



**GRAND MEDICA  
INDONESIA**

*Made SMILE and Be HEALTHY*

## PERSONAL DATA

No. MCU : 1745/GMI-MCU/VIII/2020  
No. Badge : -  
N a m a : **DENNY MIRANDA PUTRA, Tn.**  
U m u r : 27 tahun  
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**  
Jabatan : Helper  
Tgl Pemeriksaan : 11/08/2020  
Alamat : Jl. Marsma R. Iswahyudi RT 14 RW 06



**PT. INSPEKTINDO SINERGI PERSADA**

**HEALTH AND MEDICAL SURVEILLANCE  
TAHUN 2020**



NAMA : DENNY MIRANDA PUTRA  
 TANGGAL LAHIR : 11 08 1992  
 JENIS KELAMIN : Laki - Laki  
 S/N : .....  
 IGG : .....  
 DEPT/SERVICE : .....  
 LOKASI KERJA : SLB (selumbener)  
 JENIS PEMERIKSAAN :  Pre-employment  
                                    Annual  
                                    Pre-retirement



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

### RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/> 2
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- Apakah Anda perlu mendapatkan perawatan di rumah sakit karena kecelakaan tersebut ?
 

1. Ya	2. Tidak	<input type="checkbox"/> 2
-------	----------	----------------------------
- Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan akibat kecelakaan tersebut ?
 

<input type="text"/>	<input type="text"/>	<input type="text"/> 2
----------------------	----------------------	------------------------
- Apakah timbul gangguan fungsi maupun kecacatan setelah sembuh ?
 

1. Ya	2. Tidak	<input type="checkbox"/> 2
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- Dalam satu tahun terakhir apakah Anda pernah dirawat di rumah sakit ?
 

1. Ya	2. Tidak	<input type="checkbox"/> 2
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*Bila tidak, langsung ke no. 8*
- Berapa jumlah hari Anda dirawat di rumah sakit secara keseluruhan dalam satu tahun terakhir ?
 

<input type="text"/>	<input type="text"/>	<input type="text"/> 2
----------------------	----------------------	------------------------
- Apakah Anda menderita penyakit yang dikontrol terus menerus selama satu tahun terakhir ?
 

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

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

1. Ya 2. Tidak  1  
*Bila tidak, langsung ke alkohol*

2  1

1. Ya, setiap hari  2  
2. Ya, tidak setiap hari  
3. Tidak - bila tidak langsung ke no. 14

1  6

1. Kadar nikotin rendah  2  
2. Kadar nikotin sedang  
3. Kadar nikotin tinggi

1. Tidak pernah  2  
2. Kadang-kadang  
3. Selaku

2  4  0

1. Ya 2. Tidak  2

1. Ya 2. Tidak  2

1. Ya 2. Tidak  2

1. Rokok pertama di pagi  2  
2. Rokok lainnya

1. Ya 2. Tidak

1. Ya 2. Tidak

*Langsung ke pertanyaan alkohol*

## KONSUMSI ALKOHOL

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

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

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

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

1

## AKTIFITAS FISIK DAN OLAHRAGA

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

3  0

1  2  
  6  0

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

**POLA KONSUMSI BAHAN MAKANAN**

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

**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
- 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 petyama 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

*Bila tidak, langkung ke no. 3*

## 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   

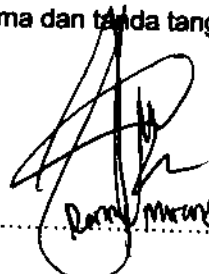
2. Kapan Anda melakukan donor darah terakhir ?

/  /

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

Balikpapan, 11 Agustus 2020

Nama dan tanda tangan karyawan

  
(..... Damay Miranda Putra .....) )

**MEDICAL CHECK UP –2020**

**PHYSICAL EXAMINATION**

<b>NAME</b>	DENNY MIRANDA PUTRA, Tn.	<b>S/N</b>	-	<b>DEPT</b>	-
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**I. VITAL SIGN**

Blood Pressure (supine)	130/70 mmHg	Pulse	58 x/m	Respiration	20 x/m	Temp.	36,5 °C
Weight (W)	85 kg	Height (H)	165 cm	BMI	31,22	Waist	88 cm

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

**II. PHYSICAL EXAMINATION**

No	PHYSICAL	A = ABNORMAL; N = NORMAL	A	N	Describe abnormalities in detail (circle words of importance and explain)
1	GENERAL APPEARANCE	Appearance age/ Nutritional/ Development/ Mental & emotional status/Posture/Gait/Speech		✓	
2	HEAD / SCALP	Size/Shape/Tender over sinuses/ Hair/ Eruption/ Masses/Bruit		✓	
3	EYES	Conjunctiva /Sclera/ Cornea/ Pupils/ Ptosis/ Tension/ Eye lid/Bruit/Reflex/ Range of Movement		✓	
4	EARS	Ext. canal/Membran perforation/ Discharge/ Tophi/ Hearing problem/ Mastoids		✓	
5	NOSE / SINUSES	Septum/obstruction/ Turbinate /Discharges		✓	
6	MOUTH / THROAT	Odor/Lips/Tongue/Tonsils/ Gums/ Pharynx		✓	
7	TEETH	Caries ☉, Filling(F), Missing (M), Radix☉	✓		Missing, Caries
8	NECK	Adenopathi/Thyroid/Carotids/ Trachea/ Veins/ Mass/ Spine/ Motion/ Bruit		✓	
9	BACK / SPINE	Kyphosis/Scoliosis/ Lordosis/ Mobility/ CVA/ Bone/ Tenderness/ Other deformities		✓	
10	THORAX	Symmetry/Movement/Contour / Tender		✓	
11	BREAST	Size/Consistency/ Nipples/ Areola / Discharge/ Palpable mass/ enderness/ Nodes/ Scars		✓	
12	HEART	Rate/Rhythm/Apical/Impulse/Trills/ Quality of sound/Intensity/Splitting/Extra sound/Murmurs		✓	
13	CHEST / LUNG	Excursion/Dullness or Hyper-resonance of percussion/ Quality of breath sound/ Rates/ Wheezing/Ronchi/ Bruit		✓	
14	ABDOMEN	Bowel sounds/ Appearance/ Liver/ Spleen/ Masses/ Hernias/ Murmur/ Contour/ Tenderness/ Bruit/ Nodes		✓	
15	GROIN	Hernia/Inguinal nodes/Femoral pulses		✓	
16	GENITAL	MALE	Penis/Testis/Scrotum epididymis/ Varicocele/ Scars/ Discharge/ Circumcised/ Piercing	✓	
		FEMALE	Vulva/Vagina/ Cervix/ Uterus/ Adnexae/ Rectocele/ Bartholini gland/ Urethra/ Discharge		
17	EXTREMITIES	Deformity/Clubbing/Cyanosis/Edema/Nail/ Peripheral pulses/ Calf tenderness/Joints for swelling/ ROM		✓	
18	JOINTS	ROM Swelling / Inflammation /Deformity		✓	
19	SKIN	Color/Birthmark/Scars/ Tattoos /Texture/Rash/ Eczema / ulcers/Piercing		✓	
20	NEUROLOGICAL	Reflexes/Cranial nerve/Tremor/Paralysis/Motoric/ Sensor (touch,prick,vibrate)/ Coordination/ Romberg		✓	Romberg Test : Negative
21	MUSCULAR SYSTEM	Strength/Wasting/Development		✓	
22	RECTAL EXAM.	Sphincter tonus/ Hemorrhoids/ Fissure/ Masses /Prostate		✓	



## SUPPORTIVE INVESTIGATIONS

### I. VISION

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

### II. LABORATORIUM SUMMARY

	Normal	<b>COMMENT:</b> Cholesterol 203 mg/dl (Meningkat).	<i>See attached result</i>
✓	Abnormal		

### III. CHEST X-RAY

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

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

Normal	✓	Abnormal	(specify): Sinus Bradycardia, HR: 58 bpm	<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, ....)

<b>CONCLUSION</b>		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 (reserved for International SOS)
REVIEWED (reserved for International SOS)
PROCESSED (reserved for International SOS)

### Med-Track

### SCHLUMBERGER PHYSICAL

### Confidential Medical

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

Dear Schlumberger Employee,

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

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

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

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

Thank you for cooperation.

Schlumberger Medical Department and International SOS

## TO BE COMPLETED BY THE EMPLOYEE

PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH

LAST NAME (as appears in LDAP) PUTRA FIRST NAME Denny Miranda

SEX MALE BIRTH DATE (day/month/year) 14 / 08 / 1992

HOME PHONE - NATIONALITY -

HOME ADDRESS Jln. Mpora R. Kwaffya RT 14 rw 06

Email address: dennySendow52@gmail.com

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

Business segment: .....

(ex: WS, WG, etc.)

MEA  EAF

LAM  SLR

NAM

Country of assignment .....

International commuter

International mobile

Home country mobile

GeoMobile

Other (HCR, HCC, etc.): .....

GIN / EMPLOYEE NUMBER 002250064154

POSITION / Job Title HELPER

PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE

Tgl. Skrining : 11/08/2020

No. : 1745

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

Nama Lengkap: <b>DENNY MIRANDA PUTRA, Tn.</b>	Tgl. Lahir: <b>14/08/1992</b>	Umur : <b>27</b> tahun	Jenis Kelamin : <b>Laki-Laki</b>
Nama Perusahaan: <b>PT. INSPEKTINDO SINERGI PERSADA</b>	Alamat Rumah: <b>Jl. Marsma R. Iswahyudi RT 14 RW 06</b>	Telp./HP : <b>HP : 0822 5006 4154</b>	

**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 <b>ATAU</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Bekerja di fasilitas kesehatan yang berhubungan dengan pasien konfirmasi COVID-19 <b>ATAU</b>	<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)
<b>36,5</b>	<b>20</b>	<b>58</b>

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

Suara Napas	Ronchi	Wheezing
<b>Vesikuler +/+</b>	<b>-/-</b>	<b>-/-</b>

**Bagian E. Kategori Penilaian**

	Kesimpulan
• Pasien Dalam Pengawasan ( <b>PDP</b> ) Gejala No. 1 + No. 2 + No. 3 <b>DAN</b> faktor risiko No. 1 <b>ATAU</b> Gejala No. 1 <b>ATAU</b> No. 2 <b>DAN</b> salah satu atau lebih Faktor risiko No. 2 <b>ATAU</b> Gejala No.3 (Berat)	<input type="checkbox"/>
• Orang Dalam Pemantauan ( <b>ODP</b> ) Gejala No. 1 <b>ATAU</b> No.2 <b>DAN</b> Faktor Risiko No.1 <b>ATAU</b> Gejala No.2 <b>DAN</b> salah satu atau lebih Faktor risiko No. 2	<input type="checkbox"/>
• Orang Tanpa Gejala ( <b>OTG</b> ) Tidak ada gejala <b>DAN</b> 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
	 <b>SUPARLAN</b>	 <b>dr. Malikinnas</b> SIP: 449.1/2/5/P.3/DPMPPT/SIP-D/2018





**JAKARTA CARDIOVASCULAR SCORE**

Name : DENNY MIRANDA PUTRA, Tn.  
MCU No. : 1745/GMI-MCU/VIII/2020  
Date : 11/08/2020

Age (Years) : 27  
Job : Helper  
Company : PT. INSPEKTINDO SINERGI PERSADA

RISK FACTOR		SCORE	RESULT	Points
Sex	Female	0	Male	1
	Male	1		
Age	25-34	-4	27	-4
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
Blood Pressure	Normal	0	130/70	1
	High Normal	1		
	Grade 1 Hypertension	2		
	Grade 2 Hypertension	3		
	Grade 3 Hypertension	4		
BMI (Kg/m <sup>2</sup> )	13,79-25,99	0	31,22	2
	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	Medium	0
	Low	1		
	Medium	0		
	High	-3		
<b>TOTAL SCORE</b>				<b>4</b>
<b>CONCLUSION :</b>			<b>MODERATE RISK (CV10 = 10-20%)</b>	

**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.** : 1745 /GMI-MCU/VIII/2020  
(Lab. Number)

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name)	: DENNY MIRANDA PUTRA, Tn. / <b>M</b>	<b>Umur</b> (Age)	: 27	<b>Tahun</b> (Years old)
<b>Pekerjaan</b> (Job Position)	: HELPER	<b>Dokter</b> (Doctor)	: Dr. Hendra AZ	
<b>Perusahaan</b> (Company)	: PT. INSPEKTINDO SINERGI PERSADA	<b>Tgl Pemeriksaan</b> (Date of Analysis)	: 11 Agustus 2020	

HEMATOLOGY	Hasil / Result	Nilai Normal / Normal Value
Hemoglobine ( Hgb )	16,0	( F:12,0-16,0 g/dL, M:13,0-18,0 g/dL )
Hematocrit ( Hct )	49	( F: 35 - 45%, M: 40 - 50 % )
Erythrocyt (RBC)	5,5	( F:3,8-5,5x10 <sup>6</sup> sel/mm <sup>3</sup> , M:4,4-5,6x10 <sup>6</sup> sel/mm <sup>3</sup> )
Leucocyt (WBC)	8,4	( 4,0 - 10,0/mm <sup>3</sup> )
Differential Count		
Basophile	0	0,0 - 2,0%
Eosinophile	4,5	0,5 - 6,0%
Neutrofil	52	50,0 - 70,0%
Lymphocyte	38,4	20,0% - 40,0%
Monocyte	5,1	3,0 - 12,0%
MCV	88	80 - 100 fl
MCH	28	27-34 pg/sel
MCHC	34	32-36 g/dL
RDW- CV	12,1	11,0 - 16,0 %
RDW- SD	40,3	35,0 - 56,0 fl
Thrombocyt	195	( 140 - 440 x 10 <sup>3</sup> /mm <sup>3</sup> )

BLOOD CHEMISTRY	Hasil / Result	Nilai Normal / Normal Value
Glucose Fasting	84	70- 110 mg/dl
Glucose 2h pp	98	< 180 mg/dl
Cholesterol total	203	Normal : <200mg/dL Borderline :200-240 Tinggi > 240 mg/dl
HDL Cholesterol	58	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	122	Normal < 130 mg/dl Borderline 130-159 mg/dl Tinggi > 160 mg/dl
Triglycerides	117	Normal < 150 mg/dL Bordeline 150 -199 mg/dl Tinggi 200 -499 mg/dL
Uric Acid	7,0	(Dewasa M :3,5 - 7,2 mg/dL) (Dewasa F : 2,6 6,0 mg/ dL)
Creatinine	1,0	0.8 - 1.4 mg/dL
Ureum	23	10 - 50 mg/ dL
Gamma GT	35	M: 11 - 51 U/L, F: 7 - 33 U/L
SGOT / AST	22	M : s/d 37 U/L F : s/d31 U/ L
SGPT / ALT	18	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.** : 1745 /GMI-MCU/VIII/2020  
*(Lab. Number)*

**Data Pasien (Patient Detail)**

<b>Nama</b> <i>(Name)</i>	: DENNY MIRANDA PUTRA, Tn. / <b>M</b>	<b>Umur</b> <i>(Age)</i>	: 27	<b>Tahun</b> <i>(Years old)</i>
<b>Pekerjaan</b> <i>(Job Position)</i>	: HELPER	<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>	: 11 Agustus 2020	

URINALYSIS	Hasil / Result	Nilai Normal / Normal Value
<b>MACROS</b>		
Colour	Kuning Jernih	Jernih
Spec.Grav	1,010	1,003 - 1,035
pH	7,0	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/ $\mu$ L
Ketone	Negative	< 2,5 mg/dl, 0,25 mmol /dl
Urobilin	Negative	<0,2 mg/dl, <3,5 $\mu$ mol/dl
Bilirubin	Negative	<0,4 mg/dl, <2,5 $\mu$ mol/L
Nitrite	Negative	< 0,05 mg/dl
Blood	Negative	< 0,018 mg/dl, < 5 ery/ $\mu$ l
<b>MICROS</b>		
Epithel	2-3	< 10 / LPK
WBC	2-3	0 - 5 / LPK
RBC	2-3	0 - 3 / LPK
Cast	Negative	Negative
Crystal	Negative	Negative
Bacterie	Negative	<2/hpf atau < 1000ml
Others	Negative	Negative

FAECES	Hasil / Result	Nilai Normal / Normal Value
<b>MACROS</b>		
Colour	Kecoklatan	
Consistency	Lunak	
<b>MICROS</b>		
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,

**Dr. Hendra AZ**  
**GRAND Medica**

Analisis Laboratorium

**Syamsar Am. Ak**





**Nomor Pasien**  
(Patient Number) :

**Nomor Film**  
(Film Number) : 1745

**Data Pasien (Patient Detail)**

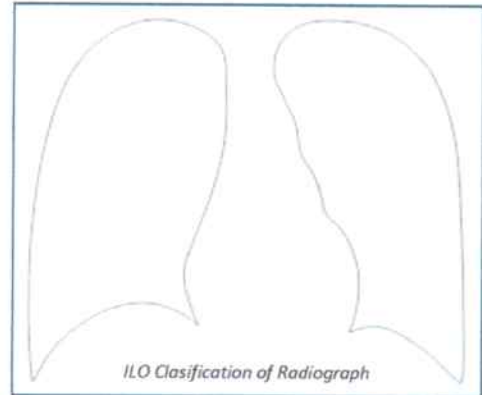
<b>Nama</b> (Name) :	DENNY MIRANDA PUTRA, Tn.	<b>Perusahaan</b> (Company) :	PT. INSPEKTINDO SINERGI PERSADA
<b>Umur</b> (Age) :	27 Tahun (years old)	<b>Pekerjaan</b> (Occupation) :	HELPER
<b>Jenis Kelamin</b> (Gender) :	Male	<b>Tgl Pemeriksaan</b> (Date of Analysis) :	11 Agustus 2020

**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)

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

**Kesimpulan Spesialis Radiologi (Radiologist Conclusion)**

Foto Thorax normal

dr. ABDUL HAKIS, Sp.R.  
(Radiologist signature)



**Grand  
MEDICA INDONESIA**

**Allengers**

Passion for excellence



Patient Data

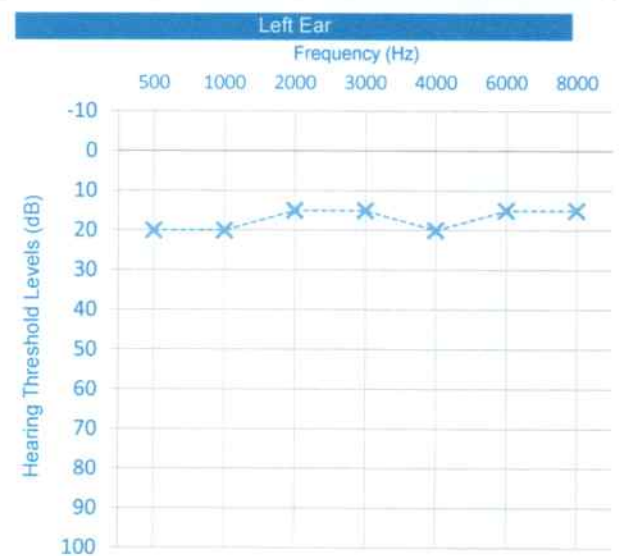
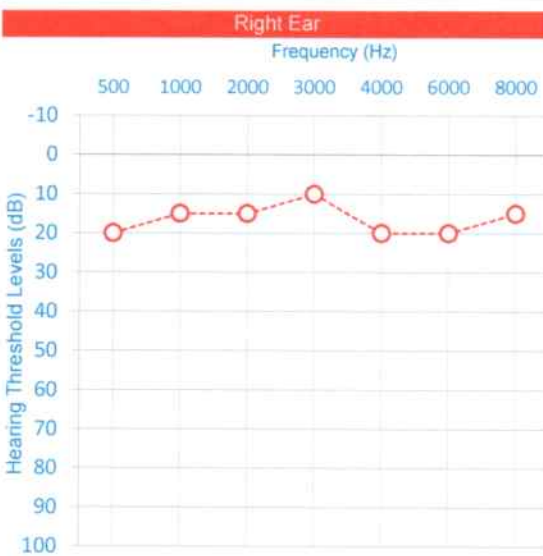
ID Number	1745	Gender	Laki-laki
First Name	DONNY	Occupation	Helper
Last Name	MIRANDA. P	Company	PT. Inspektindo Sinergi Persada
Age	27 Yo.	Test Date	11 Agustus 2020

Occupational Noise Exposure

Present	Type of work: Helper	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	



O = Right Air Conduction, <= Right Bone Conduction

X = Left Air Conduction, >= Left Bone Conduction

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
	Normal									Normal							
Ear Drum	Normal							RIGHT EAR	Ear Drum	Normal							LEFT EAR
	Normal									Normal							
Conduction	Frequency (Hz)								Conduction	Frequency (Hz)							
	500	1000	2000	3000	4000	6000	8000	15.0		500	1000	2000	3000	4000	6000	8000	16.7
Air	20	15	15	10	20	20	15	Air	20	20	15	15	20	15	15		
Bone							0.0	Bone									

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	<b>1745</b>				
Name	<b>DENNY MIRANDA. P, Tn</b>	Company	<b>PT. Inspektindo Sinergi</b>		
Gender	Male	Occupation	Helper		
DOB / Age	14 August 1992	// 28 Yo.	Test Date	11 August 2020	
Height (cm)	165	Weight (kg)	85	BMI	31.22

**Pre-exercise Test**

Indication	Medical Check Up
Pre-exercise BP	130/70 mmHg
Heart Rate	58 bpm
Respiration	16 x/mnt
Resting ECG	<i>Badyau &amp;c</i>

**Exercise Test Summary**

Exercise Time	12:02	mm:ss	End Stage	4
Max Heart Rate	192	bpm	Target Heart Rate	163 bpm
Max Blood Pressure	140/70	mmHg	Max Heart Rate	117,8 %
Aerobic Capacity	<i>15</i>	METs.	VO2 Max	42.56 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 Isokhemis Response  
FET to work at remote Area.*

**Recommendation :**

Cardiologist Signature *Dr. ACHMAD YUSRI, SpJP*



Instrument Used  
CONTEC 8000S S/N 140203027





ID : 1745  
Name : Denny Miranda P  
Age : 27 Years  
Gender : Male  
Department: PT. Inspektindo

HR : 58 BPM  
P Dur : 111 ms  
PR int : 218 ms  
QRS Dur : 77 ms  
QT/QTc int : 380/373 ms  
P/QRS/T axis : 46/32/11 °  
RV5/SV1 amp : 1.087/0.822 mV  
RV5+SV1 amp : 1.909 mV  
RV6/SV2 amp : 1.371/1.471 mV

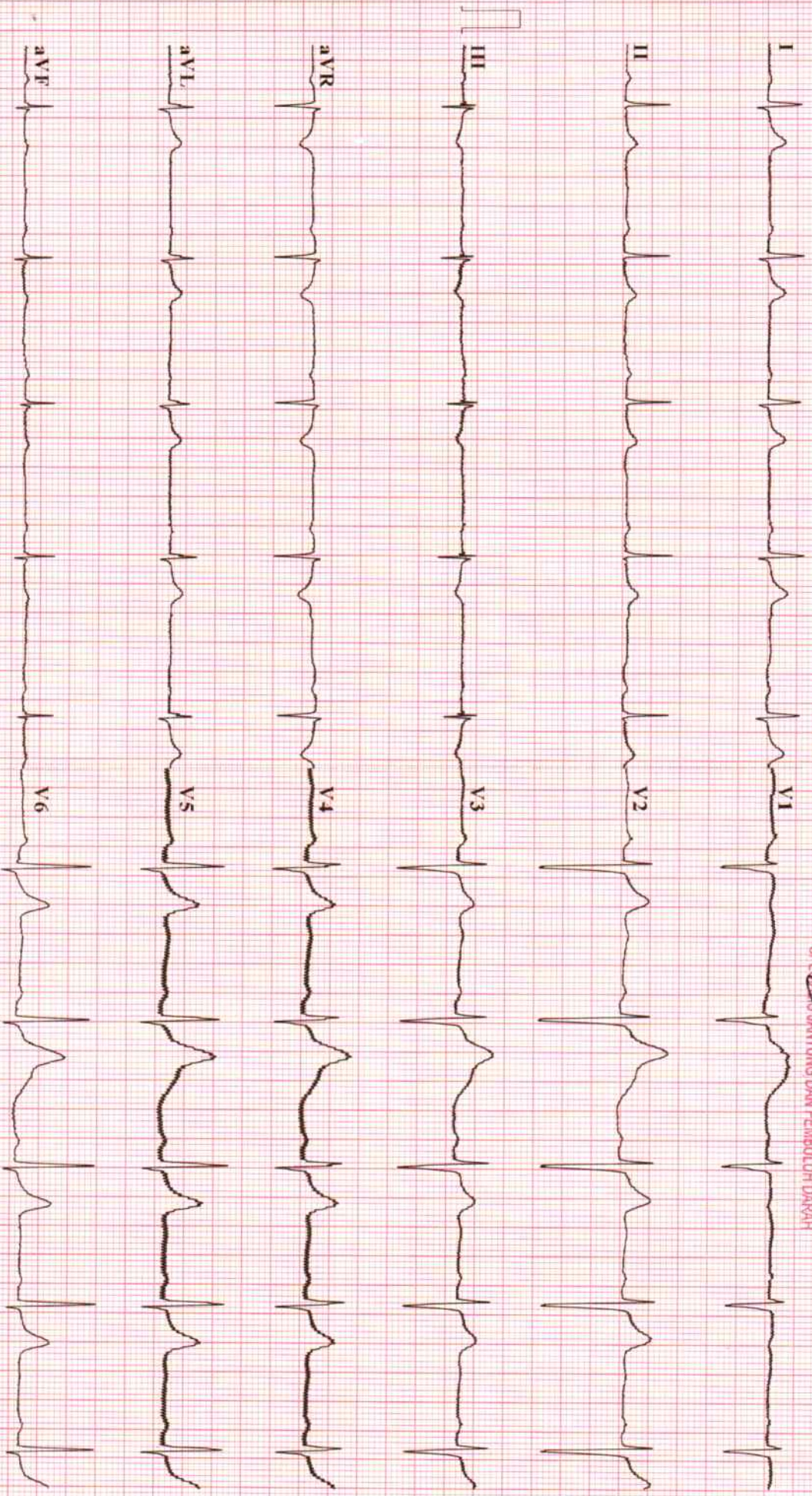
Technician : Rinda Amd.Kep  
Report Confirmed by:

dr. ACIMAD YUSRY, SpJP  
SPECIALIS GANTUNG DAN PEMBULUH DARAH

*Rinda Amd.Kep*



Diagnosis Information:  
811: Sinus Bradycardia  
415: Third-degree Atrioventricular Block





# Grand Medica Indonesia Stress Exercise Report

ID:1745

Section:

Name:Denny Miranda P

Sex:Male

Age:28

Exam Time:11-08-2020 11:33

**Information**

DOB:1992-08-14  
Height:165.00 cm

Race:Oriental Race  
Weight:85.00 kg

Indications:MCU

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

Medications:

Address:  
Telephone:

**Result**

Stage Name	HR(bpm)	BP(mmHg)
PRE-EXE	101	130/70
EXE1	159	130/70
EXE2	178	---/---
EXE3	169	---/---
EXE4	185	---/---
REC1	182	---/---

Protocol Name: BRUCE  
Target HR: 163 bpm  
Exercise Time: 12:02 mm:ss  
Max Speed: 6.8 km/h  
Max Grade: 16.0 %  
Exeed +/-100uV Leads:  
I II III aVL aVR aVF  
V1 V2 V3 V4 V5 V6  
DUKE Score: ----

	Max Values	
HR:	192 bpm	11:20
Target HR:	117.8 %	09:30
METS:	13.5 METs	09:30
HR*BP:	16100.0 bpm*mmHg	01:00
SYS:	130.0 mmHg	00:09
DIA:	70.0 mmHg	00:09

	ST Segment
Max Elevation:	0.93 mV 05:50 II
Max Depression:	-1.25 mV 06:20 II
Max Elevation Change:	0.90 mV 05:50 II
Max Depression Change:	-1.28 mV 06:20 II

**Arrhythmia**

	Total Beats:	Abnormal Beats:
Total V:	1866	491
V Pairs:	4	7
V Run:	4	9
V bigeminal:	0	1
V trigeminal:	0	3
Total Long:	0	

**Reason for End :**

Symptoms:

Conclusions:

*Negative* *Ischemic* *Response*

Operator:

Reviewing Physician:

dr. ACHMAD YUSRI, SpJP  
SPECIALIS JANTUNG DAN PERKULIH DARAH



# Grand Medica Indonesia Stress Exercise Report

## Average QRS

ID:1745

Section:

Name:Denny Miranda, P Sex:Male

Age:28

Exam Time:11-08-2020 11:33

Time:00:20 HR:116 bpm BP:130/70 mmHg	Time:03:20 HR:175 bpm BP:130/70 mmHg	Time:06:20 HR:158 bpm BP:130/70 mmHg	Time:09:20 HR:170 bpm BP:130/70 mmHg	Time:11:50 HR:182 bpm BP:130/70 mmHg
0.01 I 2.94	-0.02 I 24.58	-0.08 I 15.86	0.07 I 20.75	0.07 I 11.32
-0.02 II 10.80	0.41 II 83.34	-1.25 II 12.18	0.03 II 15.29	0.03 II 19.13
-0.03 III 8.47	0.43 III 83.68	-1.17 III 81.86	-0.05 III 8.55	-0.04 III 43.77
0.00 aVR 6.84	-0.20 aVR 76.13	0.66 aVR -75.19	-0.05 aVR -18.13	-0.05 aVR -35.03
0.02 aVL 3.72	-0.22 aVL 78.10	0.54 aVL -73.47	0.06 aVL 14.71	0.05 aVL -19.97
-0.02 aVF 8.77	0.42 aVF 83.52	-1.21 aVF 82.04	-0.01 aVF 4.64	-0.00 aVF 49.02
-0.01 V1 2.81	-0.18 V1 79.00	0.36 V1 81.44	0.00 V1 12.13	-0.02 V1 25.84
0.06 V2 39.77	-0.10 V2 74.69	0.34 V2 83.90	0.13 V2 45.80	0.11 V2 83.50
0.01 V3 9.31	-0.20 V3 72.37	0.36 V3 80.57	0.08 V3 25.02	0.09 V3 87.63
0.02 V4 2.40	-0.21 V4 74.00	0.34 V4 82.28	0.06 V4 39.31	0.06 V4 84.76
-0.00 V5 6.33	-0.20 V5 76.00	0.34 V5 81.59	0.03 V5 37.35	0.05 V5 84.04
-0.01 V6 4.72	-0.18 V6 75.43	0.36 V6 88.59	0.04 V6 29.14	0.05 V6 84.22



# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:1745

Section:

Name:Denny Miranda, P

Sex:Male

Age:28

Exam Time:11-08-2020 11:33

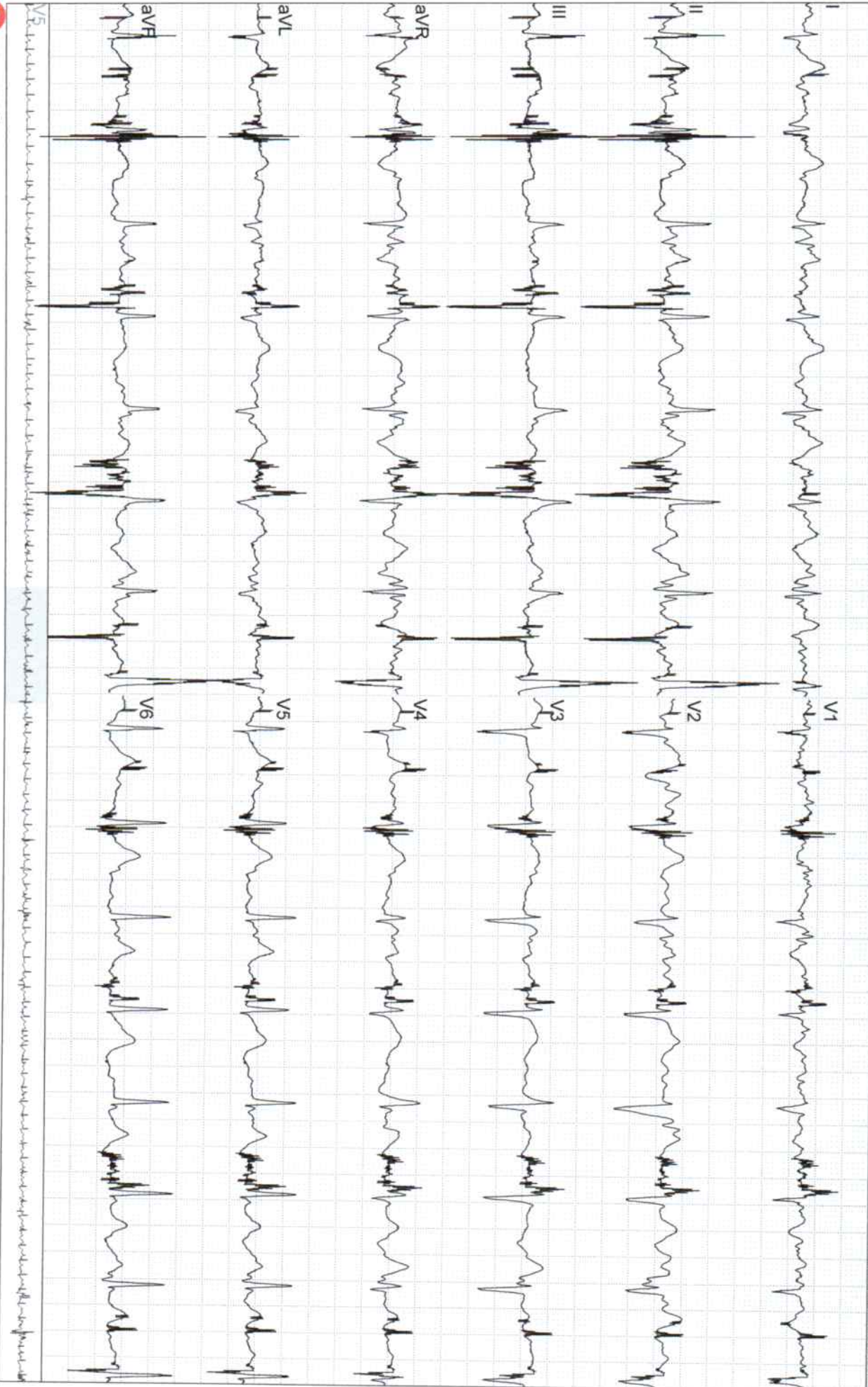
Time:00:26

Stage: [ 1 / 6 ] PRE-EXE 00:26 [ 0.0 Km/h 0.0 % ]

HR:116 bpm

BP:130/70 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:1745

Section:

Name:Denny Miranda P

Sex:Male

Age:28

Exam Time:11-08-2020 11:33

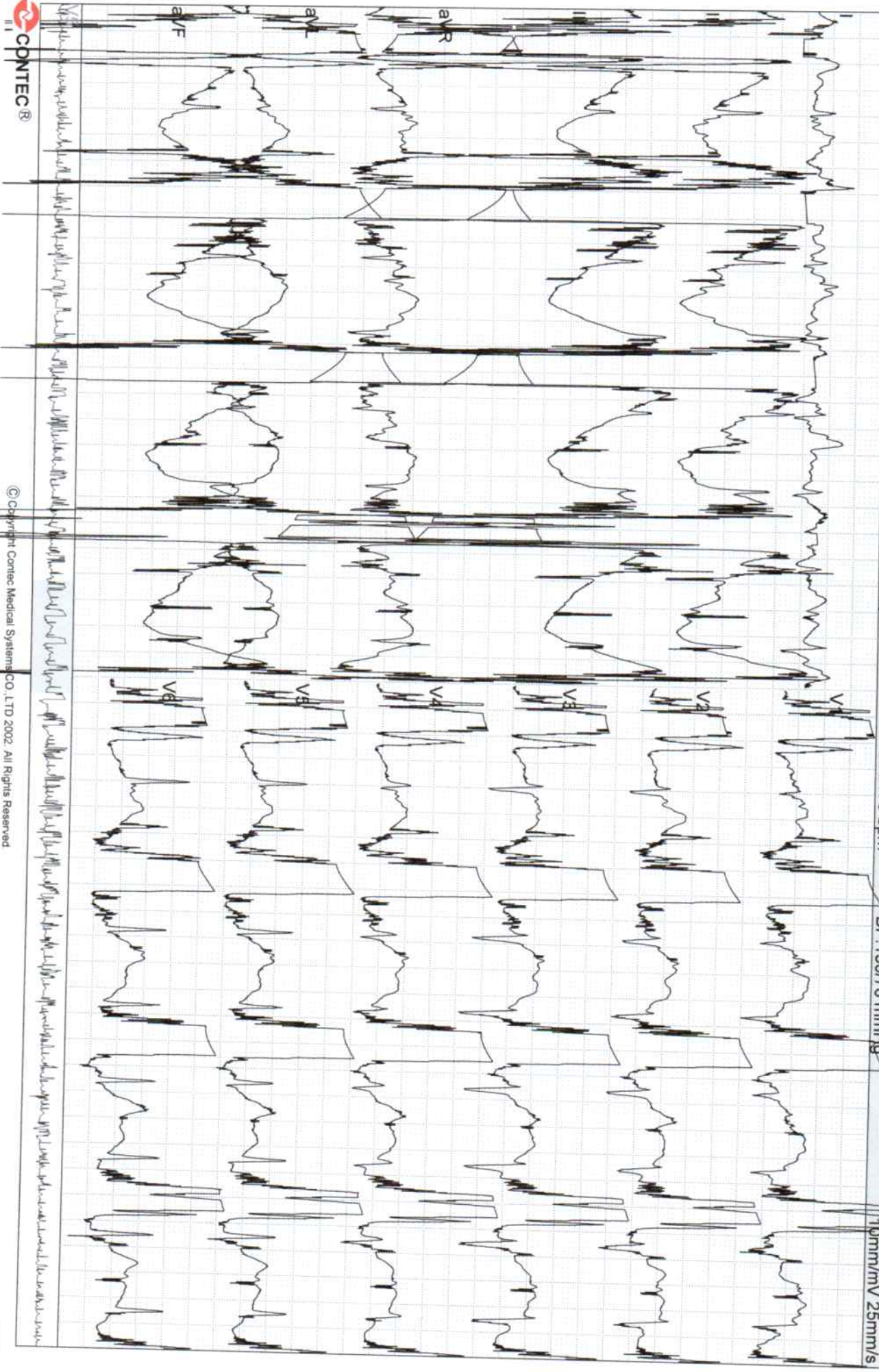
Time:03:20

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

HR:175 bpm

BP:130/70 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID: 1745

Section:

Name: Denny Miranda, P

Sex: Male

Age: 28

Exam Time: 11-08-2020 11:33

Time: 06:10

Stage: [ 3 / 6 ] EXE2 02:40 [ 4.0 Km/h 12.0 % ]

HR: 178 bpm

BP: 130/70 mmHg

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

ID: 1745

Section:

ECG Strips

Name: Denny Miranda, P

Sex: Male

Age: 28

Time: 09:23

Stage: 4 / 6 | EXE3 02:53 [ 5.5 Km/h 14.0 % ]

HR: 170 bpm

BP: 130/70 mmHg

Exam Time: 11-08-2020 11:33

10mm/mV 25mm/s





# Grand Medica Indonesia Stress Exercise Report

## ECG Strips

ID:1745

Section:

Name:Denny Miranda P Sex:Male

Age:28

Exam Time:11-08-2020 11:33

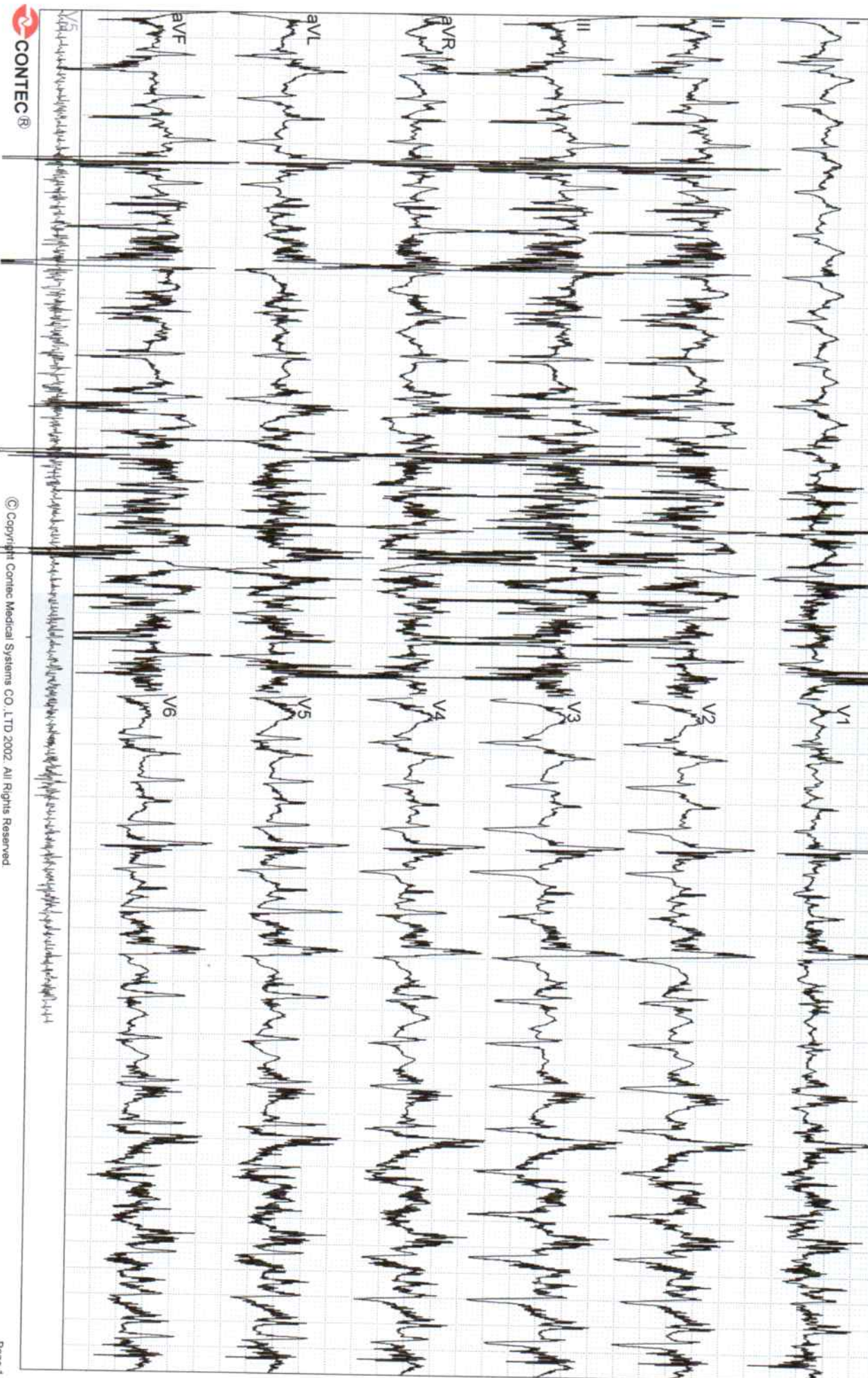
Time:11:43

Stage: [ 5 / 6 ] EXE4 02:13 [ 6.8 Km/h 16.0 % ]

HR:185 bpm

BP:130/70 mmHg

10mm/mV 25mm/s



LAST NAME : **MIRANDA PUTRA**

FIRST NAME : **DENNY**

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

**PARA-CLINICAL EXAMINATION**

ECG (n) a : Sinus Bradycardia, HR : 58 bpm  
Treadmill (n) a : **NEGATIVE ISCHEMIC RESPONSE**  
Chest X Ray (n) a : Within Normal Limits

**BLOOD ANALYSIS**

RBC	5.500.000	/mm3	SGOT (ASAT)	22	U/L
WBC	8400	/mm3	SGPT (ALAT)	18	U/L
NEUTROPHIL	52	%	GAMMA GT	35	U/L
EOSINOPHIL	4,5	%	GLYCEMIA	84	mg/dL
BASOPHIL	0	%	CHOLESTEROL TOTAL	203	mg/dL
LYMPHOCYTE	38,4	%	HDL	58	mg/dL
MONOCYTE	5,1	%	LDL	122	mg/dL
HEMATOCRIT	49	%	CREATININE	1,0	mg/dL
HEMOGLOBIN	16,0	g/dL	URIC ACID	7,0	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	117	mg/dL

**BLOOD  
TYPE**

-

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 REASSESSED Yes  No

Detail : .....

**DOCTOR'S SIGNATURE**



**MEDICAL CENTER STAMP/SEAL**



*Grand*  
MEDICA INDONESIA

Date of medical examination (day/month/year) : **11/08/2020**

**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 !





## TO BE COMPLETED BY THE EMPLOYEE

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

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

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

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

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

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

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

Medical exam date : .....

And return only page 1 and 2 to :

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

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

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

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

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

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

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

Medical exam date : .....

And return only page 1 and 2 to:

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

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

# TO BE COMPLETED BY THE EMPLOYEE

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

### OPTION 1 :

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

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

#### INFORMATION AND CONSENT

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

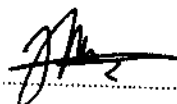
- (a) SCHLUMBERGER will transfer to International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, nationality, job description/title, country of assignment and contact details).
- (b) SCHLUMBERGER via the Schlumberger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

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

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

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

Full name: Denny Miranda Putra

Date (day/month/year): 14 08 1992 Employee's signature: 

# TO BE COMPLETED BY THE EMPLOYEE

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

### OPTION 2:

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

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

#### INFORMATION AND CONSENT

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

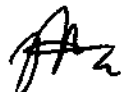
- (a) SCHLUMBERGER will transfer to International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, nationality, job description/title, country of assignment and contact details)
- (b) SCHLUMBERGER via the Schlumberger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

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

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

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

Full name: Danny Miranda Putra

Date (day/month/year): 14 08 1992 Employee's signature: 

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

**TO BE COMPLETED BY THE EMPLOYEE**

**BLOOD TYPE :**  
(if known)   O  

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

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

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

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

.....  
.....

Medication taken regularly : .....

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

Allergies to medication: .....

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

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

LAST NAME MIRANDA PUTRA FIRST NAME DENNY

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

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

DRUG TESTING: for pre-employment medicals only:

Not performed  Performed  Positive  Negative

PLEASE UP DATE VACCINATIONS: Indicate ONLY vaccinations performed during this examination

POLIO  TETANUS  HEPATITIS B  YELLOW FEVER  HEPATITIS A  TYPHOID

OTHER VACCINATIONS PERFORMED: .....

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

MEDICAL EXAMINATION

IF ABNORMAL, PLEASE DETAIL

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

HEIGHT	
cms	ft
165	

WEIGHT	
kgs	lbs
85	

BLOOD PRESSURE
120/70

PULSE
58

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

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



LAST NAME MIRANDA PUTRA FIRST NAME DENNY

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

**Med Track Plus Exam**  
**Only for high mobility employees (IM, IC, GM, HCM) over 40 years of age**

If you are over 40 years of age, Schlumberger offers you the possibility of performing a more in-depth health assessment every 3 years in order to check your general wellness. Med Track Plus should be performed at the same time as your usual Med Track exam.

The Med Track Plus health assessment targets in particular the increased cancer and cardiovascular risks inherent to people over 40 years of age. Tests designated below in Med-Track Plus are only **recommended and not mandatory**.

**EYES :**

Tonometry Right eye (Glaucoma testing) .....mmHG

Tonometry Left eye (Glaucoma testing) .....mmHG

**ADDITIONAL BLOOD TESTS :**

PSA .....ng/ml TSH.....UI

CEA ..... µg/l Alkaline phosphatase .....UI

**IF ABNORMAL, PLEASE DETAIL**

LUNGS/ Functional Respiratory testing n a .....

ABDOMINAL AND PELVIC ECHOGRAPHY n a .....

**CARDIOVASCULAR RISK FACTORS :**

Stress test  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:**

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





**Nomor Pasien**  
(Patient Number) : 1745

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

**Data Pasien (Patient Detail)**

<b>Nama</b> (Name) : <b>DENNY MIRANDA. P, Tn</b>	<b>Perusahaan</b> (Company) : <b>HELPER</b>
<b>Umur</b> (Age) : <b>27</b> <b>Tahun</b> (Years old)	<b>Pekerjaan</b> (Occupation) : <b>PT. INSPEKTINDO SINERGI PERSADA</b>
<b>Jenis Kelamin</b> (Gender) : <b>LAKI-LAKI</b>	<b>Tgl Pemeriksaan</b> (Date of Analysis) : <b>8/18/2020</b>

**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.**

  
(Radiologist signature)  
 **Grand**  
MEDICA INDONESIA  
**Spesialis Radiologi**



**Nomor Pasien** : **1745**  
*(Patient Number)*

**Tgl Pemeriksaan** : **8/18/2020**  
*(Date of Analysis)*

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

**Data Pasien (Patient Detail)**

**Nama** : **DENNY MIRANDA, P, Tn**  
*(Name)*

**Perusahaan:**  
*(Company)*

**PT. INSPEKTINDO SINERGI PERSADA**

**Umur** : **27**  
*(Age)*

**Tahun**  
*(Years old)*

**Jenis**  
*(Gender)*

**LAKI-LAKI**

**Pekerjaan**  
*(Occupation)*

**HELPER**

