

YOUR HEALTH QUESTIONNAIRE

Dear WesternGeco 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 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.

Thank you for cooperation.
Schlumberger Medical Department and International SOS

Please write in clear capital letters in english

To be completed by the beneficiary

Personal information

Family name	First name
Gender	Birth date <input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Contact phone	Nationality
Contact address	
E-mail	

Company information

Company	Put an X in the corresponding box Below:
MEA <input type="checkbox"/> LAM <input type="checkbox"/>	International commuter <input type="checkbox"/>
NAM <input type="checkbox"/> EAF <input type="checkbox"/> RCA <input type="checkbox"/>	International Mobile <input type="checkbox"/>
Place of assignment	Geomobile <input type="checkbox"/>
GIN / Employee Number	Other <input type="checkbox"/>
Position / Job	

Please make sure you have duly dated, signed and filled the following pages:

- Your personal information above (p. 1)
- The consent to Marine Med-Track (p. 2 and 3)
- The medical questionnaire (p. 4)

This questionnaire duly filled in must be returned to International SOS by the medical center via the safe and secure Med-Track Box

Our contact details :

International SOS Assistance
Med-Track Department
1 rue du Parc
92 593 Levallois-Perret
Cedex France
E-mail: emetrack@internationalsos.com

Date D D / M M / Y Y Y Y

Signature

SCHLUMBERGER HIGH MOBILITY EMPLOYEES

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

To be completed by the beneficiary

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. 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 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 two 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?

eMed-Track Services offers you voluntary medical services consisting of (i) medical examinations for you, (ii) centralized administration of your 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 by SCHLUMBERGER at no cost (through reimbursement). If you would like to benefit from the eMed-Track Services, please provide your and your consent on page 4.

■ What is the Med-Track Examination?

The Med-Track Examination, mandatory for SCHLUMBERGER high mobility employees, must be performed by a physician in a medical center accredited 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. 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.

Q: A: } } ^ & q } A } q o @ A T ^ a E / a a A o c a } a a } E o A f I I I , a * A s e * [i a • A [- A] ^ i • [] a A a a a , a A a [A a ^ A] i & • • ^ a h a c o A A a a d A , [i A • c e • A a A a a c i { a ^ a a a A o A O i c a a a A [- A o } ^ • • A a a [o i A @ a o A i l a a a a } i { a a } a } c a ^ a a A [^ i A T ^ a a a A U ^ • d i } a a ^ A i A i c a ^ a a A [^ i A] @ • a a A d A U O P S W T O O U O U A T ^ a a a A O i a d ^ } o a } A [i a ^ i A d A a c i { a ^ a [^ i A a A [i A • c e • E

Q: A: } } ^ & q } A } q o @ A T ^ a E / a a A o c a } a a } E o A f I I I , a * A s e * [i a • A [- A] ^ i • [] a A a a a , a A a [A a ^ A] i & • • ^ a h a c o A A a a d A , [i A • c e • A a A a a c i { a ^ a a a A o A O i c a a a A [- A o } ^ • • A a a [o i A @ a o A i l a a a a } i { a a } a } c a ^ a a A [^ i A T ^ a a a A U ^ • d i } a a ^ A i A i c a ^ a a A [^ i A] @ • a a A d A U O P S W T O O U O U A T ^ a a a A O i a d ^ } o a } A [i a ^ i A d A a c i { a ^ a [^ i A a A [i A • c e • E

■ 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 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 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

Consent statement for the eMed-Track Program

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

eMed-Track Services – Voluntary Participation as part of WesternGeco Marine employee

As a member of this Marine MedTrack program, you will be conducting Marine MedTrack check-up every two years through an identified Marine MedTrack provider certified by International SOS and able to issue your MedTrack Health Passport and to collect your NMD/ENG1 Certificate at the time of your examination.

As an exclusivity of the Marine MedTrack program, you will benefit from a cashless service. Indeed, International SOS will issue the Guarantee of Payment and manage the reimbursement directly with Cigna as part of the International HealthCare Plan.

Please indicate below 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.

Consent given on

/ /

Signature

By

Name in capital letter

Medical questionnaire

CONFIDENTIAL

To be completed by the beneficiary

IN RELATION TO YOUR MEDICAL HISTORY PLEASE INDICATE THE PROBLEM YOU HAVE HAD (IF ANY)

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

Blood group and rhesus

	YES	NO
1. Sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
2. Neck swelling/glands	<input type="checkbox"/>	<input type="checkbox"/>
3. Vision trouble	<input type="checkbox"/>	<input type="checkbox"/>
4. Any ear discharge	<input type="checkbox"/>	<input type="checkbox"/>
5. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
6. Hayfever/other allergy	<input type="checkbox"/>	<input type="checkbox"/>
7. Any skin trouble	<input type="checkbox"/>	<input type="checkbox"/>
8. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
9. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
10. Blood in sputum	<input type="checkbox"/>	<input type="checkbox"/>
11. Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
12. Stomach ulcer	<input type="checkbox"/>	<input type="checkbox"/>
13. Recurrent indigestion	<input type="checkbox"/>	<input type="checkbox"/>
14. Jaundice/hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
15. Gall bladder disease	<input type="checkbox"/>	<input type="checkbox"/>
16. Marked change in bowel habits	<input type="checkbox"/>	<input type="checkbox"/>
17. Blood in stool	<input type="checkbox"/>	<input type="checkbox"/>
18. Change in weight	<input type="checkbox"/>	<input type="checkbox"/>
19. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
20. Lump in breast	<input type="checkbox"/>	<input type="checkbox"/>
21. Cancer	<input type="checkbox"/>	<input type="checkbox"/>
22. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
23. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
24. Abnormal heartbeat	<input type="checkbox"/>	<input type="checkbox"/>
25. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
26. Stroke	<input type="checkbox"/>	<input type="checkbox"/>
27. Serious chest pain	<input type="checkbox"/>	<input type="checkbox"/>
28. Any blood disease	<input type="checkbox"/>	<input type="checkbox"/>
29. Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
30. Painful passage urine	<input type="checkbox"/>	<input type="checkbox"/>
31. Blood in urine	<input type="checkbox"/>	<input type="checkbox"/>
32. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
33. Headaches/migraine	<input type="checkbox"/>	<input type="checkbox"/>
34. Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
35. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
36. Joints/spinal trouble	<input type="checkbox"/>	<input type="checkbox"/>
37. Surgical operation	<input type="checkbox"/>	<input type="checkbox"/>
38. Accident / fracture	<input type="checkbox"/>	<input type="checkbox"/>
39. Tropical disease	<input type="checkbox"/>	<input type="checkbox"/>
40. Fear of heights	<input type="checkbox"/>	<input type="checkbox"/>

For women only

	YES	NO
41. An abnormal smear?	<input type="checkbox"/>	<input type="checkbox"/>
42. A gynaecological treatment?	<input type="checkbox"/>	<input type="checkbox"/>
43. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes for 37, 38 or 39 or if you have or had an illness not mentioned above or significant family health history:
Please detail below in clear capital letters:

Regularly prescribed medication :

Allergies to medication :

Do you take preventive Malaria medication when in high risk areas?

☐ Yes ☐ No If yes, which medication?

Tobacco smoked, No. of cigarettes per day?

Alcohol consumption: Number of glasses per day?

DATE OF LAST VACCINATIONS

Diphtheria	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Tetanus	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Polio	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Hepatitis B	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Hepatitis A	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Yellow fever	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Meningitis	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Typhoid	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Japanese encephalitis	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Rabies	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Others, please detail				<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>			

Medical questionnaire

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To be completed in capital letter by the examining physician according to the protocol included in the letter of guarantee

Drug test performed Yes ☐ No ☐

Drug test results Negative ☐ Positive ☐ If positive, please details

Please indicate only vaccinations performed during this examination.

Diphtheria ☐ Tetanus ☐ Polio ☐ Hepatitis B ☐ Hepatitis A ☐ Yellow fever ☐ Typhoid ☐ Meningitis ☐

Other, please detail

MEDICAL EXAMINATION

	Normal	Abnormal	If abnormal please detail
1. Eyes and pupils	<input type="checkbox"/>	<input type="checkbox"/>	
2. Ear/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
3. Teeth and mouth	<input type="checkbox"/>	<input type="checkbox"/>	
4. Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>	
5. Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	
6. Abdominal	<input type="checkbox"/>	<input type="checkbox"/>	
7. Hernial orifices	<input type="checkbox"/>	<input type="checkbox"/>	
8. Anus and rectum	<input type="checkbox"/>	<input type="checkbox"/>	
9. Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	
10. Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
11. Musculo-skeletal	<input type="checkbox"/>	<input type="checkbox"/>	
12. Skin/varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	
13. Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
14. Balance & coordination of movements	<input type="checkbox"/>	<input type="checkbox"/>	
15. Breast	<input type="checkbox"/>	<input type="checkbox"/>	
16. Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	
17. Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	

Height cm
 ft

BMI

BP /

Weight kg
 lbs

Pulse /min

Hearing

Right ear

Left ear

Normal Abnormal

☐

☐

☐

☐

Vision

Distant

Near

Normal Abnormal

Normal Abnormal

☐

☐

☐

☐

☐

☐

☐

☐

With correction

Yes ☐

☐ No

Colour vision

Normal ☐

☐ Abnormal

PARA-CLINICAL EXAMINATION

	Normal	Abnormal	If abnormal please detail
Resting ECG	<input type="checkbox"/>	<input type="checkbox"/>	
X ray Front Chest	<input type="checkbox"/>	<input type="checkbox"/>	
Audiogram	<input type="checkbox"/>	<input type="checkbox"/>	

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To be completed in capital letter by the examining physician according to the protocol included in the letter of guarantee

BLOOD ANALYSIS

RBC		M/mm ³	ESR		mm	Triglycerides		mmol/l
WBC		/mm ³	SGOT (ASAT)		UI/l	Blood group and rhesus <input type="text"/>		
Platelets		/mm ³	SGPT (ALAT)		UI/l			
Neutrophiles		%	Gamma GT		UI/l			
Eosinophiles		%	Glucose		mmol/l			
Basophiles		%	Total Cholesterol		mmol/l			
Lymphocytes		%	HDL Cholesterol		mmol/l			
Monocytes		%	LDL Cholesterol		mmol/l			
Hematocrit		%	Creatinine		mol/l			
Hemoglobin		g/dl	Uric Acid		mol/l			

URINE ANALYSIS

Albumin	
Sugar	
Blood	

STOOL ANALYSIS

Parasites	
Blood	

CONCLUSION

Fit in all areas Yes ☐ No ☐

If you answer No, please detail your reasons

Must be reassessed Yes ☐ No ☐

If you answer yes, please detail your reasons

Date of medical examination / /

Signature of examining physician

Stamp of physician or medical centre

Examining physician's name and address

Medical Centre name	
Physician's name	Forename
Street	
Zip code	City
Country	
Phone	E-mail

Med-Track plus Exam

Only for high mobility employees (IM, IC, GM) over 40 years of age - Recommended but NOT MANDATORY

If you are a high mobility employee over 40 years of age, WesternGeco offers you the possibility of performing a more in-depth health assessment every 2 years in order to check your general wellness. Additional exams included in the Marine Med Track Plus should be performed at the same time as your usual Marine Med-Track exam wherever possible. The Marine 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 Marine Med-Track Plus are only **recommended and not mandatory**.

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To be completed in capital letter by the examining physician according to the protocol included in the letter of guarantee

EYES

Tonometry Right eye (Glaucoma testing)	<input type="text"/>	mmHG
Tonometry Left eye (Glaucoma testing)	<input type="text"/>	mmHG

ADDITIONAL BLOOD TESTS

PSA	<input type="text"/>	ng/ml	TSH	<input type="text"/>	UI
CEA	<input type="text"/>	µg/l	Alkaline phosphatase	<input type="text"/>	UI

LUNGS / ABDOMINAL

	Normal	Abnormal	If abnormal please detail
Lungs/ Functional Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Abdominal and pelvic echography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

CARDIOVASCULAR RISK FACTORS

	Normal	Abnormal	If abnormal please detail
Stress test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Carotid Echo Dopler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cardiac Echography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

FOR MEN ONLY

	Normal	Abnormal	If abnormal please detail
Prostate Echography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

FOR WOMEN ONLY

	Normal	Abnormal	If abnormal please detail
Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PAP Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Doctor's additional comments or conclusion