

PERSONAL DATA

No. MCU : 1868/GMI-MCU/VIII/2020
No. Badge : -
N a m a : **SAFTIADI, Tn.**
U m u r : 27 tahun
Perusahaan : **PT. INSPEKTINDO SINERGI PERSADA**
Jabatan : Assistant Inspector
Tgl Pemeriksaan : 22/08/2020
Alamat : Jl. Blora 2 RT 25 No.12 Klandasan Ilir Balikpapan Kota



PT. INSPEKTINDO SINERGI PERSADA

HEALTH AND MEDICAL SURVEILLANCE TAHUN 2020



NAMA : Saptaadi

TANGGAL LAHIR : 23 Desember 1992

JENIS KELAMIN : Laki-laki

S/N : ISP / ADM / 1068

IGG : -

DEPT/SERVICE : inspection

LOKASI KERJA : Balikpapan

JENIS PEMERIKSAAN : Pre-employment
 Annual
 Pre-retirement

Medical Department

HEALTH SURVEILLANCE

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

IDENTITAS PEGAWAI

- 1. Posisi : Assistant Inspector
- 2. Golongan Darah : A / B / AB / $\text{\textcircled{O}}$ Rhesus : + / -
- 3. Status : (1) Belum kawin (2) $\text{\textcircled{Kawin}}$ (3) Janda (4) Duda (5) Cerai
- 4. Jumlah anak : Anak laki-laki Orang, Anak Perempuanorang
- 5. Alamat sekarang : Jl. Blora 2 Rt 25 No 12 Kelodusan 1117 Balikpapan kota
- 6. No. Extension Telpon. : Kantor : Kamar (untuk lapangan)
Telpon/HP 0821 1249 4565

HANYA UNTUK CALON KARYAWAN : RIWAYAT PEKERJAAN

No.	Posisi	Lama Kerja	Perusahaan	Lama paparan dalam jam/hari					
				Bising	Debu	Kimia	Radiasi	Ergonomi	lain-lain
1.	<u>Assistant Inspector</u>	<u>(ISP)</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

HANYA UNTUK KARYAWAN RIWAYAT PEKERJAAN

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

- 1. Office : _____ jam/hari
- 2. Warehouse : _____ jam/hari
- 3. Workshop : 12 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
- b. Tekanan darah rendah 1. Ya 2. Tidak
- c. Jantung 1. Ya 2. Tidak
- d. Stroke 1. Ya 2. Tidak
- e. Kencing Manis 1. Ya 2. Tidak

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

RIWAYAT KECELAKAAN KERJA DAN PERAWATAN DI RUMAH SAKIT

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

POLA KONSUMSI BAHAN MAKANAN

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

RIWAYAT PENYAKIT KELUARGA

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

UNTUK KARYAWAN WANITA

- 1. Apakah saat ini Anda sedang hamil ? 1. Ya 2. Tidak
- 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

Bila tidak, langsung ke no. 3

KELUARGA BERENCANA

1. Apakah keluarga Anda mengikut keluarga berencana ?

1. Ya 2. Tidak 1

Bila tidak langsung ke Vaksinasi

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

1. Kondom 5. IUD 3

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 1

2. Tidak

2. Apakah Anda pernah mendapatkn vaksinasi hepatitis ?

1. Ya 3. Tidak tahu 1

2. Tidak

DONOR DARAH

1. Bersediakah Anda mendonorkan darah bila dibutuhkan ?

1. Ya 2. Tidak 1


2. Kapan Anda melakukan donor darah terakhir ?

8 / 02 / 19

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

Balikpapan, 22 Agustus 2020

Nama dan tanda tangan karyawan


(.....)

MEDICAL CHECK UP –2020

PHYSICAL EXAMINATION

NAME	SAFTIADI, Th.	S/N	-	DEPT	-
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I. VITAL SIGN

Blood Pressure (supine)	100/60	mmHg	Pulse	75	x/m	Respiration	20	x/m	Temp.	36	-C
Weight (W)	62	kg	Height (H)	158	cm	BMI	24,84	Waist	82	cm	

(*) BMI = W / H² (Underweight = <18, Normal 18-25, Overweight 25-30, Obese > 30)

II. PHYSICAL EXAMINATION

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

SUPPORTIVE INVESTIGATIONS

I. VISION

Vision	Unaided		With Spectacles		Depth Perception	Colour Blindness	
	Left	Right	Left	Right			
Distant	20/20	20/30				<input checked="" type="checkbox"/>	Normal
Near	20/20	20/20				<input type="checkbox"/>	Red – Green Absent
Visual fields (Normal > 70°)			Left	85°	Right	85°	Colour Blind

II. LABORATORIUM SUMMARY

<input type="checkbox"/>	Normal	COMMENT: Cholesterol 200 mg/dl (Meningkat).	<i>See attached result</i>
<input checked="" type="checkbox"/>	Abnormal		

III. CHEST X-RAY

Pneumoconiosis	Yes	No <input checked="" type="checkbox"/>	<i>See attached result</i>
If Yes – ILO Classification			
Evidence of TB	Yes	No <input checked="" type="checkbox"/>	
Other Abnormalities			
COMMENT	Foto Thorax Normal		

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

Normal <input checked="" type="checkbox"/>	Abnormal	(specify) : Sinus Rhythm	<i>See attached result</i>
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V. TREADMILL (Optional for over 35 years of age)

Normal <input checked="" type="checkbox"/>	Abnormal	(specify) : Negative Ischemic Response, 13 Mets.	<i>See attached result</i>
--------------------------------------------	----------	---------------------------------------------------------	----------------------------

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

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

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

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



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

Med-Track
SCHLUMBERGER PHYSICAL
Confidential Medical

PRE-EMPLOYMENT	<input checked="" type="checkbox"/>
Name of recruiter.....	PT. Inspeksi Industri Sinergi Perkasa
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) SAFTIADI FIRST NAME

SEX Male BIRTH DATE (day/month/year) 23 / 12 / 1992

HOME PHONE 0821 1249 4565 NATIONALITY Indonesia

HOME ADDRESS

Jl. Blok 2 Rt 25 No 12 Kelondosan Dist. Bojonegara Kota

Email address: Aseptadi92@gmail.com

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

Business segment: Inspection

(ex: WS, WG, etc.)

MEA EAF

LAM SLR

NAM

GIN /EMPLOYEE NUMBER

POSITION / Job Title Assistant Inspector

Country of assignment

International commuter

International mobile

Home country mobile

GeoMobile

Other (HCR, HCC, etc.):

PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE

TO BE COMPLETED BY THE EMPLOYEE

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

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

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

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

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

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

Medical center : Name of doctor :

Medical exam date :

And return only page 1 and 2 to :

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

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

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

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

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

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

Medical center: Name of doctor:

Medical exam date :

And return only page 1 and 2 to:

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

IMPORTANT: MUST BE FILLED IN BEFORE RETURNING TO INTERNATIONAL SOS

TO BE COMPLETED BY THE EMPLOYEE

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

OPTION 1 :

Medical examination performed by an International SOS recommended medical center

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

INFORMATION AND CONSENT

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

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

Date (day/month/year): 23 - 12 - 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:

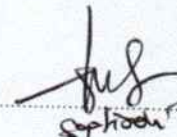
- (a) SCHLUMBERGER will transfer to International SOS my personal non-sensitive data required by SOS to organize this medical examination (i.e. name, date of birth, gender, employee number, nationality, job description/title, country of assignment and contact details).
- (b) SCHLUMBERGER via the Schlumberger 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: SAFTIADI

Date (day/month/year): 22 - 12 - 1992 Employee's signature: 

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EMPLOYEE

BLOOD TYPE :
(If known)

PAST MEDICAL HISTORY
DO YOU HAVE OR HAVE YOU HAD

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

- | | Yes | No | | Yes | No | HAVE YOU EVER BEEN | Yes | No |
|-----------------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|--------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. sinus trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21. cancer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 41. rejected for employment or insurance for medical reasons | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. neck swelling/glands | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22. heart disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 42. awarded benefits for industrial injury | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. difficulty in vision | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. rheumatic fever | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 43. treated for a mental condition | <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"/> | 44. treated for drinking problem/ drug abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. asthma/bronchitis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25. high blood pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 45. exposed to : | | |
| 6. hayfever/other allergy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. stroke | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mercury | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. any skin trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. serious chest pain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Radioactivity | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. tuberculosis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28. any blood disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Toxic chemicals | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. shortness of breath | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29. kidney disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excess noise | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. coughed blood | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30. painful passage of urine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| 11. abdominal pain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. blood in urine | <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"/> | | | |
| 13. recurrent indigestion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33. headaches/migraine | <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"/> | | | |
| 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"/> | | | |
| 17. blood in stool | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 37. surgical operation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| 18. change in weight | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 38. accident/fracture | <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"/> | | | |
| 20. lump in breast | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 40. fear of heights | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |

FOR WOMEN ONLY

- Have you ever had**
- 46. an abnormal smear
 - 47. a gynecological treatment
 - 48. are you pregnant ?

If you have answered "yes" to questions 37, 38 or 39 or if you have or had an illness not mentioned above please 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 FIRST NAME Saftiadi

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

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

DRUG TESTING: for pre-employment medicals only:

Not performed Performed Positive Negative

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

POLIO TETANUS HEPATITIS B YELLOW FEVER HEPATITIS A TYPHOID

OTHER VACCINATIONS PERFORMED:

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

MEDICAL EXAMINATION

IF ABNORMAL, PLEASE DETAIL

- | | | |
|-------------------------------------|----------------|------------------|
| | normal | abnormal |
| 1. eyes and pupils | (n) | a |
| 2. ear/nose/throat | (n) | a |
| 3. teeth and mouth | (n) | a <u>(m) (c)</u> |
| 4. lungs and chest | (n) | a |
| 5. cardiovascular | (n) | a |
| 6. abdo. viscera | (n) | a |
| 7. hernial orifices | (n) | a |
| 8. anus and rectum | (n) | a |
| 9. genito-urinary | (n) | a |
| 10. extremities | (n) | a |
| 11. musculo-skeletal | (n) | a |
| 12. skin/varicose vns | (n) | a |
| 13. neurological/
mental fitness | (n) | a |
| 14. breast | (n) | a |

HEIGHT	
cms	ft
158	

WEIGHT	
kgs	lbs
62	

BLOOD PRESSURE
100/60

PULSE
75

HEARING		
R	(n)	a
L	(n)	a

VISION		n	a	WITH GLASSES		COLOR Vision
				Yes	No	
Distant	R	20/30		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Normal
	L	20/20		<input type="checkbox"/>		
Near	R	20/20		<input type="checkbox"/>		
	L	20/20		<input type="checkbox"/>		

LAST NAME : -

FIRST NAME : SAFTIADI

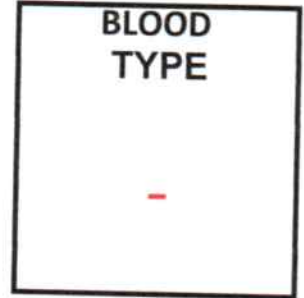
TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PARA-CLINICAL EXAMINATION

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

BLOOD ANALYSIS

Table with 4 columns: Test Name, Value, Unit, and Reference Range. Includes RBC, WBC, NEUTROPHIL, EOSINOPHIL, BASOPHIL, LYMPHOCYTE, MONOCYTE, HEMATOCRIT, HEMOGLOBIN, ESR, SGOT (ASAT), SGPT (ALAT), GAMMA GT, GLYCEMIA, CHOLESTEROL TOTAL, HDL, LDL, CREATININE, URIC ACID, and TRIGLYCERIDES.



test only if not already known

URINE ANALYSYS

ALBUMIN : -

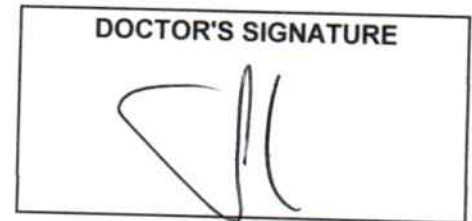
STOOL ANALYSIS

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

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

MUST BE REASSESSED Yes [] No []

Detail :



Date of medical examination (day/month/year) : 22/08/2020

EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS

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

Please write in clear capital letters !

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Med Track Plus Exam

Only for high mobility employees (IM, IC, GM, HCM) over 40 years of age

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

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

EYES :

Tonometry Right eye (Glaucoma testing)mmHG

Tonometry Left eye (Glaucoma testing)mmHG

ADDITIONAL BLOOD TESTS :

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 : 22/08/2020

No. : 1868

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

Nama Lengkap: SAFTIADI, Tn.	Tgl. Lahir: 23/12/1992	Umur : 27 tahun	Jenis Kelamin : Laki-Laki
Nama Perusahaan: PT. INSPEKTINDO SINERGI PERSADA	Alamat Rumah: Jl. Blora 2 RT 25 No.12 Klandasan Ilir Balikpapan Kota	Telp./HP : HP : 0821 1249 4565	

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	75

Bagian D. Pemeriksaan Fisik (diisi oleh dokter pemeriksa)

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

Bagian E. Kategori Penilaian

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

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

Pasien/Karyawan	Petugas Skrining	Dokter Pemeriksa
	 SUPARLAN	 dr. Malikinnas MEDICA INDONESIA SIP: 449.1/2/5/P.3/DPMPT/SIP-D/2018



JAKARTA CARDIOVASCULAR SCORE

Name : SAFTIADI, Tn.
MCU No. : 1868/GMI-MCU/VIII/2020
Date : 22/08/2020

Age (Years) : 27
Job : Assistant Inspector
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	100/60	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	24,84	0
	26,00-29,99	1		
	30,00-35,58	2		
Smoke	Never	0	Never	0
	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				-3
CONCLUSION :		➔	LOW RISK (CV10 < 10%)	

NOTES :

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

RISK LEVEL :

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





HASIL PEMERIKSAAN LABORATORIUM

Result of Laboratorium Analysis

Nomor Lab. (Lab. Number) : 1868 /GMI-MCU/VIII/2020

Data Pasien (Patient Detail)

Nama (Name) :	SAFTIADI, Tn.	/	M	Umur (Age) :	27	Tahun (Years old)
Pekerjaan (Job Position) :	ASSISTANT INSPECTOR			Dokter (Doctor) :	Dr. Hendra AZ	
Perusahaan (Company) :	PT. INSPEKTINDO SINERGI PERSADA			Tgl Pemeriksaan (Date of Analysis) :	22 Agustus 2020	

HEMATOLOGY	Hasil / Result	Nilai Normal / Normal Value
Hemoglobine (Hgb)	15,3	{ F:12,0-16,0 g/dL, M:13,0-18,0 g/dL }
Hematocrit (Hct)	44	{ F: 35 - 45%, M: 40 - 50 % }
Erythrocyt (RBC)	5,1	{ F:3,8-5,5x10 ⁶ sel/mm3, M:4,4-5,6x10 ⁶ sel/mm3 }
Leucocyt (WBC)	8,1	{ 4,0 - 10,0/mm3 }
Differential Count		
Basophile	0,1	0,0 - 2,0%
Eosinophile	2,1	0,5 - 6,0%
Neutrofil	56	50,0 - 70,0%
Lymphocyte	34	20,0% - 40,0%
Monocyte	7,8	3,0 - 12,0%
MCV	85	80 - 100 fl
MCH	29	27-34 pg/sel
MCHC	35	32-36 g/dL
RDW- CV	13,5	11,0 - 16,0 %
RDW- SD	42,9	35,0 - 56,0 fl
Thrombocyt	201	{ 140 - 440 x 10 ⁹ /mm3 }

BLOOD CHEMISTRY	Hasil / Result	Nilai Normal / Normal Value
Glucose Fasting	108	70- 110 mg/dl
Glucose 2h pp	110	< 180 mg/dl
Cholesterol total	200	Normal : <200mg/dL, Borderline :200-240 Tinggi > 240 mg/dl
HDL Cholesterol	59	M:Normal > 55 mg/dl Boorderline 35 - 55 mg/dl Abnormal < 35 mg/dl F : Normal > 65 mg/dl Borderline 45 - 65 mg/dl Abnormal : < 45 mg/dl
LDL Cholesterol	124	Normal < 130 mg/dl Borderline 130-159 mg/dl Tinggi > 160 mg/dl
Triglycerides	85	Normal < 150 mg/dl, Bordeline 150 -199 mg/dl Tinggi 200 -499 mg/dl
Uric Acid	6,1	{ Dewasa M :3,5 - 7,2 mg/dL } { Dewasa F : 2,6 - 6,0 mg/dL }
Creatinine	0,7	0,8 - 1,4 mg/dL
Ureum	28	10 - 50 mg/ dL
Gamma GT	45	M: 11 - 51 U/L, F: 7 - 33 U/L
SGOT / AST	12	M : s/d 37 U/L F : s/d31 U/ L
SGPT / ALT	27	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	6,5	4,5 - 8
Protein	Negative	< 7,5 mg/dL, 0,075 g/l
Glucose	Negative	< 0,018 mg/dl, < 5 mmol/L
Leucocyt	Negative	< 9 Leu/µ L
Ketone	Negative	< 2,5 mg/dL, 0,25 mmol /dl
Urobilin	Negative	<0,2 mg/dL, <3,5 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. (Lab. Number) : 1868 /GMI-MCU/VIII/2020

Data Pasien (Patient Detail)

Nama (Name)	: SAFTIADI, Tn.	/	M	Umur (Age)	: 27	Tahun (Years old)
Pekerjaan (Job Position)	: ASSISTANT INSPECTOR			Dokter (Doctor)	: Dr. Hendra AZ	
Perusahaan (Company)	: PT. INSPEKTINDO SINERGI PERSADA			Tgl Pemeriksaan (Date of Analysis)	: 22 Agustus 2020	

MICROS		
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
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,

Dr. Hendra AZ
GRAND Medica

Analisis Laboratorium

Syamsia Am. Ak





Nomor Pasien
(Patient Number) :

Nomor Film
(Film Number) : 1868

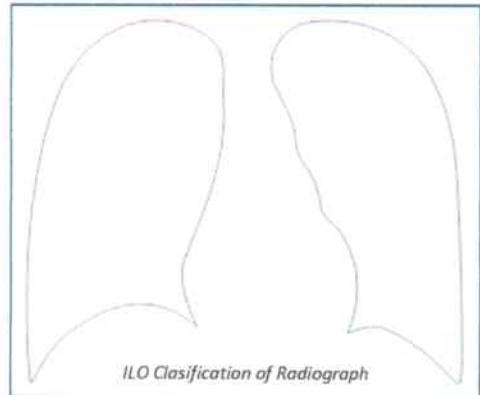
Data Pasien (Patient Detail)

Nama
(Name) : SAFTIADI, Tn.
Umur
(Age) : 27 Tahun
(years old)
Jenis Kelamin
(Gender) : Male

Perusahaan
(Company) : PT. INSPEKTINDO SINERGI PERSADA
Pekerjaan
(Occupation) : ASSISTANT INSPECTOR
Tgl Pemeriksaan
(Date of Analysis) : 22 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.PD
(Radiologist signature)
Spesialis Radiologi



Passion for excellence



Nomor Pasien
(Patient Number) : 1868

Pemeriksaan
Examination : **USG WHOLE ABDOMEN**

Data Pasien (Patient Detail)

Nama
(Name) : SAFTIADI, Tn
Umur
(Age) : 27 **Tahun**
(Years old)
Jenis Kelamin
(Gender) : LAKI-LAKI

Perusahaan
(Company) : ASSISTANT INSPECTOR
Pekerjaan
(Occupation) : PT. INSPEKTINDO SINERGI PERSADA
Tgl Pemeriksaan
(Date of Analysis) : 8/22/2020

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 H. RIS, Sp.Rd
Spesialis Radiologi
(Radiologist signature)





**GRAND MEDICA
INDONESIA**

Radiological Analysis
Radiological Examination

Nomor Pasien
(Patient Number) : **1868**

Tgl Pemeriksaan
(Date of Analysis) : **8/22/2020**

Pemeriksaan
Examination : **USG WHOLE ABDOMEN**

Data Pasien (Patient Detail)

Nama
(Name) : **SAFTIADI, Tn**

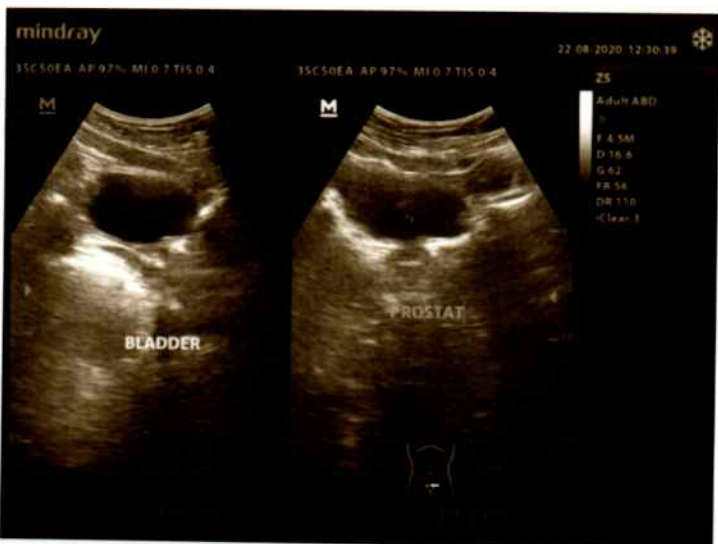
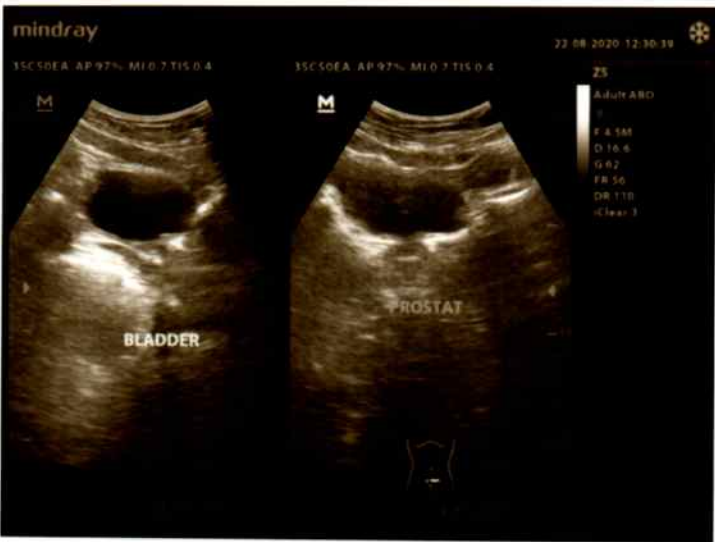
Umur
(Age) : **27**

Tahun
(Years old)

Jenis
(Gender) : **LAKI-LAKI**

Perusahaan:
(Company)
Pekerjaan
(Occupation)

PT. INSPEKTINDO SINERGI PERSADA
ASSISTANT INSPECTOR





**GRAND MEDICA
INDONESIA**

Patient Data

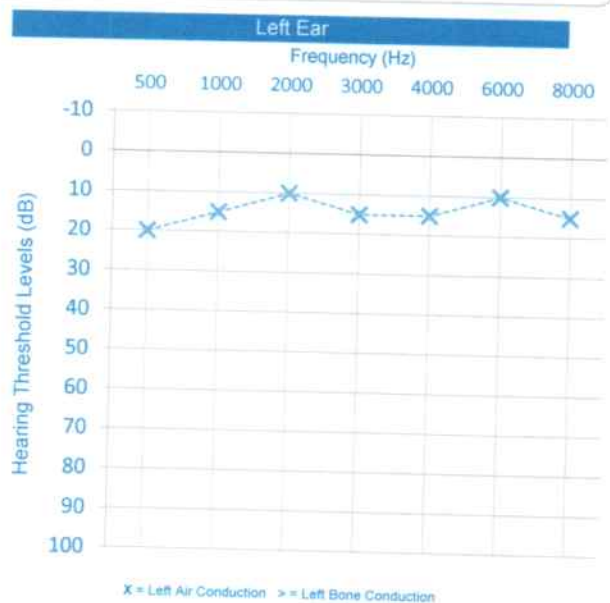
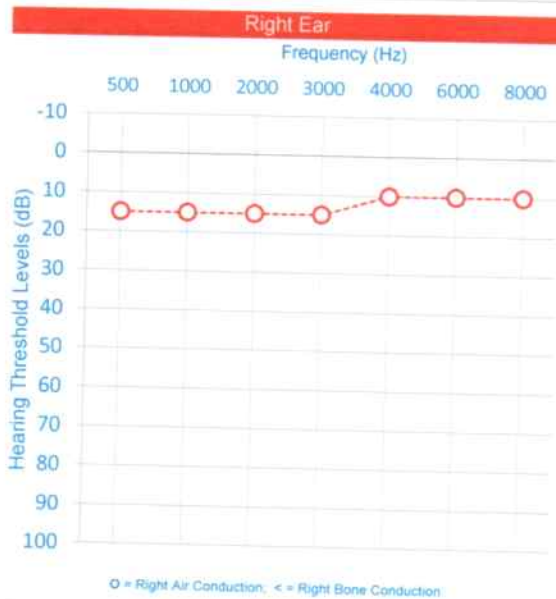
ID Number	1868	Gender	Laki-laki
First Name	SAFTIADI	Occupation	Assistant Inspector
Last Name	-	Company	PT. Inspektindo Sinergi Persada
Age	27 Yo.	Test Date	22 Agustus 2020

Occupational Noise Exposure

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

Otological History / Symptoms

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



Test Detail

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

Right Ear Observation and Test Result

Canal	Normal							HTL
Ear Drum	Normal							RIGHT EAR
Conduction	Frequency (Hz)							13.3
	500	1000	2000	3000	4000	6000	8000	
	Air	15	15	15	15	10	10	
Bone								0.0

Left Ear Observation and Test Result

Canal	Normal							HTL
Ear Drum	Normal							LEFT EAR
Conduction	Frequency (Hz)							13.3
	500	1000	2000	3000	4000	6000	8000	
	Air	20	15	10	15	15	10	
Bone								0.0

Conclusion / Medical Report

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

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

Instrument used
SIBELSOUND 400

Standard
 OSHA





Patient Data

ID Number	1868	Company	PT. Inspektindo Sinergi
Name	SAFTIADI, Tn	Occupation	Assistant Inspector
Gender	Male	Test Date	22 August 2020
DOB / Age	23 December 1992 / / 27 Yo.	Weight (kg)	62
Height (cm)	158	BMI	24.84

Pre-exercise Test

Indication	Medical Check Up
Pre-exercise BP	100/60 mmHg
Heart Rate	75 bpm
Respiration	17 x/mnt
Resting ECG	<i>NSR</i>

Exercise Test Summary

Exercise Time	12:02	mm:ss	End Stage	4
Max Heart Rate	199	bpm	Target Heart Rate	163 bpm
Max Blood Pressure	110/60	mmHg	Max Heart Rate	122,1 %
Aerobic Capacity	<i>13</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 Ischemic response
fit to work at Keanofo Area*

Recommendation :

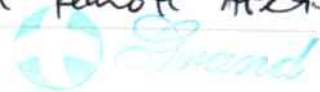
Cardiologist Signature

Dr. ACHMAD YUSRI, Sp.P

RS. HAN TUNG BRN PUSKESDA DARAI

Instrument Used

CONTEC 8000S S/N 140203027



ID : 1868
Name : Salfiadi
Age : 27 Years
Department: PT. Inspektindo
Gender : Male

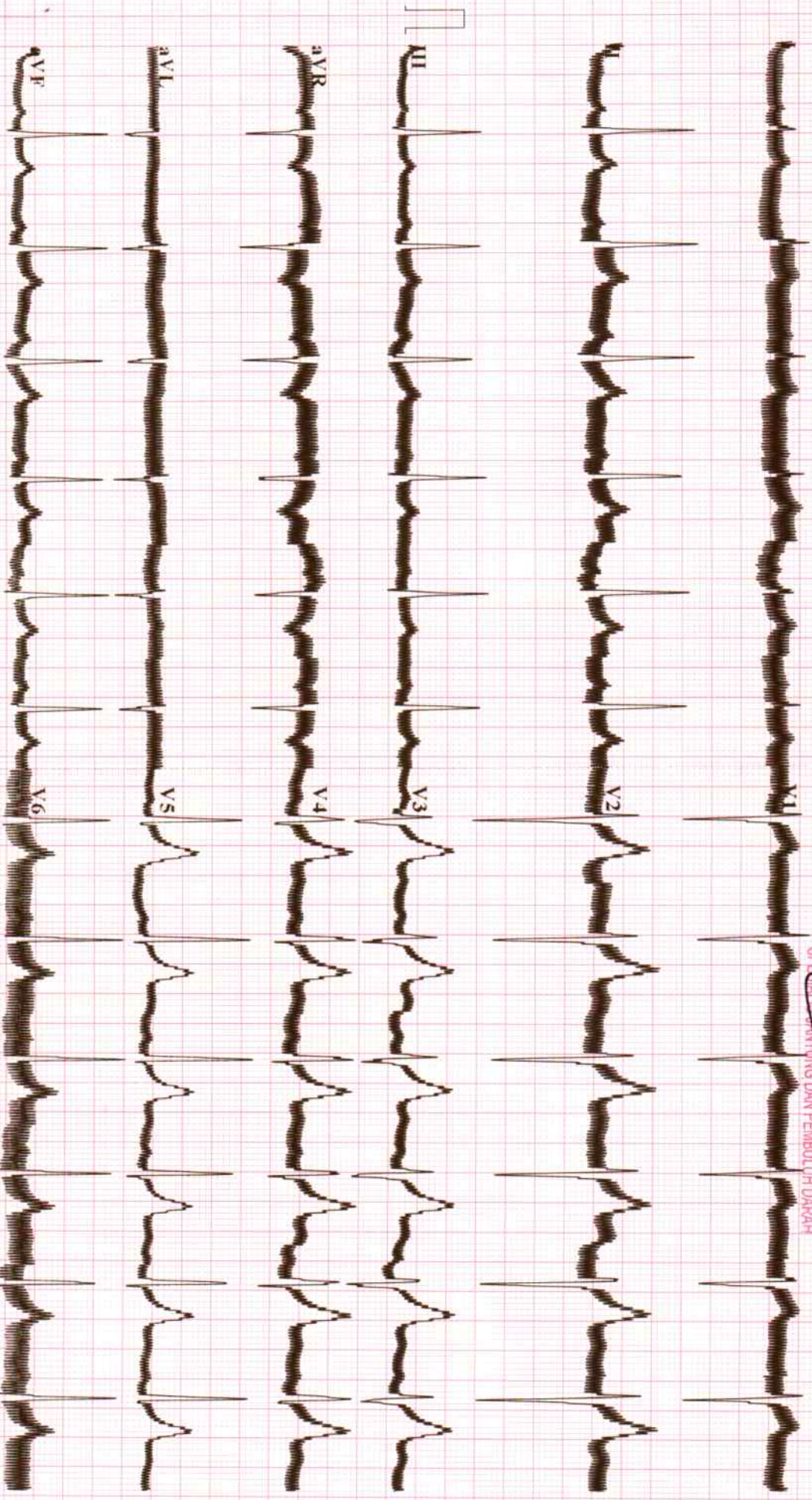
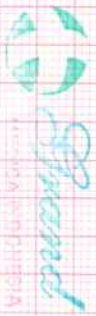
HR : 75 BPM
P Dur : 114 ms
PR int : 164 ms
QRS Dur : 85 ms
QT/QTc int : 353/395 ms
P/QRS/T axis : 80/77/58 °
RV5/SV1 amp : 1.714/1.399 mV
RV5+SV1 amp : 3.113 mV
RV6/SV2 amp : 1.661/1.898 mV

Technician : Rinda AmdKep
Report Confirmed by:

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

NSK.

dr. AGHMAD YUSRI, SpJP
SPECIALIS AMBUNG DAN PEMBULUH DARAH



Grand Medica Indonesia Stress Exercise Report

ID: 1868 Section: Name: Saftiadi Sex: Male Age: 28 Exam Time: 22-08-2020 11:10

Information

DOB: 1992-02-23 Race: Oriental Race Indications: MCU
 Height: 158.00 cm Weight: 62.00 kg

Smoking Diabetic History of MI
 Hypertension Hyperlipidemia Family History

Address: Medications:
 Telephone:

Result

Stage Name	HR(bpm)	BP(mmHg)	Summary	Max Values	ST Segment
PRE-EXE	158	100/60	Protocol Name: BRUCE	HR: 199 bpm	09:20 Max Elevation: 1.65 mV
EXE1	150	100/60	Target HR: 163 bpm	Target HR: 122.1 %	10:40 Max Depression: -1.69 mV
EXE2	151	100/60	Exercise Time: 12:02	METS: 13.5	10:40 Max Elevation Change: 1.72 mV
EXE3	171	100/60	Max Speed: 6.8 km/h	HR*BP: 15360.0	10:40 Max Depression Change: -1.89 mV
EXE4	167	100/60	Max Grade: 16.0 %	SYS: 100.0	10:40
REC1	168	100/60	Exceed +/-100uV Leads: I II III aVL aVR aVF V1 V2 V3 V4 V5 V6 DUKE Score: ----	DIA: 60.0	10:40

Arrhythmia		Reason for End :	
Total Beats:	1888	Abnormal Beats:	467
Total V:	169	Total S:	298
V Pairs:	3	S Pairs:	7
V Run:	1	S Run:	15
V bigeminal:	0	S bigeminal:	6
V trigeminal:	0	S trigeminal:	3
Total Long:	0	Symptoms:	

Conclusions:

Negative Ischemic Response.

Operator:

Reviewing Physician:



Dr. Achmad Yusri SpJP
 COORDINATOR STROKE AND PERIPHERAL VASCULAR DISEASE

Grand Medica Indonesia Stress Exercise Report

Average QRS

ID: 1868

Section:

Name: Satiadi

Sex: Male

Age: 28

Exam Time: 22-08-2020 11:10

Time: 00:20	Time: 03:20	Time: 06:20	Time: 09:20	Time: 11:30	Time: 11:50
HR: 164 bpm BP: 100/60 mmHg	HR: 137 bpm BP: 100/60 mmHg	HR: 164 bpm BP: 100/60 mmHg	HR: 199 bpm BP: 100/60 mmHg	HR: 176 bpm BP: 100/60 mmHg	HR: 168 bpm BP: 100/60 mmHg
0.02 36.66	-0.04 11.47	0.01 11.84	-0.16 78.93	-0.21 175.29	0.02 15.50
-1.01 11.58	0.03 11.420	-0.09 11.10	0.12 11.39	-0.07 11.317	0.16 11.47
-1.03 82.44	0.08 84.43	-0.10 19.15	0.27 85.14	0.12 72.59	0.13 13.91
0.49 71.46	0.00 45.31	0.04 5.41	0.02 35.75	0.14 63.80	-0.09 8.24
0.53 76.44	-0.06 47.05	0.05 13.98	-0.21 83.21	-0.18 74.93	-0.05 13.47
-1.02 92.03	0.05 94.29	-0.09 91.60	0.19 93.76	0.04 59.30	0.15 9.41
0.33 92.65	0.06 92.20	0.08 92.14	-0.06 92.36	0.07 72.81	-0.06 92.75
0.31 98.42	0.13 94.29	0.07 93.36	-0.06 91.97	0.04 93.15	-0.04 13.17
0.32 98.27	0.27 94.12	0.09 95.75	-0.13 92.09	0.05 74.65	-0.05 94.73
0.35 98.24	0.17 95.00	0.01 91.98	0.05 99.46	0.05 99.18	-0.11 93.39
0.39 97.72	0.16 91.04	0.00 98.03	0.05 91.68	0.04 96.19	-0.10 99.88
0.36 97.42	0.13 48.04	0.00 32.18	0.03 -11.32	0.02 56.81	-0.08 49.23

Grand Medica Indonesia Stress Exercise Report

ECG Strips

ID: 1868

Section:

Name: Satiadi

Sex: Male

Age: 28

Exam Time: 22-08-2020 11:10

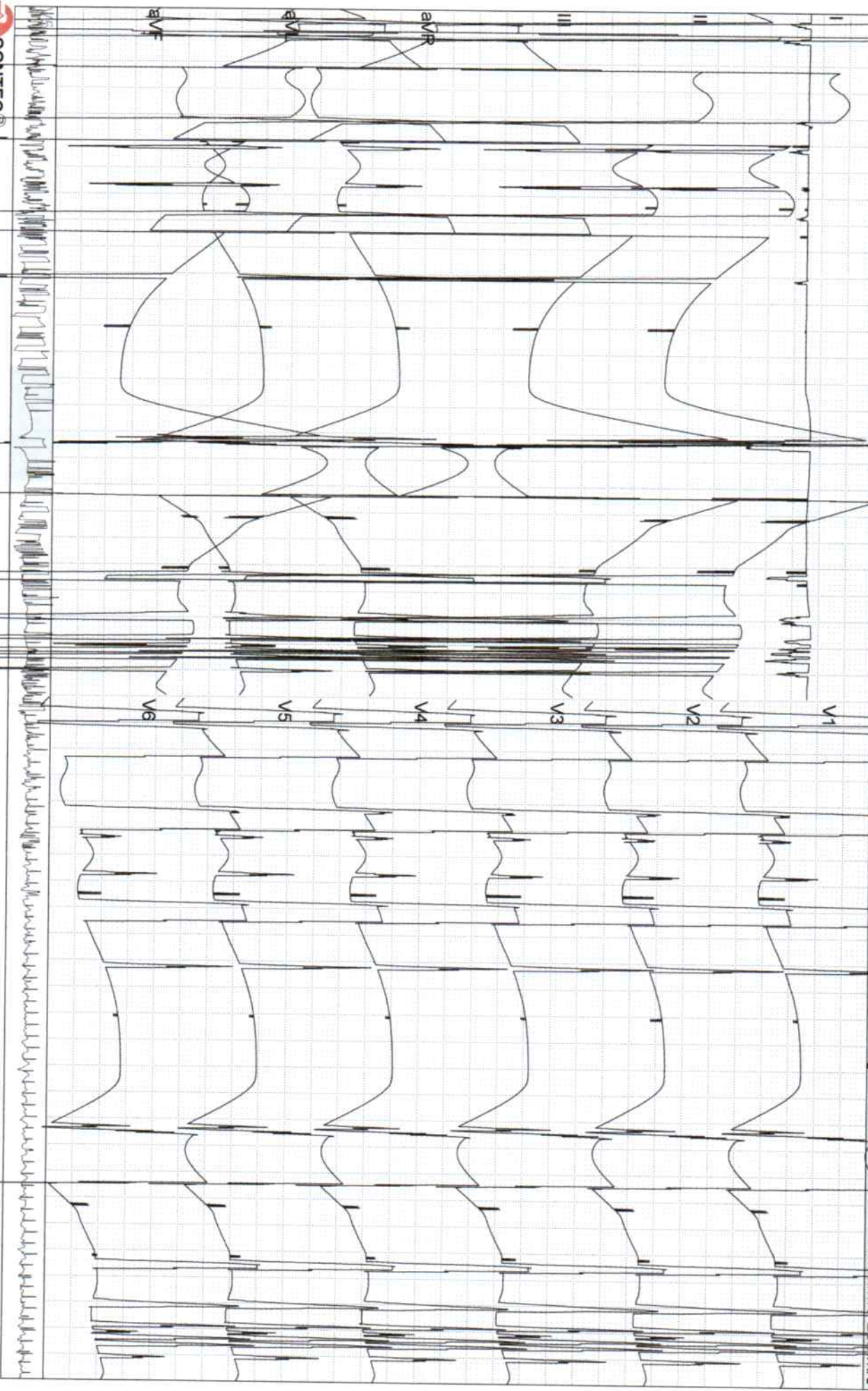
Time: 00:16

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

HR: 158 bpm

BP: 100/60 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ID:1868

Section:

Name: Saftiadi

Sex: Male

Age: 28

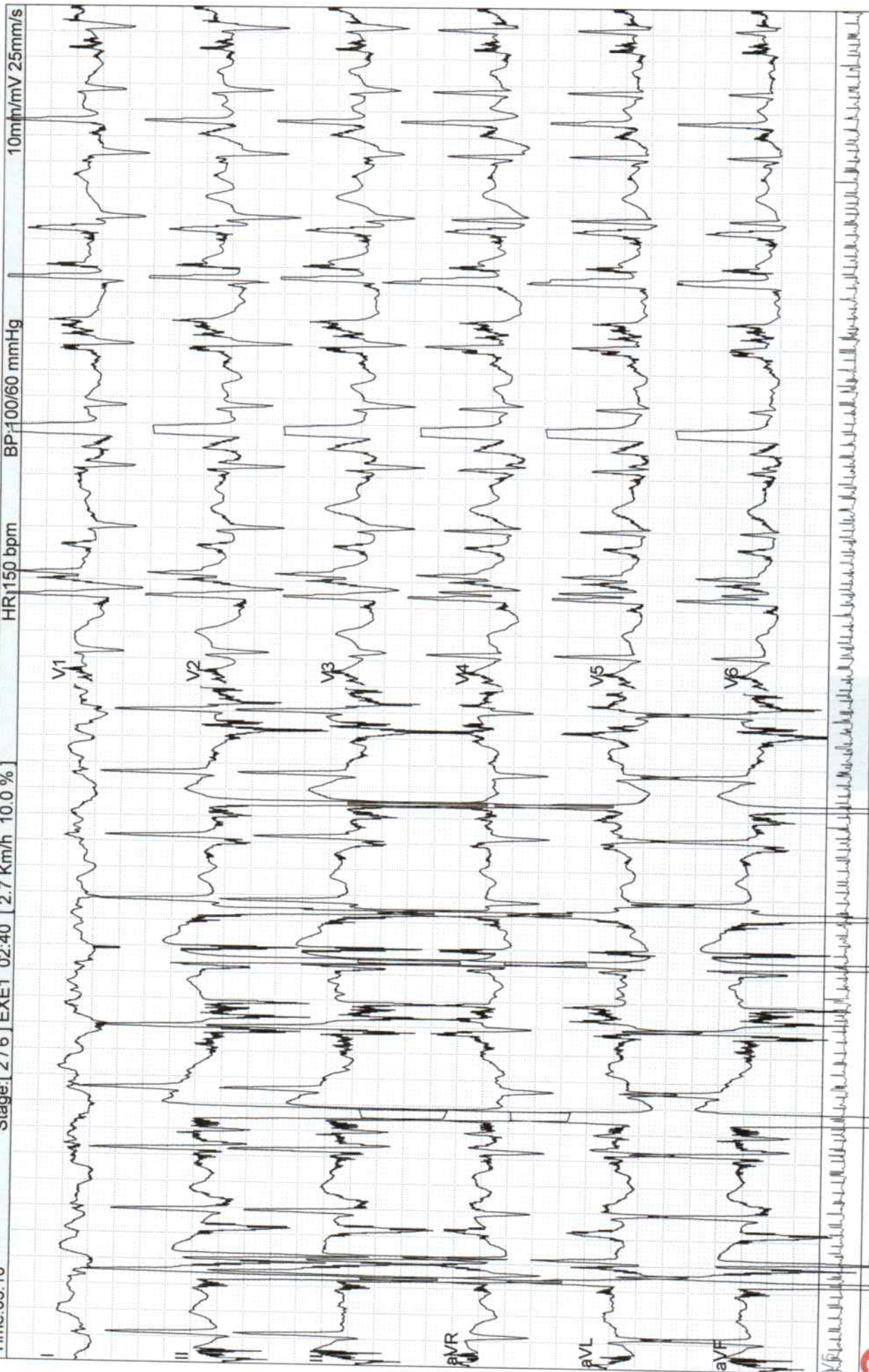
Exam Time: 22-08-2020 11:10

Stage: [2 / 6] EXE1 02:40 [2.7 Km/h 10.0 %]

HR: 150 bpm

BP: 100/60 mmHg

10mm/mV 25mm/s



Grand Medica Indonesia Stress Exercise Report

ID: 1868

Section:

Stage: [3 / 6] EXE2 02:36 [4.0 Km/h 12.0 %]

Sex: Male

Age: 28

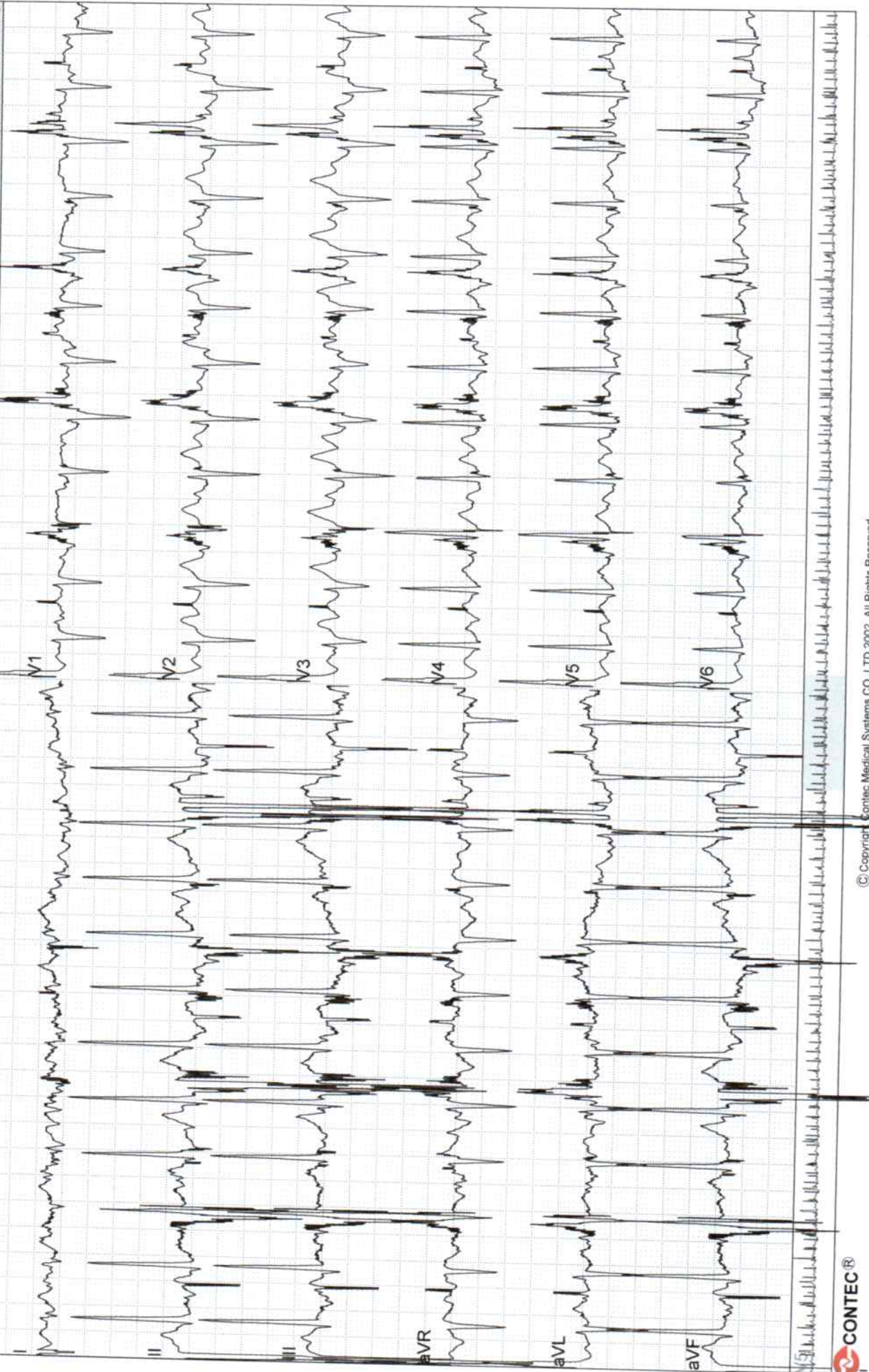
Exam Time: 22-08-2020 11:10

HR: 150 bpm

BP: 100/60 mmHg

10mm/mV 25mm/s

ECG Strips



Grand Medica Indonesia Stress Exercise Report

ID: 1868

Section:

Name: Safta

Sex: Male

Age: 28

Exam Time: 22-08-2020 11:10

Time: 09:15

Stage: 4 / 61

EXE3 (2.46 [5.5 m]) 14.0 %

HR: 171 bpm

BP: 100/60 mmHg

10mm/mV 25mm/s

