TO BE COMPLETED BY THE EMPLOYEE

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

OPTION 2:

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

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

INFORMATION AND CONSENT

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

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

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

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

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

Full name:

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

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :

(If known)

PAST MEDICAL HISTORY

DO YOU HAVE OR HAVE YOU HAD

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

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

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

.....

Medication taken regularly :

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

Allergies to medication:

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

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

LAST NAME Toufik . N FIRST NAME Eric

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 |
| 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/
mental fitness | n ✓ | a |
| 14. breast | n ✓ | a |

HEIGHT cms ft 169		WEIGHT kgs lbs 62		BLOOD PRESSURE 134/80	PULSE 79	HEARING R a a L a a			VISION Distant R 20/30 L 20/30 Near R 20/30 L 20/30		WITH GLASSES Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	COLOR Vision Normal
---------------------------	--	---------------------------	--	--------------------------	-------------	-----------------------------------	--	--	---	--	--	------------------------

LAST NAME : **TAUFIK NUGROHO**

FIRST NAME : **EKO**

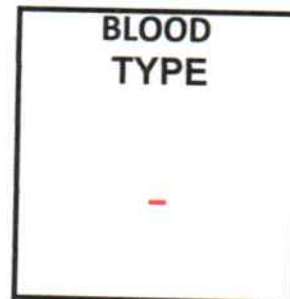
TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

ECG (n) a : Normal Sinus Rhythm
Treadmill (n) a : NEGATIVE ISCHEMIC RESPONSE
Chest X Ray (n) a : Within Normal Limits

BLOOD ANALYSIS

RBC	4.700.000	/mm ³	SGOT (ASAT)	17	U/L
WBC	9300	/mm ³	SGPT (ALAT)	28	U/L
NEUTROPHIL	5,4	%	GAMMA GT	39	U/L
EOSINOPHIL	5,0	%	GLYCEMIA	107	mg/dL
BASOPHIL	0,2	%	CHOLESTEROL TOTAL	243	mg/dL
LYMPHOCYTE	33,2	%	HDL	59	mg/dL
MONOCYTE	3,7	%	LDL	163	mg/dL
HEMATOCRIT	44	%	CREATININE	0,8	mg/dL
HEMOGLOBIN	14,6	g/dL	URIC ACID	6.2	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	106	mg/dL



test only if not already known

URINE ANALYSYS

ALBUMIN : -

SUGAR : Negative BLOOD : Negative PARASITES : Negative

STOOL ANALYSIS

BLOOD : Negative

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

MUST BE REASSESSSED Yes No

Detail :


.....

.....

.....

.....

DOCTOR'S SIGNATURE



Date of medical examination (day/month/year) : **19/08/2020**

EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS

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

Please write in clear capital letters !

LAST NAME Taufik Nugroho FIRST NAME Eko

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 :

PSAng/ml TSHUI

CEA µg/l Alkaline phosphataseUI

IF ABNORMAL, PLEASE DETAIL

LUNGS/ Functional Respiratory testing n a

ABDOMINAL AND PELVIC ECHOGRAPHY (n) a

CARDIOVASCULAR RISK FACTORS :

Stress test (n) a

Carotid Echo-Doppler n a

Cardiac Echography n a

FOR MEN ONLY :

Prostate Echography n a

FOR WOMEN ONLY :

Mammogram n a

PAP Smear n a

Doctor's additional comments or conclusions:

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

Tgl. Skrining : 19/08/2020

No. : 1842

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

Nama Lengkap: EKO TAUFIK NUGROHO, Tn.	Tgl. Lahir: 28/07/1989	Umur : 31 tahun	Jenis Kelamin : Laki-Laki
Nama Perusahaan: PT. INSPEKTINDO SINERGI PERSADA	Alamat Rumah: Jl. Siaga Dalam RT 17 No.29	Telp./HP : HP : 0812 6240 4407	

Bagian B. Informasi Riwayat Kesehatan (diisi oleh pasien)

Berilah tanda centrang (v) pada setiap kolom pertanyaan sesuai keadaan sebenarnya:

Gejala:	Ya	Tidak
1. Apakah anda pernah mengalami demam atau riwayat demam dalam 14 hari terakhir?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Apakah anda pernah mengalami batuk/pilek/nyeri tenggorokan dalam 14 hari terakhir?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Apakah anda pernah mengalami sesak atau kesulitan bernapas (pneumonia) dalam 14 hari terakhir?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Faktor Risiko :	Ya	Tidak
1. Apakah anda memiliki riwayat perjalanan ke wilayah/negara/kota yang termasuk kategori transmisi lokal dalam waktu 14 hari terakhir.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Jakarta <input type="checkbox"/> Manado <input type="checkbox"/> Bandung <input type="checkbox"/> Pontianak <input type="checkbox"/> Yogyakarta <input type="checkbox"/> Solo <input type="checkbox"/> Depok <input type="checkbox"/> Denpasar <input type="checkbox"/> Tangerang <input type="checkbox"/> <input type="checkbox"/> Bogor <input type="checkbox"/>		
2. Memiliki riwayat paparan salah satu atau lebih:		
a. Riwayat kontak erat dengan kasus konfirmasi COVID-19 ATAU	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Bekerja di fasilitas kesehatan yang berhubungan dengan pasien konfirmasi COVID-19 ATAU	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Memiliki riwayat kontak dengan hewan penular (jika hewan penular sudah teridentifikasi).	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pengukuran Suhu Tubuh (°C)	Laju Pernapasan (x/menit)	Laju Nadi (x/menit)
36,2	20	79

Bagian D. Pemeriksaan Fisik (diisi oleh dokter pemeriksa)

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

Bagian E. Kategori Penilaian

	Kesimpulan
• Pasien Dalam Pengawasan (PDP) Gejala No. 1 + No. 2 + No. 3 DAN faktor risiko No. 1 ATAU Gejala No. 1 ATAU No. 2 DAN salah satu atau lebih Faktor risiko No. 2 ATAU Gejala No.3 (Berat)	<input type="checkbox"/>
• Orang Dalam Pemantauan (ODP) Gejala No. 1 ATAU No.2 DAN Faktor Risiko No.1 ATAU Gejala No.2 DAN salah satu atau lebih Faktor risiko No. 2	<input type="checkbox"/>
• Orang Tanpa Gejala (OTG) Tidak ada gejala DAN Memiliki faktor risiko No.2.	<input type="checkbox"/>
• Bukan Termasuk Salah Satunya.	<input checked="" type="checkbox"/>

Saya menyatakan bahwa jawaban dan pernyataan di atas adalah benar dan telah diisi sesuai dengan keadaan yang sesungguhnya. Saya setuju hasil pemeriksaan saya disimpan dalam bentuk dokumen tertulis maupun elektronik dan jika diperlukan informasi medis yang berhubungan dengan pekerjaan saya, dapat diberikan kepada pimpinan perusahaan tempat saya bekerja.

Pasien/Karyawan

Petugas Skrining

Dokter Pemeriksa


SUPARLAN

dr. Malikinnas
 MEDICA INDONESIA

SIP: 449.1/2/S/P.3/DPMPPT/SIP-D/2018

PT. INSPEKTINDO SINERGI PERSADA

 Balikpapan, **25/08/2020**

Pre- Employment

Kepada Yth : EKO TAUFIK NUGROHO, Tn.	Umur : 31 tahun	S/N : -
Posisi : Assistant Inspector	MCU ID : 1842/GMI-MCU/VIII/2020	Dept. : -

Berikut adalah kesimpulan hasil pemeriksaan medical check up yang telah dilaksanakan pada tanggal :
19/08/2020

TEMUAN :

- * Berat Badan = 61 Kg (Normal), BMI = 22,68 ; BB Ideal = 48,41 - 67,24 Kg. Lingkar Perut : 83 cm (M : N ≤ 90 cm, F : N ≤ 80 cm).
- * Riwayat Kesehatan = Tidak ada keluhan kesehatan. Berhenti MEROKOK sejak 3 tahun yll. BEROLAHRAGA 2x/bulan, Intensitas SEDANG.
- * Riwayat Kesehatan Keluarga = Tidak ada riwayat penyakit dalam keluarga. Riwayat Vaksinasi = Vak. Tetanus & Vak. Hepatitis : TIDAK TAHU.
- * Fisik = TD : 130/80 mmHg (Normal-Tinggi). Romberg Test : Negatif. Mata : VODS : 20/30 (Normal), VF ODS : 85°. Test Buta Warna : Normal.
- * Lab = Darah Lengkap (Hematology) : Dalam batas normal. Urine : Dalam batas normal. Faeces : Dalam batas normal.
- * Lab = Kimia Darah : Cholesterol 243 mg/dl (Tinggi), LDL 163 mg/dl (Tinggi). Serology = HBsAg : Negatif.
- * Rekam Jantung (EKG) = Normal Sinus Rhythm. Treadmill Test = Negative Ischemic Response, 13 Mets (Normal). Rontgen Dada (Thorax) = Normal.
- * USG Abdomen = Tidak ada kelainan significant pada organ abdominal. Audiometri = Fungsi pendengaran dalam batas normal.
- * **Faktor Resiko Jantung Koroner berdasarkan Jakarta Cardiovascular Score = 1 -> Low Risk (CV10 < 10 %)**

STATUS KESEHATAN :

Kategori	CATATAN
<input type="checkbox"/> M-1A	Tidak ditemukan problem kesehatan
<input type="checkbox"/> M-1B	Ditemukan problem kesehatan yang tidak serius
<input 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 : **Assistant Inspector**
 UNFIT Di : **Schlumberger**
 TEMPORARY UNFIT


SARAN - SARAN :

- * Pertahankan Berat Badan IDEAL, perhatikan batasan normal Berat Badan.
- * Periksa Tekanan Darah secara teratur, DIET RENDAH GARAM, konsultasi rutin ke dokter perusahaan.
- * Diet RENDAH LEMAK; Batasi Makan GORENGAN; Lakukan pemeriksaan laboratorium LEMAK DARAH 3 bulan kemudian.
- * Konsul ke dokter bila timbul keluhan kesehatan. Banyak minum air putih 2-3 liter/hari.
- * OLAHRAGA secara teratur dan terukur untuk menjaga kesehatan JANTUNG dan KEBUGARAN tubuh.

Bila masih ada hal yang perlu diperjelas, mohon segera menghubungi dokter pemeriksa di 0542-7214552, 0821 5721 3030, 0852 4998 3158.
Terima kasih atas kerjasamanya.

Catatan :

* Status Medical Check Up ini berlaku sampai dengan tanggal : **19/08/2021**

Mengetahui :

dr.

 Hormat Kami,
Dokter Pemeriksa,

dr. Hendra AZ.

No. SKP : KEP.350/BINWASK3-PNK3/KK/XI/2017

Jl. Marsma R. Iswahyudi No.19 RT.08
Balikpapan. Kalimantan Timur
P: 0542-721-4552; 0823-6655-3030
F: 0542-721-4553 E: grandmedica@gmail.com



JAKARTA CARDIOVASCULAR SCORE

Name : EKO TAUFIK NUGROHO, Tn.
MCU No. : 1842/GMI-MCU/VIII/2020
Date : 19/08/2020

Age (Years) : 31
Job : Assistant Inspector
Company : PT. INSPEKTINDO SINERGI PERSADA

RISK FACTOR		SCORE	RESULT	Points
Sex	Female	0	Male	1
	Male	1		
Age	25-34	-4	31	-4
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
Blood Pressure	Normal	0	130/80	1
	High Normal	1		
	Grade 1 Hypertension	2		
	Grade 2 Hypertension	3		
	Grade 3 Hypertension	4		
BMI (Kg/m ²)	13,79-25,99	0	22,68	0
	26,00-29,99	1		
	30,00-35,58	2		
Smoke	Never	0	Ex Smoker	3
	Ex Smoker	3		
	Smoker	4		
Diabetes Mellitus	No	0	No	0
	Yes	2		
Physical Exercise/Activity	No	2	Medium	0
	Low	1		
	Medium	0		
	High	-3		

TOTAL SCORE
1
CONCLUSION :

LOW RISK (CV10 < 10%)
NOTES :

Blood Pressure : Normal (<130/<85), High - Normal (130-139/85-89), Grade 1 Hypertension (140-159/90-99), Grade 2 Hypertension (160-179/100-109), Grade 3 Hypertension (>180/>110)

RISK LEVEL :

▶ -7 to 1 → Low Risk (CV10 < 10%). ▶ 2 to 4 → Moderate Risk (CV10 = 10-20%). ▶ ≥ 5 → High Risk (CV10 > 20%)



HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. : 1842 /GMI-MCU/VIII/2020
(Lab. Number)

Data Pasien (Patient Detail)

Nama : EKO TAUFIK NUGROHO, Tn. / M **Umur** : 31 Tahun
(Name) (Age) (Years old)
Pekerjaan : ASSISTANT INSPECTOR **Dokter** : Dr. Hendra AZ
(Job Position) (Doctor)
Perusahaan : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan** : 19 Agustus 2020
(Company) (Date of Analysis)

HEMATOLOGY	Hasil / Result	Nilai Normal / Normal Value
Hemoglobine (Hgb)	14,6	(F:12,0-16,0 g/dL, M:13,0-18,0 g/dL)
Hematocrit (Hct)	44	(F: 35 - 45%, M: 40 - 50 %)
Erythrocyt (RBC)	4,7	(F:3,8-5,5x10 ⁶ sel/mm ³ , M:4,4-5,6x10 ⁶ sel/mm ³)
Leucocyt (WBC)	9,3	(4,0 - 10,0/mm ³)
Differential Count		
Basophile	0,2	0,0 - 2,0%
Eosinophile	5,0	0,5 - 6,0%
Neutrofil	54	50,0 - 70,0%
Lymphocyte	33,2	20,0% - 40,0%
Monocyte	3,7	3,0 - 12,0%
MCV	93	80 - 100 fl
MCH	30	27-34 pg/sel
MCHC	33	32-36 g/dL
RDW- CV	13,1	11,0 - 16,0 %
RDW- SD	46,3	35,0 - 56,0 fl
Thrombocyt	206	(140 - 440 x 10 ⁹ /mm ³)

BLOOD CHEMISTRY	Hasil / Result	Nilai Normal / Normal Value
Glucose Fasting	107	70- 110 mg/dl
Glucose 2h pp	120	< 180 mg/dl
Cholesterol total	243	Normal : <200mg/dL Borderline :200-240 Tinggi :> 240 mg/dl
HDL Cholesterol	59	M:Normal > 55 mg/dl Boorderline 35 - 55 mg/dl Abnormal < 35 mg/dl F : Normal > 65 mg/dl Borderline 45 - 65 mg/dl Abnormal : < 45 mg/dl
LDL Cholesterol	163	Normal < 130 mg,dL Borderline 130-159 mg/dl Tinggi > 160 mg/dl
Triglycerides	106	Normal < 150 mg/dL Bordeline 150 -199 mg/dl Tinggi 200 -499 mg/dL
Uric Acid	6,2	(Dewasa M :3,5 - 7,2 mg/dL) (Dewasa F : 2,6 6,0 mg/ dL)
Creatinine	0,8	0.8 - 1.4 mg/dL
Ureum	19	10 - 50 mg/ dl
Gamma GT	39	M: 11 - 51 U/L, F: 7 - 33 U/L
SGOT / AST	17	M : s/d 37 U/L F : s/d31 U/ L
SGPT / ALT	28	M : s/d 40 U/L F : s/d 35 U/ L

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





HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. : 1842 /GMI-MCU/VIII/2020
(Lab. Number)

Data Pasien (Patient Detail)

Nama : EKO TAUFIK NUGROHO, Tn. / **M** **Umur** : 31 **Tahun**
(Name) *(Age)* *(Years old)*
Pekerjaan : ASSISTANT INSPECTOR **Dokter** : Dr. Hendra AZ
(Job Position) *(Doctor)*
Perusahaan : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan** : 19 Agustus 2020
(Company) *(Date of Analysis)*

URINALYSIS	Hasil / Result	Nilai Normal / Normal Value
MACROS		
Colour	Kuning Jernih	Jernih
Spec.Grav	1,010	1,003 - 1,035
pH	6,5	4,5 - 8
Protein	Negative	< 7,5 mg/dl, 0,075 g/l
Glucose	Negative	< 0,018 mg/dl, < 5 mmol/L
Leucocyt	Negative	< 9 Leu/ μ L
Ketone	Negative	< 2,5 mg/dl, 0,25 mmol /dl
Urobilin	Negative	<0,2 mg/dl, <3,5 μ mol/dl
Bilirubin	Negative	<0,4 mg/dl, <2,5 μ mol/L
Nitrite	Negative	< 0,05 mg/dl
Blood	Negative	< 0,018 mg/dl, < 5 ery/ μ l

FAECES	Hasil / Result	Nilai Normal / Normal Value
MACROS		
Colour	Kecoklatan	
Consistency	Lunak	
MICROS		
Mucus	Negative	Negative
Red Blood Cell	Negative	Negative
White Blood Cell	Negative	Negative
Ova	Negative	Negative
Amoeba	Negative	Negative
Others	Negative	Negative

Penanggung Jawab
Laboratorium,

 **laboratorium**
GRAND Medica
Dr. Hendra AZ

Analisis Laboratorium

Syamsiar Am. Ak





Nomor Pasien
(Patient Number) : 1842

Pemeriksaan
Examination : **USG WHOLE ABDOMEN**

Data Pasien (Patient Detail)

Nama (Name) : EKO TAUFIK NUGROHO, Tn	Perusahaan (Company) : ASSISTANT INSPECTOR
Umur (Age) : 31 Tahun (Years old)	Pekerjaan (Occupation) : PT. INSPEKTINDO SINERGI PERSADA
Jenis Kelamin (Gender) : LAKI-LAKI	Tgl Pemeriksaan (Date of Analysis) : 8/21/2020

Interpretasi Foto oleh Spesialis Radiologi
(Interpretation by the Radiologist)

USG Abdomen:

Liver : *Bentuk, ukuran dan echotexture normal, bile duct dan vaskulatur dalam batas normal*

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

Pancreas : *Normal*

Lien : *Normal*

Kidney dextra - sinistra : *Bentuk, ukuran dan echotexture normal. Sistem Pelvocalyceal normal, tidak tampak batu maupun massa*

Bladder : *Dinding normal, batu (-)*

Prostat : *Ukuran normal, tidak tampak tanda pembesaran*

Kesimpulan Spesialis Radiologi (Radiologist Conclusion)

Tidak tampak kelainan significant pada organ abdominal di atas.


Dr. ABDUL HAFID
Spesialis Radiologi
(Radiologist Signature)

 **Grand**
MEDICA INDONESIA



**GRAND MEDICA
INDONESIA**

Radiological Analysis
Radiological Examination

Nomor Pasien
(Patient Number)

: 1842

Tgl Pemeriksaan
(Date of Analysis)

: 8/21/2020

Pemeriksaan
Examination

: USG WHOLE ABDOMEN

Data Pasien (Patient Detail)

Nama
(Name)

: EKO TAUFIK NUGROHO, Tn.

Perusahaan :
(Company)

PT. INSPEKTINDO SINERGI PERSADA

Umur
(Age)

: 31

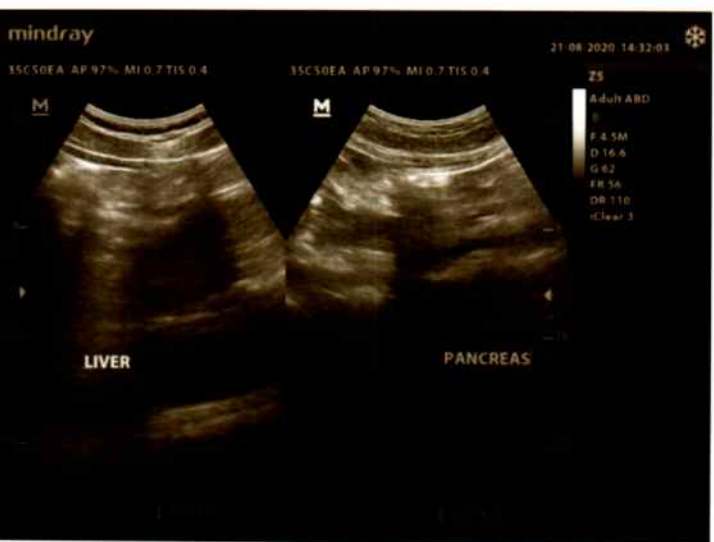
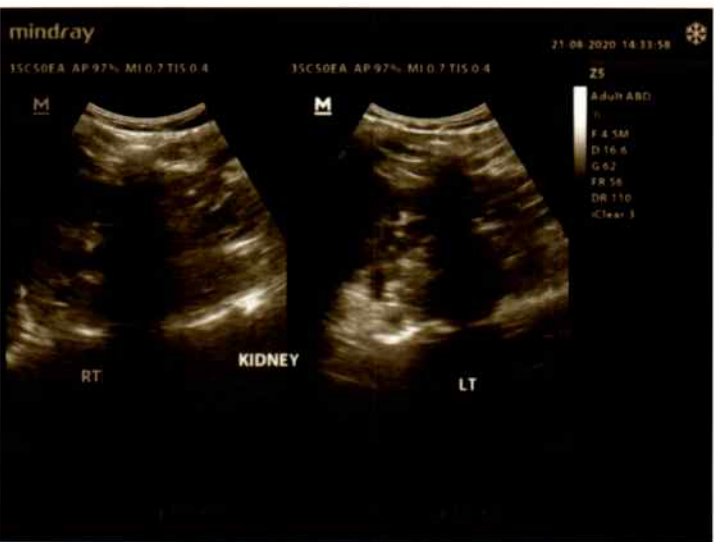
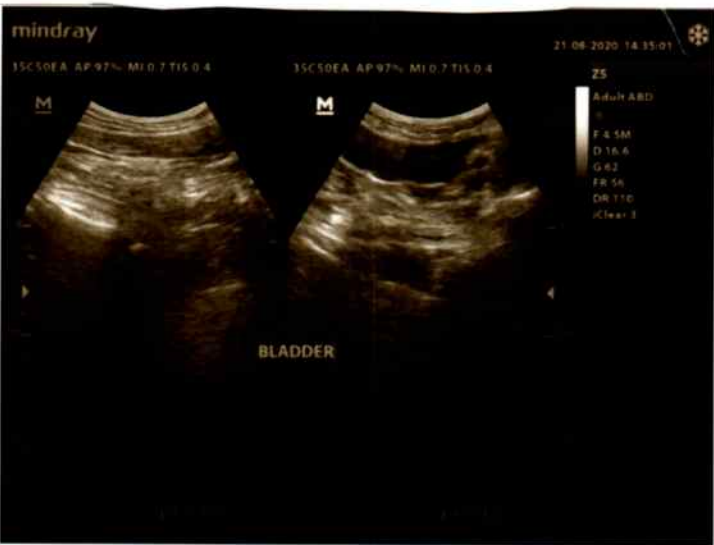
Tahun
(Years old)

Jenis
(Gender)

LAKI-LAKI

Pekerjaan
(Occupation)

ASSISTANT INSPECTOR





Nomor Pasien
(Patient Number) :

Nomor Film
(Film Number) : 1842

Data Pasien (Patient Detail)

Nama
(Name) : EKO TAUFIK NUGROHO, Tn.

Perusahaan
(Company) : PT. INSPEKTINDO SINERGI PERSADA

Umur
(Age) : 31 Tahun
(years old)

Pekerjaan
(Occupation) : ASSISTANT INSPECTOR

Jenis Kelamin
(Gender) : Male

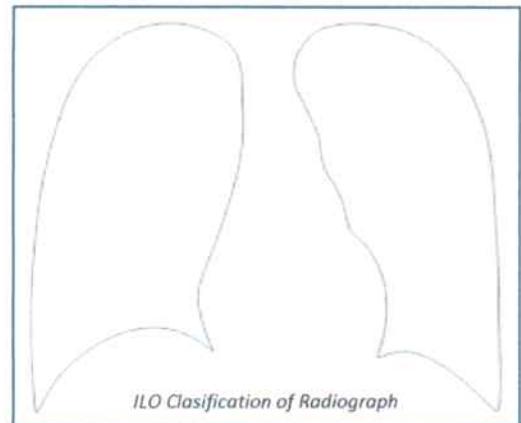
Tgl Pemeriksaan
(Date of Analysis) : 19 Agustus 2020

Rincian Pemeriksaan (Examination Detail)

Jenis Pemeriksaan
(Type of Examination) : Thorax

Posisi Penyinaran
(Exposure Position) : PA

Kondisi Penyinaran
(Exposure Condition) : kV : -
mAs : -



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

Penjelasan Keadaan Abnormal
(Comment on Abnormalities)

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

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

Kesimpulan Spesialis Radiologi (Radiologist Conclusion)

foto thorax normal

(Radiologist signature)





Patient Data

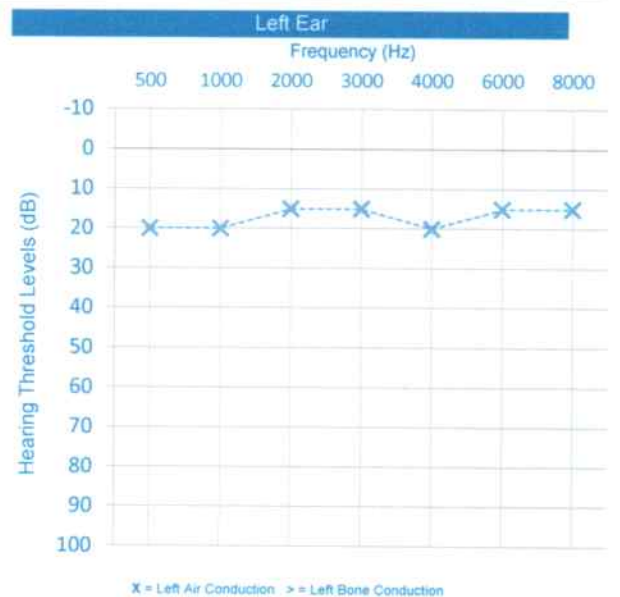
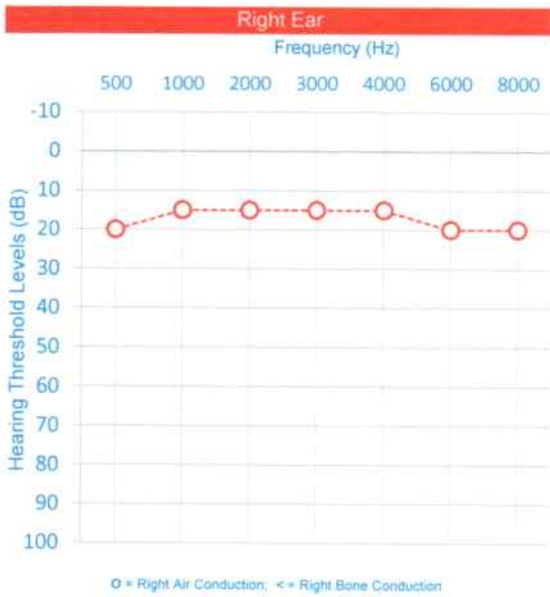
ID Number	1842	Gender	Laki-laki
First Name	EKO	Occupation	Assistant Inspector
Last Name	TAUFIK. N	Company	PT. Inspektindo Sinergi Persada
Age	31 Yo.	Test Date	19 Agustus 2020

Occupational Noise Exposure

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

Otological History / Symptoms

<input type="checkbox"/> Serious Head Injury	<input type="checkbox"/> Bleeding	Detail:
<input type="checkbox"/> Broken Ear Drum	<input type="checkbox"/> Pressure/Fullness	
<input type="checkbox"/> Ear Surgery	<input type="checkbox"/> Pain	
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Tinnitus	
<input type="checkbox"/> Decrease Hearing	<input type="checkbox"/> Exposure to Loud Blast	
<input type="checkbox"/> Discharge	<input type="checkbox"/> Medication	



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	Susi Rindayani, A.Md.Kep		

Right Ear Observation and Test Result

Left Ear Observation and Test Result

Canal	Normal	HTL	Canal	Normal	HTL											
Ear Drum	Normal		Ear Drum	Normal												
Conduction	Frequency (Hz)		Conduction	Frequency (Hz)												
	500	1000		2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000	
	Air	20		15	15	15	15	20	20	Air	20	20	15	15	20	15
Bone								Bone								
		15.0			16.7											

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 400

Standard
OSHA





Patient Data

ID Number	1842				
Name	EKO TAUFIK. N, Tn	Company	PT. Inspektindo Sinergi		
Gender	Male	Occupation	Assiustant Inspector		
DOB / Age	28 July 0989	/ / 103 Yo.	Test Date	19 August 2020	
Height (cm)	164	Weight (kg)	61	BMI	22.68

Pre-exercise Test

Indication	Medical Check Up				
Pre-exercise BP	130/80	mmHg			
Heart Rate	79	bpm			
Respiration	17	x/mnt			
Resting ECG	<i>MSR</i>				

Exercise Test Summary

Exercise Time	12:10	mm:ss	End Stage	4	
Max Heart Rate	202	bpm	Target Heart Rate	161	bpm
Max Blood Pressure	140/80	mmHg	Max Heart Rate	125,5	%
Aerobic Capacity	<i>13</i>	METs.	VO2 Max	43.13	ml/kg/min

Reason Of End

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

ST- T segment changes

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

Abnormal Lead :

Classification of Physical Fitness

Low Fair Average Good High

Blood Pressure Response

Normal Response Hipertensive Response

Functional Classification

Clas I Clas II Clas III

Conclusion / Medical Report

*Negative Ischemic Response
FIT to work at remote Area*

Recommendation :

Cardiologist Signature *dr. ACHMAD YUSRI, SpJP*
SPECIALIS INTENSIF DAN PENJELUAS DAERAH

Instrument Used
 CONTEC 8000S S/N 140203027



ID : 1842
Name : Eko Taufik. N
Age : 31 Years
Department: PT. Inspektindo
Gender : Male

HR : 79 BPM
P Dur : 107 ms
PR int : 135 ms
QRS Dur : 93 ms
QT/QTc int : 338/390 ms
P/QRS/T axis : 38/84/-1 °
RV5/SV1 amp : 1.508/0.312 mV
RV5+SV1 amp : 1.820 mV
RV6/SV2 amp : 1.159/1.691 mV

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

Technician : Rinda Amd.Kept
Report Confirmed by:

dr. ACHMAD YUSRI SpJP
SPECIALIS Jantung DAN PEMBULUH DARAH

RRR



Grand Medica Indonesia Stress Exercise Report

ID: 1842

Section:

Name: Eko Taufik, N

Sex: Male

Age: 31

Exam Time: 19-08-2020 11:23

Information

DOB: 1989-07-28
Height: 164.00 cm

Race: Oriental Race
Weight: 61.00 kg

Indications: MCU

- Smoking
- Diabetic
- Hypertension
- Hyperlipidemia
- History of MI
- Family History

Medications:

Address:
Telephone:

Result

Stage Name	HR(bpm)	BP(mmHg)
PRE-EXE	144	130/80
EXE1	144	130/80
EXE2	177	----/----
EXE3	190	----/----
EXE4	178	----/----
REC1	183	140/80

Protocol Name: BRUCE
Target HR: 161 bpm
Exercise Time: 12:10 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: ----

HR:	Max Values	ST Segment
202 bpm	10:40	Max Elevation: 1.49 mV 06:10 II
Target HR: 125.5 %		Max Depression: -1.07 mV 10:10 III
METS: 13.5 METs	09:30	Max Elevation Change: 1.86 mV 06:10 II
HR*BP:	19215.0 bpm*mmHg 00:20	Max Depression Change: -0.94 mV 06:10 V2
SYS: 140.0 mmHg	12:04	
DIA: 80.0 mmHg	00:14	

Arrhythmia

Total Beats:	2139	Abnormal Beats:	745
Total V:	285	Total S:	460
V Pairs:	9	S Pairs:	17
V Run:	6	S Run:	16
V bigeminal:	0	S bigeminal:	4
V trigeminal:	0	S trigeminal:	0
Total Long:	0		

Reason for End:

Symptoms:

Conclusions:

Negative balance response

Operator:

Reviewing Physician:



dr. ACHMAD YUSRI, Sp.K
STC (Cardiac and Vascular Physiology) ECG Specialist

Grand Medica Indonesia Stress Exercise Report

Average QRS

ID:1842

Section:

Name:Eko Taufik. N

Sex:Male

Age:31

Exam Time:19-08-2020 11:23

Time:00:20	Time:03:20	Time:06:20	Time:09:20	Time:11:50	Time:12:00
HR:183 bpm BP:130/80 mmHg	HR:159 bpm BP:130/80 mmHg	HR:190 bpm BP:130/80 mmHg	HR:178 bpm BP:130/80 mmHg	HR:183 bpm BP:130/80 mmHg	HR:166 bpm BP:130/80 mmHg
0.13 II PR42	0.09 II PR95	-0.13 II PR48	-0.88 II PR04	-0.53 II PR18	0.29 II PR40
-0.02 I PR80	-0.06 I PR24	-0.20 I PR15	-0.08 I PR13	0.12 I PR46	0.02 I PR41
0.15 aVR14	0.14 aVR00	0.07 aVR16	-0.80 aVR35	-0.65 aVR22	0.27 aVR47
-0.06 aVL69	-0.01 aVL79	0.16 aVL06	0.48 aVL24	0.21 aVL09	-0.16 aVL13
-0.08 aVF4	-0.10 aVF03	-0.13 aVF93	0.36 aVF27	0.39 aVF24	-0.13 aVF28
0.14 V1R6	0.12 V1R72	-0.02 V1R16	-0.84 V1R21	-0.59 V1R13	0.28 V1R54
-0.23 V240	0.02 V264	0.17 V200	0.28 V258	0.12 V270	-0.14 V288
0.10 V315	-0.12 V394	-0.35 V305	0.29 V376	0.17 V351	-0.17 V348
-0.16 V401	0.12 V449	-0.13 V413	0.04 V447	0.12 V492	-0.31 V478
-0.20 V520	0.06 V572	-0.05 V558	-0.02 V514	0.12 V516	-0.27 V537
-0.17 V601	0.04 V632	-0.03 V625	-0.04 V655	0.13 V671	-0.26 V634
-0.13 V607	0.07 V627	-0.02 V6371	0.10 V638	0.15 V693	-0.24 V689

Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:1842

Section:

Name: Eko Taufik N

Sex: Male

Age: 31

Exam Time: 19-08-2020 11:23

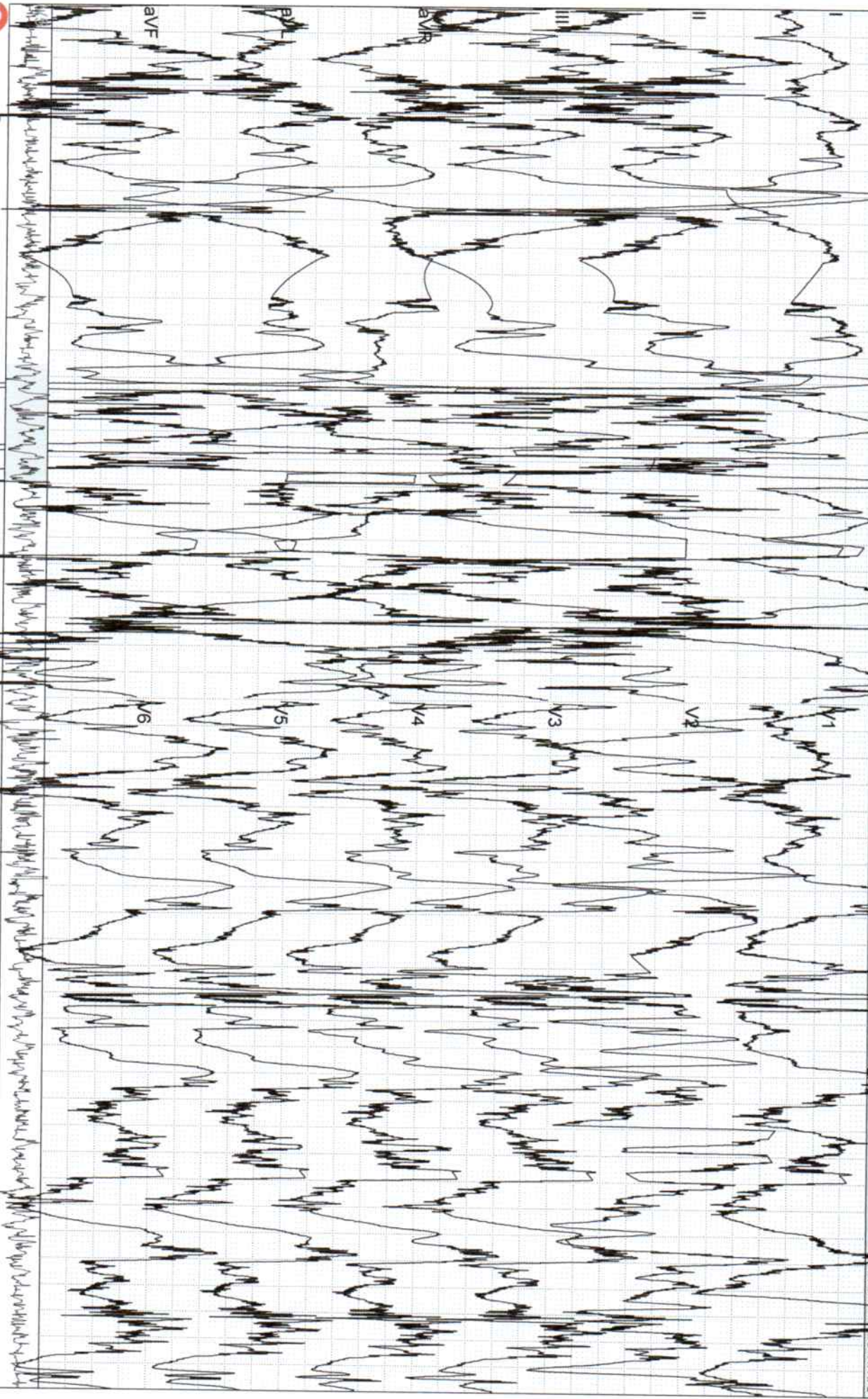
Time: 00:16

Stage: [1 / 6] PRE-EXE 00:16 [0.0 Km/h 0.0 %]

HR: 144 bpm

BP: 130/80 mmHg

1mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:1842

Section:

Name: Eko Taufik, N

Sex: Male

Age: 31

Exam Time: 19-08-2020 11:23

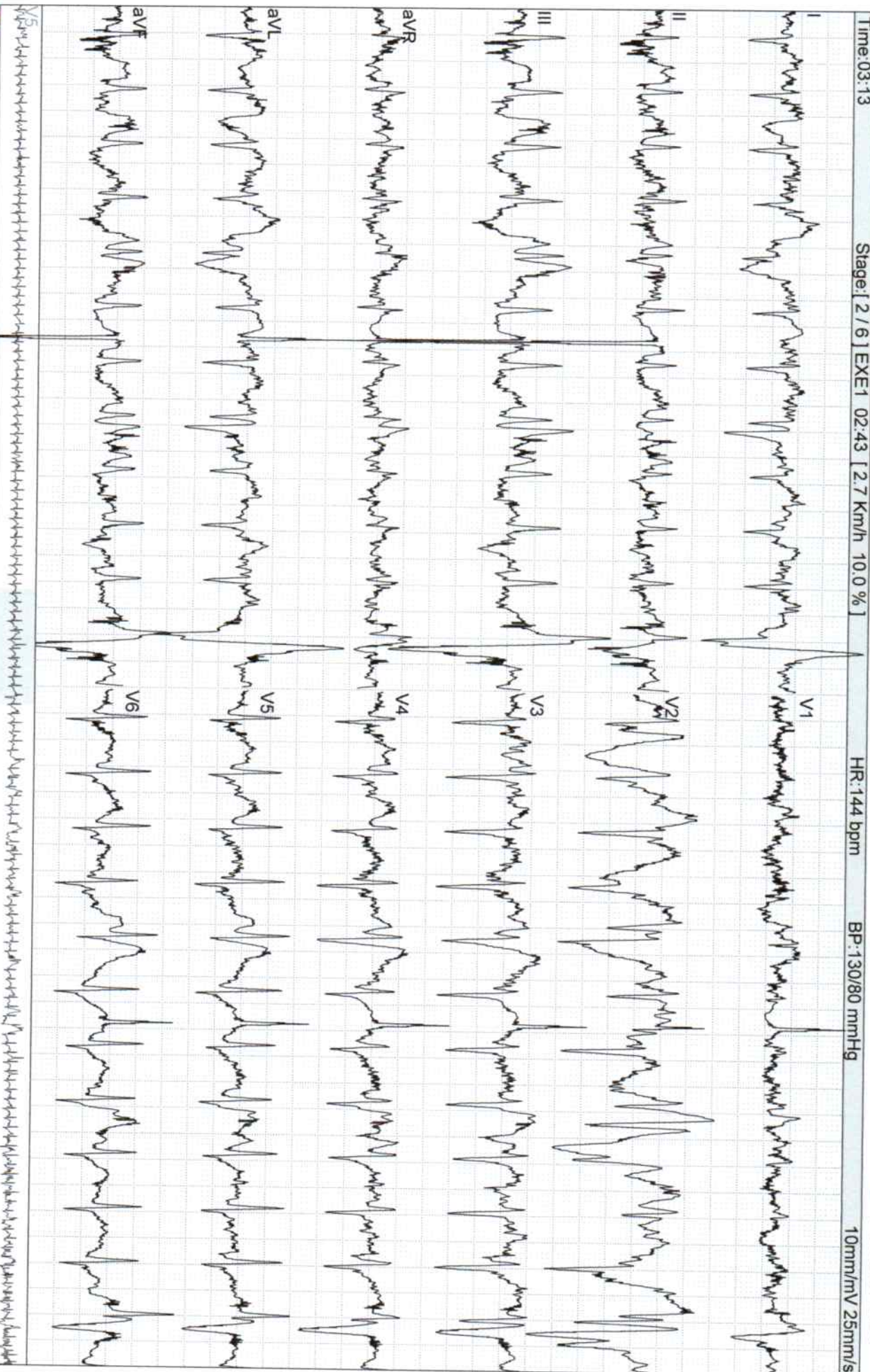
Time: 03:13

Stage: [2 / 6] EXE1 02:43 [2.7 Km/h 10.0 %]

HR: 144 bpm

BP: 130/80 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:1842

Section:

Name: Eko Taufik, N

Sex: Male

Age: 31

Exam Time: 19-08-2020 11:23

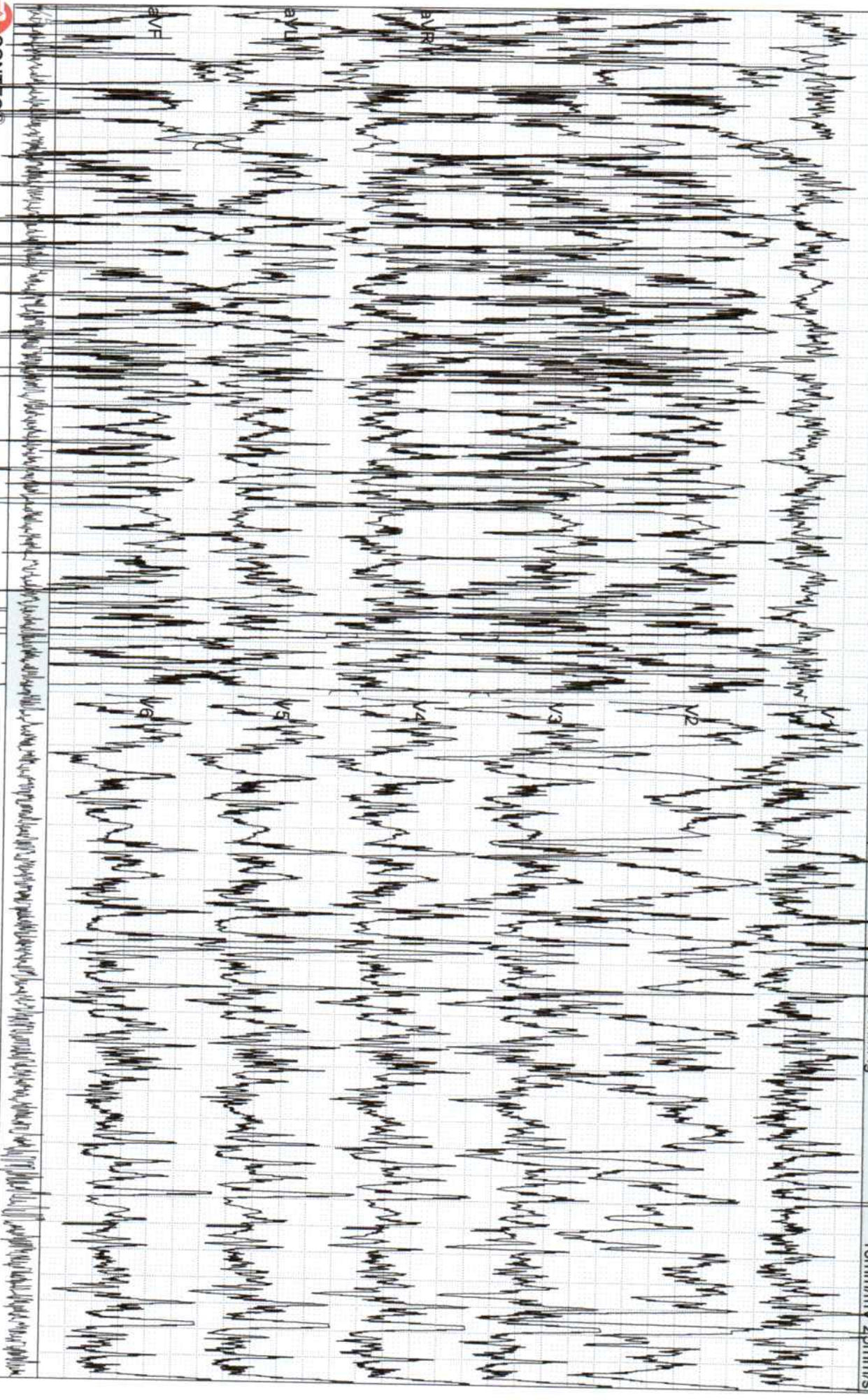
Time: 06:23

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

HR: 190 bpm

BP: 130/80 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:1842

Section:

Name: Eko Taufik, N

Sex: Male

Age: 31

Exam Time: 19-08-2020 11:23

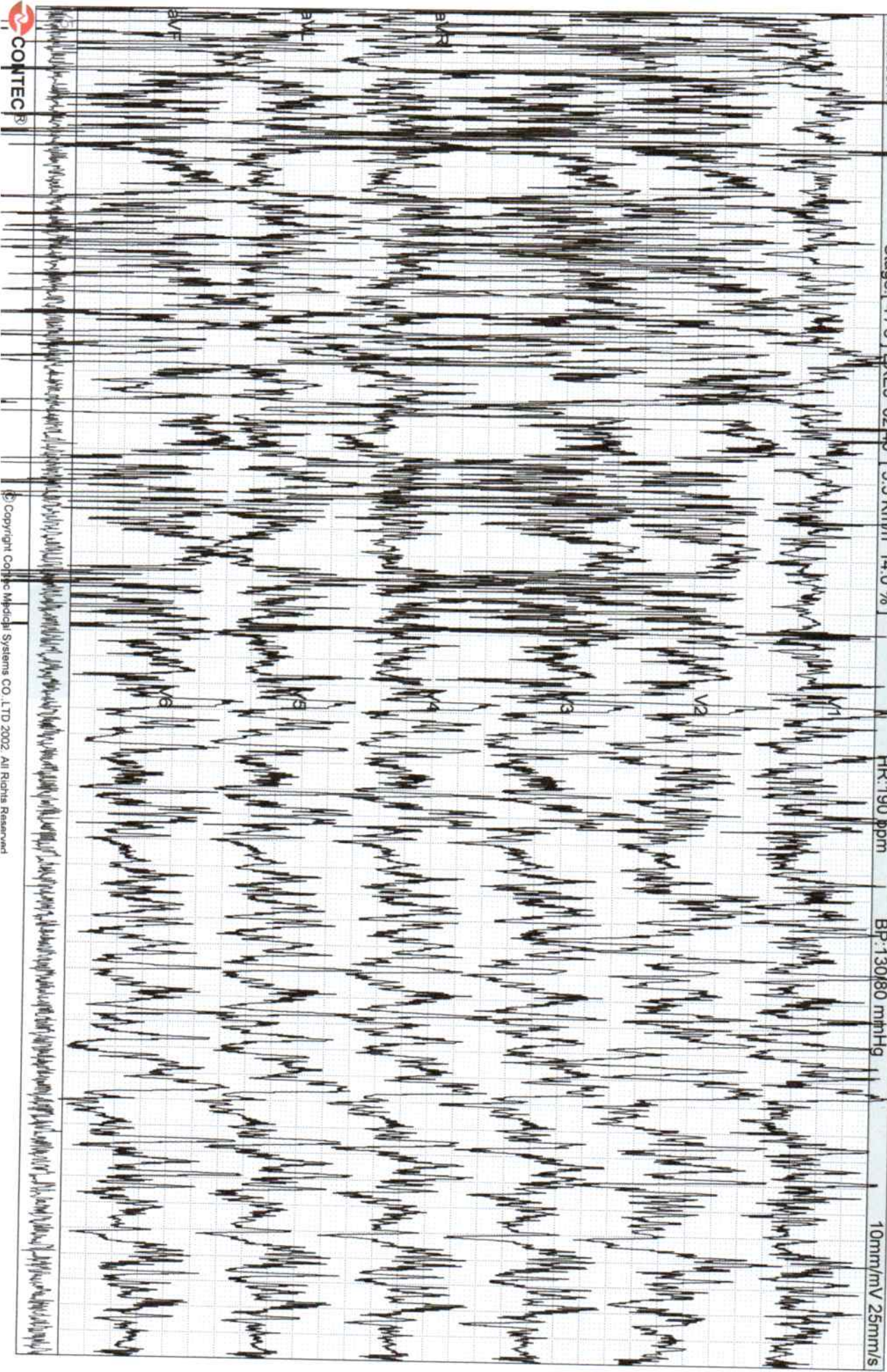
Time: 09:10

Stage: [4 / 6] EXE3 02:40 [5.5 Km/h 14.0 %]

HR: 190 bpm

BP: 130/80 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:1842

Section:

Name:Eko Taufik, N

Sex:Male

Age:31

Exam Time:19-08-2020 11:23

Time:1:50

Stage:[5 / 6] EXE4 02:20 [6.8 Km/h 16.0 %]

HR:183 bpm

BP:130/80 mmHg

10mm/mV 25mm/s

