



**GRAND MEDICA
INDONESIA**

Made SMILE and Be HEALTHY

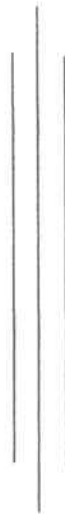
PERSONAL DATA

No. MCU : 1976/GMI-MCU/IX/2020
No. Badge : -
N a m a : **TRI TANTO, Tn.**
U m u r : 38 tahun
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**
Jabatan : Asst. Inspector
Tgl Pemeriksaan : 02/09/2020
Alamat : Jl. Pemuda Perum. Bukit Batakan Permai Blok D6 No.10



PT. INSPEKTINDO SINERGI PERSADA

**HEALTH AND MEDICAL SURVEILLANCE
TAHUN 2020**



NAMA : T.P.I. TAWTO.....
TANGGAL LAHIR : 23 MARET 1982.....
JENIS KELAMIN : LAKI - LAKI.....
S/N :
IGG :
DEPT/SERVICE : INSPECTION SERVICES.....
LOKASI KERJA : SCHLUMBERGER.....
JENIS PEMERIKSAAN : Pre-employment
 Annual
 Pre-retirement

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 : ASST 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 : 1 Anak laki-laki Orang, Anak Perempuan orang
- 5. Alamat sekarang : Jl. PEMUDA, PERUMAHAN BUKIT BATAKAWAN PERMAI
Blok D6 No. 10
Telpon/HP 081346381664
- 6. No. Extension Telpon. : Kantor : Kamar (untuk lapangan)

HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN

No.	Posisi	Lama Kerja	Perusahaan	Lama paparan dalam jam/hari					
				Bising	Debu	Kimia	Radiasi	Ergonomi	lain-lain
1-	ASST-INSPECTOR	7	LSP		✓	✓			

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 : 3 jam/hari
- 2. Warehouse : _____ jam/hari
- 3. Workshop : 5 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. Thypus | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| l. TBC | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| m. Malaria | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| n. Penyakit kelamin | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| o. Kuning / Hepatitis | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| p. Gangguan jiwa | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| q. Takut pada ketinggian | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| r. Mata | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| s. Hidung | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| t. Telinga | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| u. Gigi / mulut | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| v. Lambung | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| w. Wasir | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| x. Kulit | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| y. Sendi - sendi | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |
| z. Kandungan | 1. Ya | 2. Tidak | <input checked="" type="checkbox"/> |

RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

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

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
- 1 7
1. Ya, setiap hari 1
2. Ya, tidak setiap hari
3. Tidak - bila tidak langsung ke no. 14
- 1 0
1. Kadar nikotin rendah 1
2. Kadar nikotin sedang
3. Kadar nikotin tinggi
1. Tidak pernah 2
2. Kadang-kadang
3. Selalu
- 6 0
1. Ya 2. Tidak 2
1. Ya 2. Tidak 1
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 ALKOHOH

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

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 ?

- 1 8 0
- 4
- 1 5
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 ?
2. Berapa hari dalam seminggu biasanya Anda makan sayur-sayuran ?

RIWAYAT PENYAKIT KELUARGA

1. Apakah ada diantara Ayah/Ibu Anda menderita penyakit berikut

- | | | | |
|-------------------------|-------|----------|--------------------------------|
| a. Tekanan darah tinggi | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| b. Penyakit jantung | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| c. Stroke | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| d. Kencing manis | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| e. Kanker | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| f. Alergi | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| g. Asma | 1. Ya | 2. Tidak | <input type="text" value="2"/> |

2. Apakah ada saudara kandung Anda menderita penyakit berikut

- | | | | |
|-------------------------|-------|----------|--------------------------------|
| a. Tekanan darah tinggi | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| b. Penyakit jantung | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| c. Stroke | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| d. Kencing manis | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| e. Kanker | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| f. Alergi | 1. Ya | 2. Tidak | <input type="text" value="2"/> |
| g. Asma | 1. Ya | 2. Tidak | <input type="text" value="2"/> |

3. Di antara Ayah/Ibu/Saudara Kandung Anda, apakah ada yang meninggal karena penyakit-penyakit di atas pada usia kurang dari 45 tahun untuk laki-laki dan 55 tahun untuk perempuan ?

1. Ya 2. Tidak

UNTUK KARYAWAN WANITA

1. Apakah saat ini Anda sedang hamil ?

1. Ya 2. Tidak

Bila tidak, langsung ke no. 3

2. Berapa bulan umur kehamilan Anda saat ini ?

3. Berapa jumlah kehamilan yang pernah Anda alami (termasuk kehamilan kali ini) ?

4. Berapa jumlah keguguran yang pernah Anda alami ?

5. Kapan hari pertama haid terakhir Anda ?

/ /

6. Berapa umur Anda pada saat haid pertama ?

7. Berapa banyak pada saat Anda haid ?

1. Banyak 2. Sedikit

8. Apakah dalam satu tahun terakhir pola haid Anda teratur ?

1. Ya 2. Tidak

9. Apakah ada rasa sakit yang berhubungan dengan haid ?

1. Ya 2. Tidak

10. Apakah Anda sering menderita keputihan ?

1. Ya 2. Tidak

KELUARGA BERENCANA

1. Apakah keluarga Anda 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, 2 / 9 / 2020

Nama dan tanda tangan karyawan



(.....TRIJANTO.....)

MEDICAL CHECK UP –2020

PHYSICAL EXAMINATION

NAME	TRI TANTO, Th.	S/N	-	DEPT	-
------	----------------	-----	---	------	---

I. VITAL SIGN

Blood Pressure (supine)	110/70	mmHg	Pulse	56	x/m	Respiration	20	x/m	Temp.	36	-C
Weight (W)	51	kg	Height (H)	165	cm	BMI	18,73	Waist	67	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	✓		MT Perforasi AD
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/ Rales/ Wheezing/Ronchi/ Bruit		✓	
14	ABDOMEN	Bowel sounds/ Appearance/ Liver/ Spleen/ Masses/ Hernias/ Murmur/ Contour/ Tenderness/ Bruit/ Nodes		✓	
15	GROIN	Hemia/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			20/70	20/40		✓	Normal
Near	20/20	20/20					Red – Green Absent
Visual fields (Normal > 70°)			Left	85°	Right	85°	Colour Blind

II. LABORATORIUM SUMMARY*See attached result*

	Normal	COMMENT: Triglicerida 153 mg/dl (Meningkat).
✓	Abnormal	

III. CHEST X-RAY*See attached result*

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

IV. ECG (Optional for over 35 years of age)*See attached result*

Normal	✓	Abnormal	(specify) : Sinus Bradycardia, HR : 56 bpm
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V. TREADMILL (Optional for over 35 years of age)*See attached result*

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

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

VII. AUDIOMETRY (Optional for noise exposure, previous hearing problem,)*See attached result*

CONCLUSION		Change since last audiometric examination	Yes
	Normal	If Yes, what change :	No
✓	Abnormal	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 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) TANU FIRST NAME IRI
 SEX LAKI-LAKI BIRTH DATE (day/month/year) 23 / 03 / 1982
 HOME PHONE NATIONALITY INDONESIA
 HOME ADDRESS Jl. Pemuda, Perum Bukit Dataran Permai Blok D6 No 10
 Email address:

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

Business segment:	Country of assignment
(ex: WS, WG, etc.)	International commuter <input type="checkbox"/>
<input type="checkbox"/> MEA <input type="checkbox"/> EAF	International mobile <input type="checkbox"/>
<input type="checkbox"/> LAM <input type="checkbox"/> SLR	Home country mobile <input type="checkbox"/>
<input type="checkbox"/> NAM	GeoMobile <input type="checkbox"/>
GIN /EMPLOYEE NUMBER	Other (HCR, HCC, etc.):
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 its 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 for 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 mentioned 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 12 rue de Valenciennes, 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 appropriate confidentiality and security measures in order to protect and maintain my personal data in a secured manner. Except as required by law or legal obligation, upon expiry or termination of the agreement between SCHLUMBERGER (or its representative) and International SOS, my personal data will not be transferred to other clients.
- (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 measures 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 a 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 request the correction of, or deletion of, my personal data, and oppose the collection or processing of my personal data, by contacting International SOS (Attention: Data Protection Officer, Schlumberger Medical Department, P.O. Box 322, 92306 Levallois-Perret Cedex, France, tel: 00 33 1 55 63 32 32). Note that your request must be 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 competent national legal authorities, SCHLUMBERGER will record my personal data for the time necessary to perform the operations related to the eMed-Track program, for a maximum period 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: THI ZAMTO

Date (day/month/year): 2/9/2020 Employee's signature: [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. 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, 27 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 original 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: J.P. TANTO

Date (day/month/year): 2/9/2020 Employee's signature: [Signature]

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :

(If known)

PAST MEDICAL HISTORY

DO YOU HAVE OR HAVE YOU HAD

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

- | | Yes | No | | Yes | No | HAVE YOU EVER BEEN | Yes | No |
|--------------------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|-----------------------------------|--------------------------|-------------------------------------|
| 1. sinus trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21. cancer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 41. rejected for employment | | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | 26. stroke | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 43. treated for a mental | | |
| 7. any skin trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. serious chest pain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | condition | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. gall bladder disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 35. epilepsy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| 16. marked change in
bowel habits | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 36. joints/spinal trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | FOR WOMEN ONLY | | |
| 17. blood in stool | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 37. surgical operation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever had | | |
| 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 checked="" 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 checked="" type="checkbox"/> |
| | | | | | | 48. are you pregnant ? | <input type="checkbox"/> | <input checked="" 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 Tan FIRST NAME 7121 Farto

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 membran bingami koran pofausi |
| 3. teeth and mouth | n | a (m) (c) |
| 4. lungs and chest | n | a |
| 5. cardiovascular | n | a |
| 6. abdo. viscera | n | a |
| 7. hemial 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		WEIGHT		BLOOD PRESSURE		PULSE	HEARING				VISION		WITH GLASSES	COLOR Vision	
cms	ft	kgs	lbs				R				Distant	R			
165		51		110	70	56	L	(n)	a		L	240	240	Yes <input checked="" type="checkbox"/>	normal
										Near	R	240	240	No <input type="checkbox"/>	

LAST NAME : **TANTO**

FIRST NAME : **TRI**

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

ECG **(n)** a : Sinus Bradycardia, HR : 56 bpm
Treadmill **(n)** a : **NEGATIVE ISCHEMIC RESPONSE**
Chest X Ray **(n)** a : Within Normal Limits

BLOOD ANALYSIS

RBC	7.200.000	/mm3	SGOT (ASAT)	14	U/L
WBC	7200	/mm3	SGPT (ALAT)	15	U/L
NEUTROPHIL	52	%	GAMMA GT	38	U/L
EOSINOPHIL	4,0	%	GLYCEMIA	88	mg/dL
BASOPHIL	0	%	CHOLESTEROL TOTAL	181	mg/dL
LYMPHOCYTE	35,6	%	HDL	60	mg/dL
MONOCYTE	8,3	%	LDL	90	mg/dL
HEMATOCRIT	43	%	CREATININE	0,8	mg/dL
HEMOGLOBIN	14,4	g/dL	URIC ACID	3,7	mg/dL
ESR (Sedimentation Rate)	-	mm/h	TRIGLYCERIDES	153	mg/dL

**BLOOD
TYPE**

B/+

test only if not already known

URINE ANALYSYS

ALBUMIN : -

STOOL ANALYSIS

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

BLOOD : **Negative**

CONCLUSION : FIT IN ALL AREA Yes No

MUST BE REASSESSED Yes No

if you answer No. please detail your reasons)

Detail :

.....

.....

.....

.....

Date of medical examination (day/month/year) : **02/09/2020**

DOCTOR'S SIGNATURE

MEDICAL CENTER STAMP/SEAL



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 TANTO FIRST NAME Tei

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 : 02/09/2020

No. : 1976

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

Nama Lengkap: TRI TANTO, Tn.	Tgl. Lahir: 23/03/1982	Umur : 38 tahun	Jenis Kelamin : Laki-Laki
Nama Perusahaan: PT. INSPEKTINDO SINERGI PERSADA	Alamat Rumah: Jl. Pemuda Perum. Bukit Batakan Permai Blok D6 No.10	Telp./HP : HP : 0813 4638 1664	

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	20	56

Bagian D. Pemeriksaan Fisik (diisi oleh dokter pemeriksa)

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

Bagian E. Kategori Penilaian

Kategori	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)
• 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
• Orang Tanpa Gejala (OTG)	Tidak ada gejala DAN Memiliki faktor risiko No.2.
• 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: 449.1/2/5/P.3/DPMP/2018

JAKARTA CARDIOVASCULAR SCORE

Name : TRI TANTO, Tn. Age (Years) : 38
 MCU No. : 1976/GMI-MCU/IX/2020 Job : Asst. Inspector
 Date : 02/09/2020 Company : PT. INSPEKTINDO SINERGI PERSADA

RISK FACTOR		SCORE	RESULT	Points
Sex	Female	0	Male	1
	Male	1		
Age	25-34	-4	38	-3
	35-39	-3		
	40-44	-2		
	45-49	0		
	50-54	1		
	55-59	2		
	60-64	3		
Blood Pressure	Normal	0	110/70	0
	High Normal	1		
	Grade 1 Hypertension	2		
	Grade 2 Hypertension	3		
	Grade 3 Hypertension	4		
BMI (Kg/m ²)	13,79-25,99	0	18,73	0
	26,00-29,99	1		
	30,00-35,58	2		
Smoke	Never	0	Smoker	4
	Ex Smoker	3		
	Smoker	4		
Diabetes Mellitus	No	0	No	0
	Yes	2		
Physical Exercise/Activity	No	2	Medium	0
	Low	1		
	Medium	0		
	High	-3		
TOTAL SCORE				2
CONCLUSION :		➔	MODERATE RISK (CV10 = 10-20%)	

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. : 1976 /GMI-MCU/IX/2020
(Lab. Number)

Data Pasien (Patient Detail)

Nama (Name) : TRI TANTO, Tn. / **M** **Umur (Age)** : 38 **Tahun (Years old)**
Pekerjaan (Job Position) : ASSISTANT INSPECTOR **Dokter (Doctor)** : Dr. Hendra AZ
Perusahaan (Company) : PT. INSPEKTINDO SINERGI PERSADA **Tgl Pemeriksaan (Date of Analysis)** : 2 September 2020

HEMATOLOGY	Hasil / Result	Nilai Normal / Normal Value
Hemoglobine (Hgb)	14,4	(F:12,0-16,0 g/dL, M:13,0-18,0 g/dL)
Hematocrit (Hct)	43	(F: 35 - 45%, M: 40 - 50 %)
Erythrocyt (RBC)	7,2	(F:3,8-5,5x10 ⁶ sel/mm ³ , M:4,4-5,6x10 ⁶ sel/mm ³)
Leucocyt (WBC)	7,2	(4,0 - 10,0/mm ³)
Differential Count		
Basophile	0	0,0 - 2,0%
Eosinophile	4,0	0,5- 6,0%
Neutrofil	52	50,0 - 70,0%
Lymphocyte	35,6	20,0% - 40,0%
Monocyte	8,3	3,0 - 12,0%
MCV	91	80 - 100 fl
MCH	31	27-34 pg/sel
MCHC	33	32-36 g/dL
RDW- CV	13,2	11,0 - 16,0 %
RDW- SD	44,6	35,0 - 56,0 fl
Thrombocyt	218	(140 - 440 x 10 ⁹ /mm ³)
Blood Group / Rhesus	B/+	A B D +/-

BLOOD CHEMISTRY	Hasil / Result	Nilai Normal / Normal Value
Glucose Fasting	88	70- 110 mg/dl
Glucose 2h pp	138	< 180 mg/dl
Cholesterol total	181	Normal : <200mg/dl. Borderline :200-240 Tinggi > 240 mg/dl
HDL Cholesterol	60	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	90	Normal < 130 mg/dl Borderline 130-159 mg/dl Tinggi > 160 mg/dl
Triglycerides	153	Normal < 150 mg/dl. Borderline 150 -199 mg/dl Tinggi 200 -499 mg/dl
Uric Acid	3,7	(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	23	10 - 50 mg/ dL
Gamma GT	38	M: 11 - 51 U/L, F: 7 - 33 U/L
SGOT / AST	14	M : s/d 37 U/L. F : s/d31 U/ L
SGPT / ALT	15	M : s/d 40 U/L. F : s/d 35 U/ L

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

URINALYSIS	Hasil / Result	Nilai Normal / Normal Value
MACROS		
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/μ L
Ketone	Negative	< 2,5 mg/dL, 0,25 mmol /dl
Urobilin	Negative	<0,2 mg/dl, <3,5 μmol/dl
Bilirubin	Negative	<0,4 mg/dl , <2,5 μmol/L
Nitrite	Negative	< 0,05 mg/dl
Blood	Negative	< 0,018 mg/dl, < 5 ery/μl





HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. : 1976 /GMI-MCU/IX/2020
(Lab. Number)

Data Pasien (Patient Detail)

Nama <i>(Name)</i>	: TRI TANTO, Tn.	/	M	Umur <i>(Age)</i>	: 38	Tahun <i>(Years old)</i>
Pekerjaan <i>(Job Position)</i>	: ASSISTANT INSPECTOR			Dokter <i>(Doctor)</i>	: Dr. Hendra AZ	
Perusahaan <i>(Company)</i>	: PT. INSPEKTINDO SINERGI PERSADA			Tgl Pemeriksaan <i>(Date of Analysis)</i>	: 2 September 2020	

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) : 1976

Pemeriksaan
Examination : **USG WHOLE ABDOMEN**

Data Pasien (Patient Detail)

Nama
(Name) : **TRI TANTO ,TN**

Umur
(Age) : **38** **Tahun**
(Years old)

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

Perusahaan
(Company) : **ASSISTAN INSPECTOR**

Pekerjaan
(Occupation) : **PT. ISPEKTINDO SINERGI PERSADA**

Tgl Pemeriksaan
(Date of Analysis) : **9/2/2020**

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 WARIS, Sp.Rad

Spesialis Radiologi



Grand
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mindray
ULTRASOUND



**GRAND MEDICA
INDONESIA**

Radiological Analysis
Radiological Examination

Nomor Pasien : 1976
(Patient Number)

Tgl Pemeriksaan : 9/2/2020
(Date of Analysis)

Pemeriksaan : USG WHOLE ABDOMEN
Examination

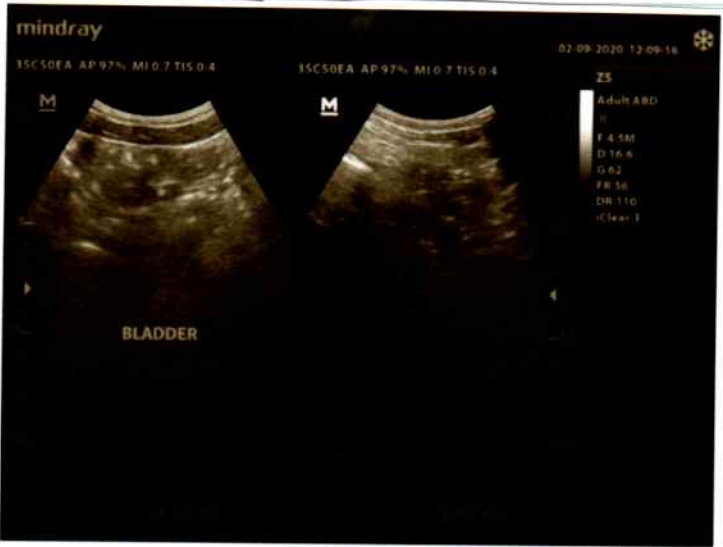
Data Pasien (Patient Detail)

Nama : TRI TANTO, TN
(Name)
Umur : 38
(Age)
Tahun :
(Years old)

Jenis : Laki-laki
(Gender)

Perusahaan:
(Company)
Pekerjaan
(Occupation)

PT. ISPEKTINDO SINERGI PERSADA
ASSISTAN INSPECTOR



mindray
ULTRASOUND



Nomor Pasien
(Patient Number) :

Nomor Film
(Film Number) : 1976

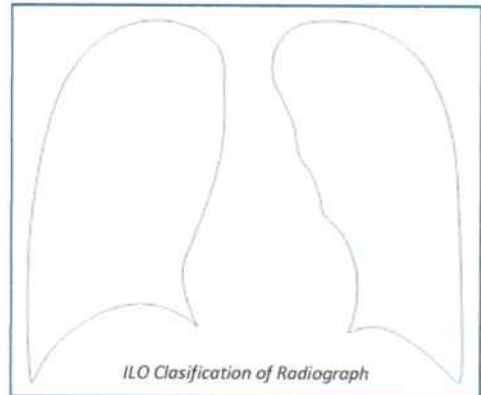
Data Pasien (Patient Detail)

Nama
(Name) : TRI TANTO, Tn.
Umur
(Age) : 38 **Tahun**
(years old)
Jenis Kelamin
(Gender) : Male

Perusahaan
(Company) : PT. INSPEKTINDO SINERGI PERSADA
Pekerjaan
(Occupation) : ASSISTANT INSPECTOR
Tgl Pemeriksaan
(Date of Analysis) : 02 September 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 HARIS, Sp.Rad

Spesialis Radiologi



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Allengers

Passion for excellence



Patient Data

ID Number	1976	Company	PT. Inspektindo Sinergi
Name	TRI TANTO, Tn	Occupation	Assistant Inspector
Gender	Male	Test Date	02 September 2020
DOB / Age	23 March 1982 / / 38 Yo.	Weight (kg)	51
Height (cm)	165	BMI	18.73

Pre-exercise Test

Indication	Medical Check Up
Pre-exercise BP	110/70 mmHg
Heart Rate	56 bpm
Respiration	16 x/mnt
Resting ECG	<i>Bradycardia</i>

Exercise Test Summary

Exercise Time	12:12 mm:ss	End Stage	4
Max Heart Rate	210 bpm	Target Heart Rate	155 bpm
Max Blood Pressure	130/70 mmHg	Max Heart Rate	135,5 %
Aerobic Capacity	<i>13</i> METs.	VO2 Max	43.27 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 :

dr. ACHMAD YUSRI, SpJP
 Spesialis Jantung dan Pembuluh Darah

Instrument Used
 CONTEC 8000S S/N 140203027




02-09-2020 09:00:50

ID : 1976
Name : Tri Tanto
Age : 38 Years
Gender : Male
Department: PT. Inspektindo Sinerji Persad

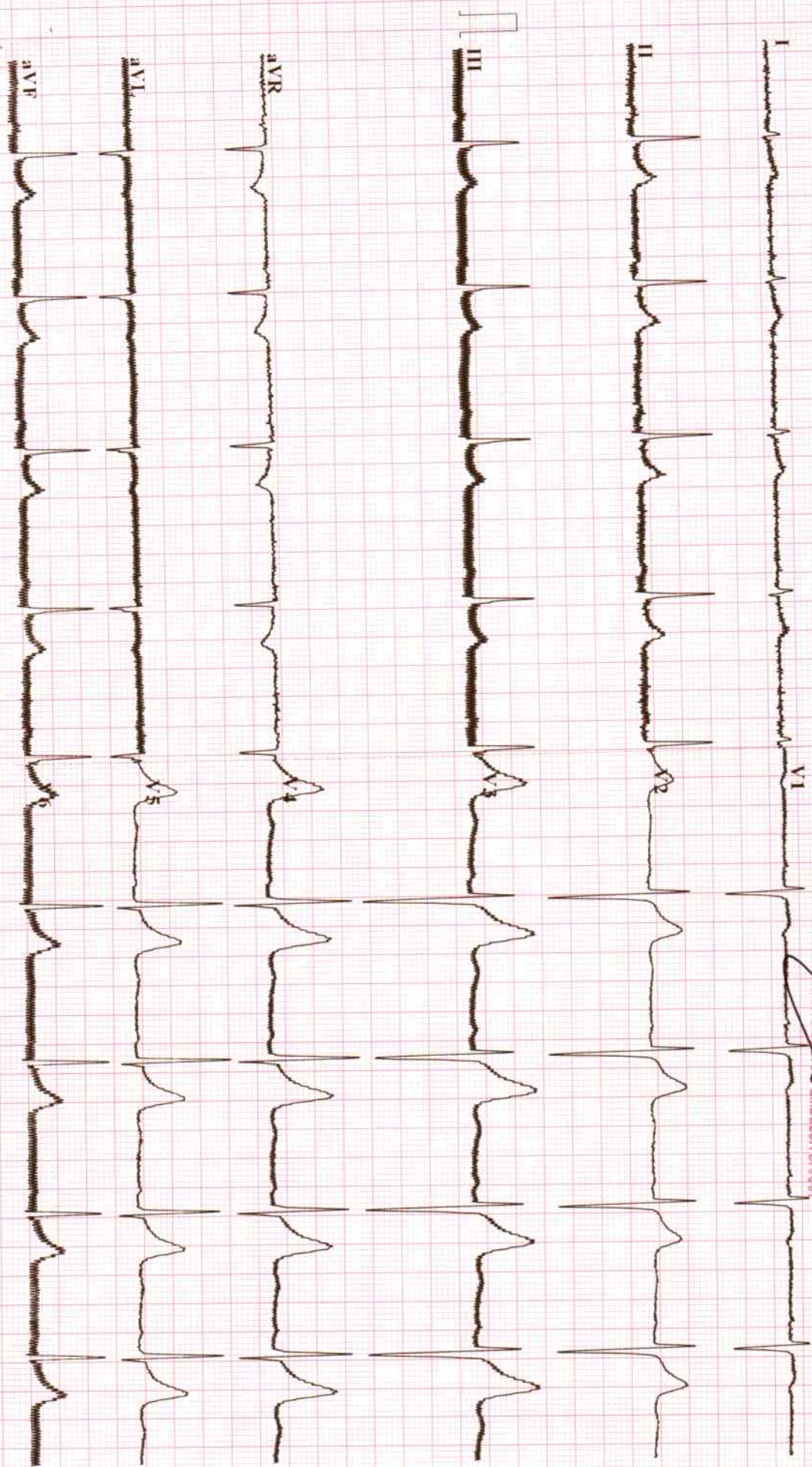
HR : 56 BPM
P Dur : 108 ms
PR int : 194 ms
QRS Dur : 82 ms
QT/QTc int : 408/394 ms
P/QRS/T axis : 67/83/68
RV5/SV1 amp : 1.567/1.026 mV
RV5+SV1 amp : 2.593 mV
RV6/SV2 amp : 1.310/1.788 mV

Technician : Rinda AmdKep
Report Confirmed by:

Diagnosis Information:
811: Sinus Bradycardia
****Normal ECG****

Randyart & c.


dr. ACHMAD YUSRI, SpJP
SPECIALIS JANTUNG DAN PEMBULUH DARAH



Grand Medica Indonesia Stress Exercise Report

ID:1976

Section:

Name: Tri Tanto

Sex: Male

Age: 38

Exam Time: 02-09-2020 09:45

Information

DOB: 1982-02-23
Height: 165.00 cm

Race: Oriental Race
Weight: 51.00 kg

Indications: MCU

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

Medications:

Address:
Telephone:

Result

Stage Name	HR(bpm)	BP(mmHg)
PRE-EXE	115	110/70
EXE1	200	110/70
EXE2	190	----/----
EXE3	187	120/70
EXE4	202	----/----
REC1	184	130/70

Protocol Name: BRUCE
Target HR: 155 bpm
Exercise Time: 12:12 mmm: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: 210 bpm
Target HR: 135.5 %
METS: 13.5 METs
HR*BP: 19800.0 bpm*mmHg
SYS: 130.0 mmHg
DIA: 70.0 mmHg

ST Segment
Max Elevation: 2.33 mV 11:10 II
Max Depression: -1.83 mV 08:50 III
Max Elevation Change: 2.52 mV 11:10 II
Max Depression Change: -1.68 mV 08:50 III

Arrhythmia

	Total Beats:	Abnormal Beats:
Total V:	2221	1081
V Pairs:	432	649
V Run:	7	14
V bigeminal:	7	26
V trigeminal:	1	6
Total Long:	0	1

Reason for End :

Symptoms:

Conclusions:

Negative behavior response

Operator:

Reviewing Physician:

Dr. Achmad Yusri SpJP
Spesialis Jantung dan Pembuluh Darah



Grand Medica Indonesia Stress Exercise Report

Average QRS

ID:1976

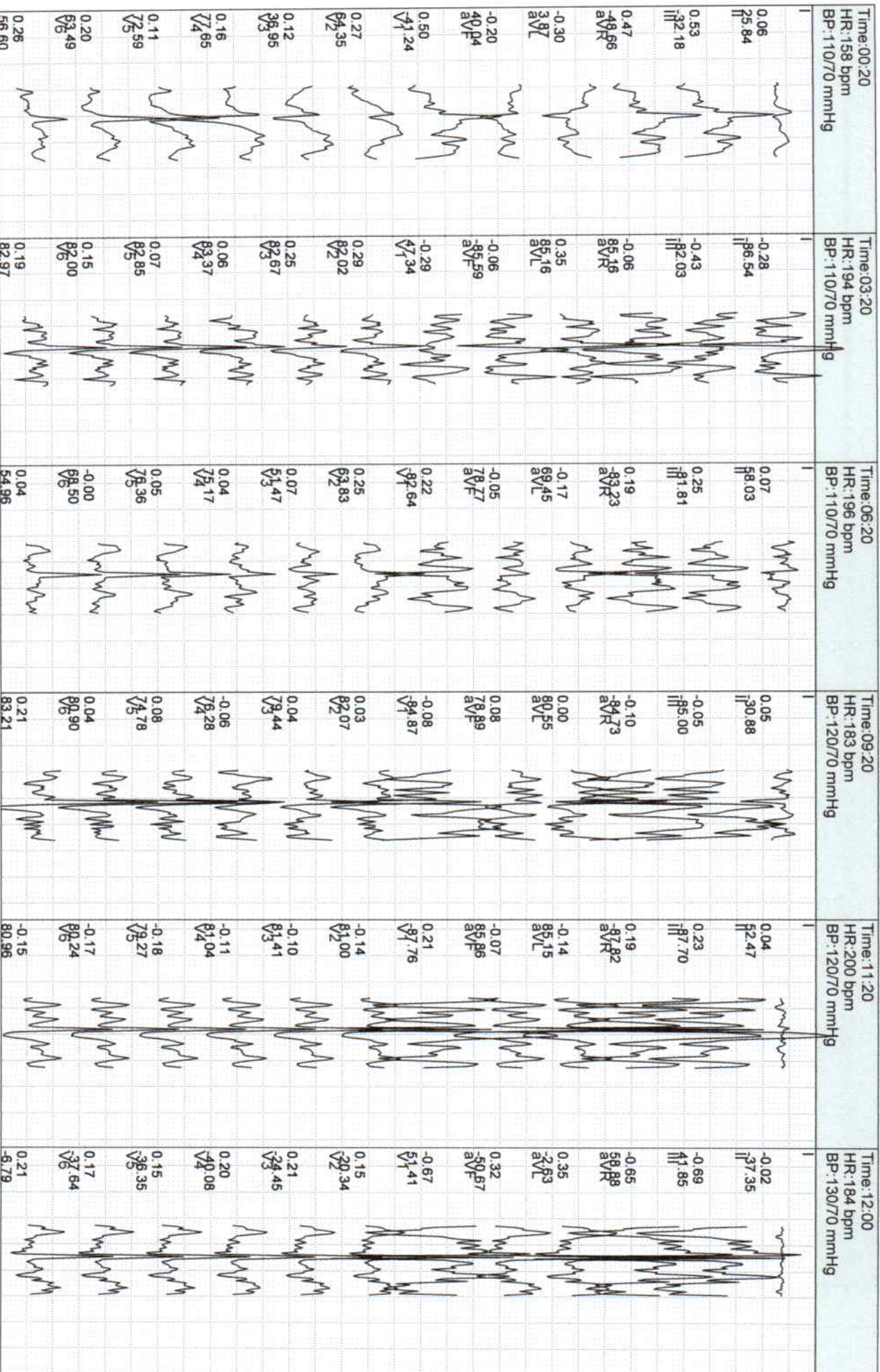
Section:

Name:Tri Tanto

Sex:Male

Age:38

Exam Time:02-09-2020 09:45



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID:1976

Section:

Name: Tri Tanto

Sex: Male

Age: 38

Exam Time: 02-09-2020 09:45

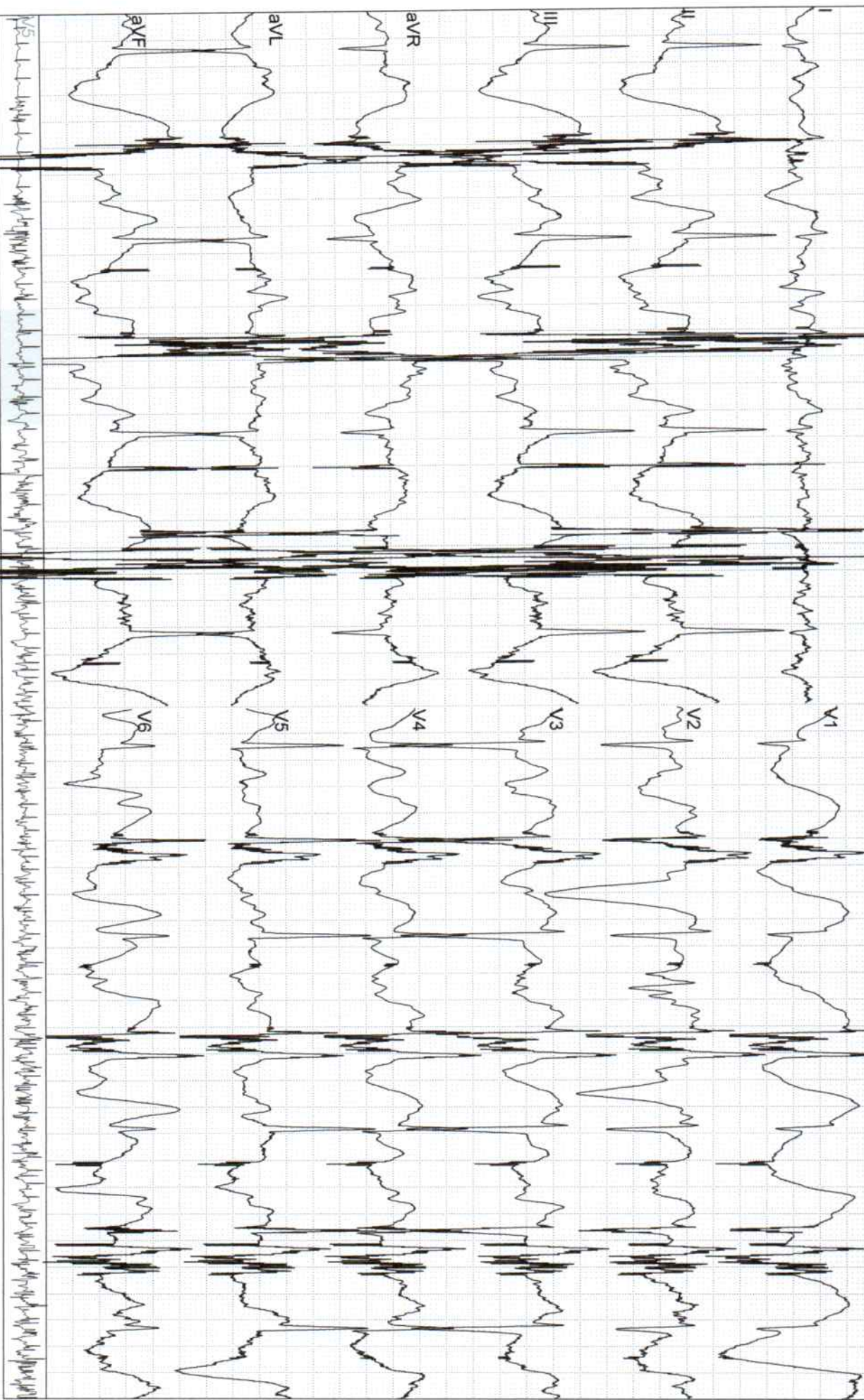
Time: 00:13

Stage: [1 / 6] PRE-EXE 00:13 [0.0 Km/h 0.0 %]

HR: 115 bpm

BP: 110/70 mmHg

10mm/mV 25mm/s

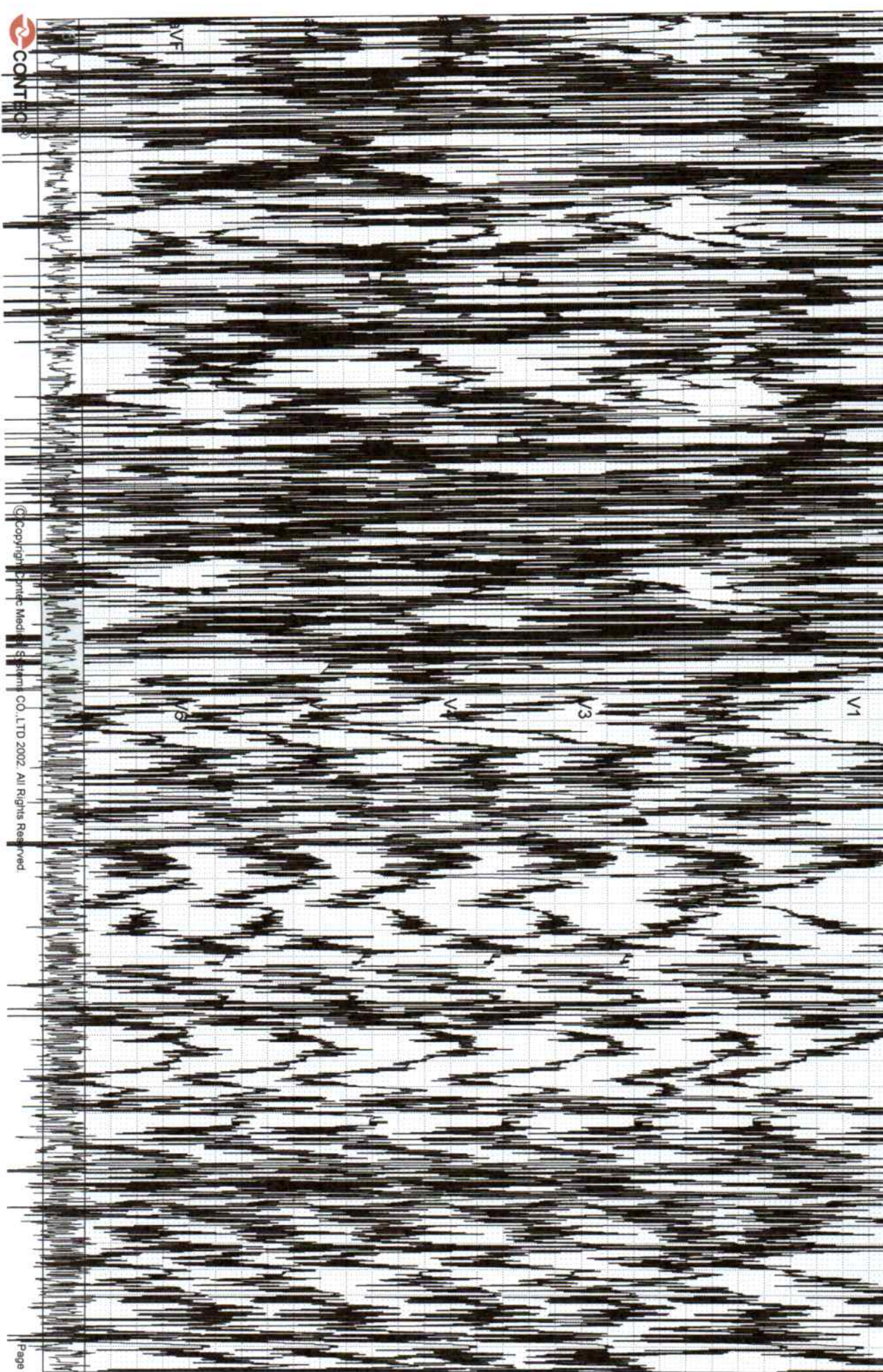


Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID: 1976 Section: Name: T. Tarto Sex: Male Age: 38 Exam Time: 02-09-2020 08:45

Time: 08:20 Age: 27 EXE: 0:50 2:11 1:0:20 HR: 94 bpm BP: 107/0 mmHg 10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID: 876

Section:

Name: Tri Tanto

Sex: Male

Age: 38

Exam Time: 02-09-2009 09:45

Time: 06:16

Stage: [3] [6]

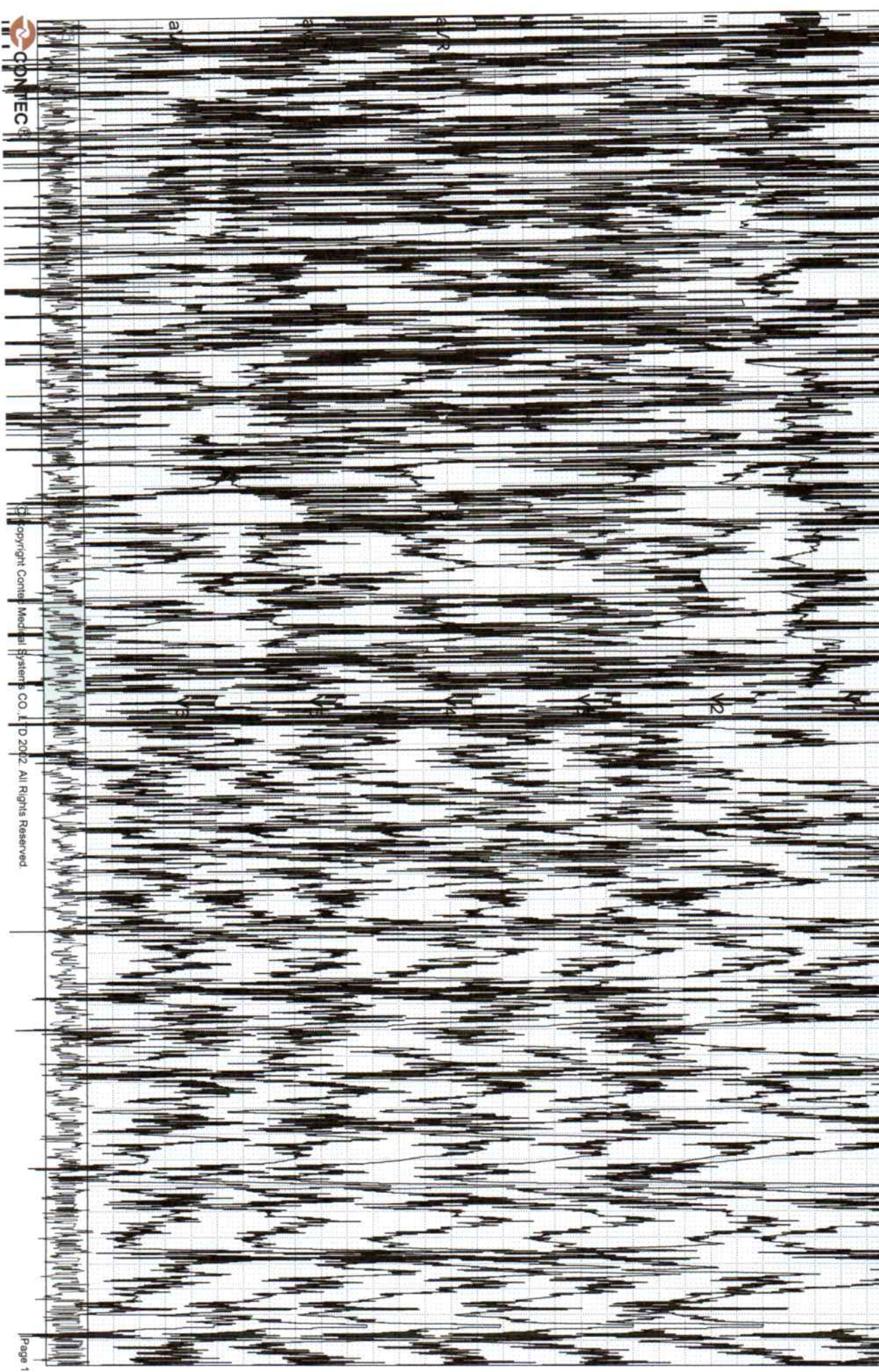
EXE: 02:46

[4.0] [12.0 %]

HR: 197 bpm

BF: 110.7 mmHg

10ml / 1V 25mm



Grand Medical Indonesia Stress Exercise Report

ECG Strips

ID: 1975

Section:

Name: Tri Tanto

Sex: Male

Age: 38

Exam Time: 02-09-2020 09:45

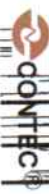
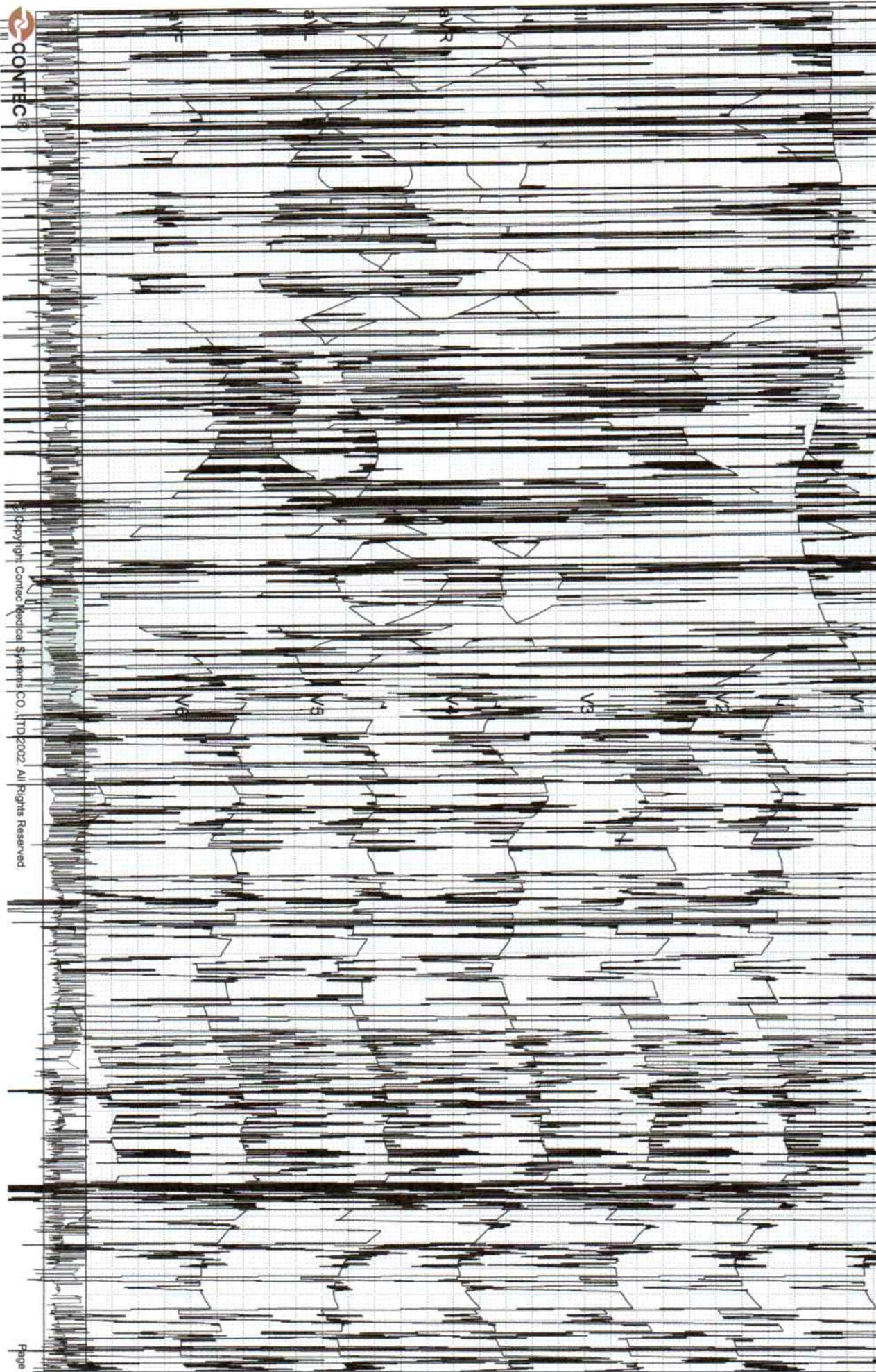
Time: 09:20

Stage: 4 / 6 | EXE3 02:50 | 5.5 km/h | 140 % |

HR: 183 bpm

RR: 120/70 mmHg

0mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID: 1976

Section:

Name: Ty Tanto

Sex: Male

Age: 38

Exam Time: 02-09-2020 09:45

Time: 10:43

Stage: [5 / 6] EXE4 01:13 [6.8 km/h 16.0 %]

HR: 165 bpm

BP: 120/70 mmHg

10mm/mV 25mm/s

