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|---|
| 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

| EMPLOYEE: | |
|------------------------|--|
| PRE-EMPLOYMENT | <input type="checkbox"/> |
| Name of recruiter..... | |
| Job proposed : | Office <input type="checkbox"/> |
| | Field <input type="checkbox"/> |
| STANDARD MED-TRACK | <input type="checkbox"/> |
| MED-TRACK PLUS | <input type="checkbox"/> |
| DEPENDENT: | |
| ADULT DEPENDENT | <input type="checkbox"/> |
| MINOR DEPENDENT | <input type="checkbox"/> |

Dear Schlumberger Employee, Dependent,

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 require that you sign a Consent Form on page 4 authorizing International SOS and the Schlumberger Medical Department to access your information. You do, however, have the possibility of not releasing this medical data.

Do not forget to select and to sign the appropriate consent form depending on whether you are an employee, dependent or signing for a minor dependent and depending on whether you have performed your Med-Track physical in an International SOS recommended center or another center of your choice.

Thank you for cooperation.
Schlumberger Medical Department and International SOS

TO BE COMPLETED BY THE EMPLOYEE OR HIS/HER DEPENDENT

PLEASE WRITE IN CLEAR CAPITAL LETTERS IN ENGLISH

LAST NAME
(as it appears in LDAP)..... FIRST NAME

DEPENDENT'S LAST NAME FIRST NAME

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

HOME PHONE NATIONALITY

HOME ADDRESS

.....

Email address:

FOR EMPLOYEES - CLEARLY INDICATE YOUR COMPANY INFORMATION

PUT AN "X" IN THE CORRESPONDING BOX BELOW:

| | |
|--|--|
| Business segment: (ex: WS, WG, etc.) | Country of assignment..... International commuter <input type="checkbox"/> International mobile <input type="checkbox"/> Home country mobile <input type="checkbox"/> GeoMobile <input type="checkbox"/> HCR, HCC <input type="checkbox"/> Other : |
| Geomarket : (ex: NAF, SSA, FEA, RCA etc.) | |
| GIN /EMPLOYEE NUMBER POSITION / Job Title | |

PLEASE ANSWER ALL THE QUESTIONS ON THIS PAGE

SCHLUMBERGER HIGH MOBILITY EMPLOYEES AND THEIR DEPENDENTS

eMED-TRACK PROGRAM SERVICES – DATA PRIVACY NOTICE, MEDICAL EXAMINATION OPTIONS AND CONSENT FORM

Numerous employees of the SCHLUMBERGER group of companies (“SCHLUMBERGER”) work in high mobility jobs. SCHLUMBERGER strives to reduce employee health risks and provide medical support in relation to travel, living and working abroad for these employees. For this purpose, SCHLUMBERGER implemented the eMed-Track Program for its employees and its employee’s dependents. The eMed-Track Program is managed by International SOS, a global medical services provider, on behalf of SCHLUMBERGER.

One aspect of the eMed-Track Program is the offering of additional medical services to SCHLUMBERGER’s high mobility employees and their families since there is an inconsistent level of local medical facilities in many countries where SCHLUMBERGER operates (eMed-Track Services). Another aspect of the eMed-Track Program is the Med-Track examination (“Med-Track Examination”). To ensure that current or potential future employees in a high mobility job are fit to travel, work and/or live abroad, such employees must undergo a prescribed and mandatory medical examination every three years – the Med-Track Examination. The services offered under the eMed-Track Program are more fully described below.

What do eMed-Track Services offer to you and your family?

eMed-Track Services offers you and your dependent(s) voluntary medical services consisting of (i) medical examinations for you and your dependents, (ii) centralized administration of your and your dependent’s medical files, which will be accessible to you, independently of the country you will be transferred to; and (iii) in emergency cases where you cannot access your information on your own, the information may be accessed by SCHLUMBERGER Medical Department, [Schlumberger Medical Department; Services Techniques Schlumberger; Le Palatin 1; 1 cours du Triangle; 92936 La Défense Cedex, France], in order to allow a physician to take the required actions. SCHLUMBERGER will only access your medical records in such emergency cases. The eMed-Track Services is purely for your benefit, no work-related decisions will be made by SCHLUMBERGER based on the information processed in the course of the eMed-Track Services. The eMed-Track Services are offered to you and your dependant(s) by SCHLUMBERGER at no cost (through reimbursement).

If you and/or your dependents would like to benefit from the eMed-Track Services, please provide your and your dependent’s consent on page 4.

What is the Med-Track Examination?

The Med-Track Examination, mandatory for SCHLUMBERGER high mobility employees, can be performed by the physician of your choice. It can also be performed by a physician in a medical center recommended by International SOS. In order to carry out the Med-Track Examination correctly, you must provide the physician with (i) a Medical Questionnaire and (ii) a template form Certificate of Fitness. These documents may be downloaded from the International SOS website at the following address: <https://www.gocare.fr/slblogin.aspx> . Part of the Medical Questionnaire must be filled out by you prior to the Med-Track Examination and presented to the examining physician. The examining physician will complete the Medical Questionnaire and the Certificate of Fitness. You must send the completed initial Certificate of Fitness to International SOS for review. Based on this initial Certificate of Fitness, the final fitness to work status will be determined by International SOS along with SCHLUMBERGER Medical Department and the final Certificate of Fitness will then be uploaded into the eMed-Track Program. SCHLUMBERGER Medical Department will also have access to the information in your Medical Questionnaire in order to make your work status determination, even if you did not send the completed Medical Questionnaire to International SOS. In case of questions, SCHLUMBERGER Medical Department may contact the examining physician for clarification. Without the Med-Track Examination and the corresponding Certificate of Fitness, the employee will not be eligible for high mobility assignments.

In addition, you can choose to send the completed Medical Questionnaire to International SOS as part of the eMed-Track Services. (see:http://www.hub.slb.com/Docs/sl/healthhub/data/docs/IM_Med_Track_questionnaire.pdf).

You may also request the full Med-Track report from the examining physician. Please note that International SOS and SCHLUMBERGER Medical Department are subject to ethical and strict rules of confidentiality inherent to the medical profession.

Which personal data is processed?

SCHLUMBERGER provides the following categories of employee data to International SOS for the purpose of administering the eMed-Track Program: your name and contact details including your corporate email, date of birth, gender, employee number, employer, nationality, job description, and country of assignment, and the name and contact details of your dependents in case they want to take advantage of the eMed-Track Services.

In connection with the Med-Track Examination, the following categories of personal data will also be processed: the "fit to work" status as determined in the Certificate of Fitness and other health related information contained in your Medical Questionnaire or provided by your physician to SCHLUMBERGER Medical Department in order to determine your "fit to work" status.

If you and/or your dependents choose to participate in the Med-Track Services, SCHLUMBERGER will also process other health data about you and/or your dependents.

Who has access to your personal data?

SCHLUMBERGER Medical Department and International SOS will only have access to your personal data or the personal data of your dependent(s) to the extent required to perform the eMed-Track Program.

Aside from SCHLUMBERGER Medical Department, no one within SCHLUMBERGER may have access to your medical file or the medical file of your dependent(s). Only the final Certificate of Fitness will be accessible to a limited number of duly authorized personnel within SCHLUMBERGER responsible for job decisions relating to high mobility employees.

Where is your personal data stored/transferred to?

Your personal data or the personal data of your dependent(s) in the eMed-Track Program is hosted in an International SOS server located in France. Depending on the location of SCHLUMBERGER personnel responsible for job decisions relating to you, the final Certificate of Fitness may be accessed from a country outside the EU, which may not provide for an adequate level of protection of your personal data. Please note that the protection of your and your dependent's personal data is safeguarded by the SCHLUMBERGER Binding Corporate Rules which apply to all SCHLUMBERGER group companies worldwide.

How is your personal data secured?

Both the server and the internet connections used for storing and transmitting your personal data in the eMed-Track Program are totally secured against unauthorized access in conformity with the mandatory legal norms for the protection of health data. This entails that all medical data can only be transmitted over the internet in an encrypted format.

Who is responsible for your personal data?

SCHLUMBERGER ("Services Techniques Schlumberger", having its registered address at 1 cours du Triangle, immeuble Le Palatin 1, La Defense 12, 92936 Paris La Defense Cedex, France) is responsible for the data processing related to the eMed-Track Program. In all other cases, the relevant physician will be responsible for the processing of your medical file.

What are your rights?

You are entitled to access, correct, delete or block (as appropriate) your personal data in the eMed-Track Program. Requests can be sent, by email, to the Med-Track department: e-medtrack@internationalsos.com , or by mail to:

International SOS France
Med-Track Program
1 rue du Parc
92593 Levallois Perret Cedex
FRANCE

Medical examination options and consent statement for the eMed-Track Program

Please carefully read the information below and fill out the appropriate consent form.

I- Med-Track Examination – Choice of Physician

MANDATORY: MUST BE FILLED IN BY EMPLOYEE / DEPENDENT

Please indicate below whether your Med-Track Examination shall be performed by a physician of your choice or a physician or medical center recommended by an International SOS recommended.

- My Med-Track Examination shall be performed by the physician of my choice.
- My Med-Track Examination shall be performed by a physician or a medical center recommended by International SOS.

II- eMed-Track Services – Voluntary Participation

Please select the box that corresponds to your situation

A. YOU ARE AN EMPLOYEE

Please indicate whether you want to participate in the eMed-Track Services, which would include the managing and maintaining of your medical records, including your Medical Questionnaire, by International SOS.

- I want to participate in the eMed-Track Services.
- I do not want to participate in the eMed-Track Services and will manage and maintain my medical records myself.

Full name of employee:

Signature of employee:

Date: (dd/mm/yy)

B. YOU ARE THE DEPENDENT OF A SCHLUMBERGER EMPLOYEE

Please indicate whether you want to participate in the eMed-Track Services, which would include the managing and maintaining of your medical records, including your Medical Questionnaire, by International SOS.

- I, as a dependent of a SCHLUMBERGER employee, wish to participate in the eMed-Track Services.
- I, as a dependent of a SCHLUMBERGER employee, do not want to participate in the eMed-Track Services and will manage and maintain my medical records myself.

Full name of dependent:

Signature of dependent:

Date: (dd/mm/yy)

C. YOU ARE SIGNING ON BEHALF OF A MINOR DEPENDENT

Please indicate whether you want any of your minor dependents to participate in the eMed-Track Services, which would include the managing and maintaining of their medical records, including your Medical Questionnaire, by International SOS. Please fill in a separate Med-Track exam for each dependent.

- I want my minor dependent identified below to participate in the eMed-Track Services.

Last name of Minor Dependent: _____

Date of Birth (dd/mm/yy): _____

First name of Minor Dependent: _____

Full name of employee / adult dependent:

Signature of employee / adult dependent:

Date: (dd/mm/yy)

PLEASE WRITE IN CLEAR, CAPITAL LETTERS

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EMPLOYEE OR HIS/HER DEPENDENT

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

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

.....

.....

.....

Medication taken regularly :

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

Allergies to medication:

DATES OF **LAST** VACCINATIONS: (day/month/year)

polio / / hepatitis B / / hepatitis A / /

tetanus / / yellow fever / / typhoid / /

other:, date: / / Other:, date: / /

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

PLEASE WRITE IN CLEAR, CAPITAL LETTERS

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

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

DRUG TESTING: for pre-employment medicals only:

Not performed Performed Positive Negative

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

POLIO TETANUS HEPATITIS B YELLOW FEVER HEPATITIS A TYPHOID

OTHER VACCINATIONS PERFORMED:

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

MEDICAL EXAMINATION

IF ABNORMAL, PLEASE DETAIL

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

| | | | | | | | | | | | | | |
|--------|----|--------|-----|----------------|-------|---------|---|---|---------|--------|---|------------------------------|--------------|
| HEIGHT | | WEIGHT | | BLOOD PRESSURE | PULSE | HEARING | | | VISION | n | a | WITH GLASSES | COLOR Vision |
| cms | ft | kgs | lbs | | | R | n | a | Distant | R L | | Yes <input type="checkbox"/> | |
| | | | | | | L | n | a | Near | R L | | No <input type="checkbox"/> | |

PLEASE WRITE IN CLEAR, CAPITAL LETTERS

LAST NAME FIRST NAME

TO BE COMPLETED BY THE EXAMINING PHYSICIAN
These tests do not apply to minor dependents

PARA-CLINICAL EXAMINATION

ECG n a
chest X ray n a

BLOOD ANALYSIS

RBC M/mm3 SGOT (ASAT) UI
WBC /mm3 SGPT (ALAT) UI
NEUTRO % GAMMA GT UI
EOSINO % GLYCEMIA(mmol/l)
BASO % CHOLESTEROL TOTAL.....(mmol/l)
LYMPHO % HDL.....(mmol/l)
MONO % LDL(mmol/l)
HEMATOCRIT % CREATININE(µmol/l)
HEMOGLOBIN g/dl URIC ACID(µmol/l)
ESR (sedimentation rate) TRIGLYCERIDES(mmol/l)

**BLOOD
TYPE**

test only if not already known

URINE ANALYSIS

ALBUMIN..... SUGAR BLOOD

STOOL ANALYSIS

PARASITES BLOOD

CONCLUSION: FIT IN ALL AREAS Yes No

MUST BE REASSESSED Yes No

(if you answer No, please detail your reasons)

Detail :
.....
.....
.....
.....
.....

Date of medical examination (day/month/year)/...../.....

DOCTOR'S SIGNATURE

MEDICAL CENTER STAMP/SEAL

EXAMINING PHYSICIAN'S FULL NAME AND ADDRESS

Last name:
First name:
Street:
City: Country:
Tel: Fax:
E-mail address:

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
Recommended but NOT MANDATORY**

If you are a high mobility employee 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 wherever possible.

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 TSH.....UI

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:

.....