

Health Check Program

A. CONSENT TO HEALTH CHECK, including HEALTH MONITORING, DRUG AND/OR ALCOHOL TESTING, RECORD RETENTION AND RELEASE OF MEDICAL INFORMATION

I understand that Schlumberger Asia Services Ltd, has engaged Falck India Pvt Ltd (the "Co-ordinator") to provide any or all of the following logistic services (the "Logistic Services") as may be directed by Schlumberger Asia Services Ltd:

i. Co-ordination of Health Check schedules

I understand that Schlumberger Asia Services Ltd has engaged the Co-ordinator to coordinate with independent Medical Service Providers (defined below) for whom the Co-ordinator does not have any responsibility or liability to provide the following services (the "Health Check") directly to me:

- i. Medical Examination
- ii. Diagnostic testing
- iii. Drug Screening
- iv. Other services directly provided by the Medical Service Providers (defined below)

I hereby consent to undergo the Health Check.

I acknowledge and agree that the Health Check I am about to undergo will provide information to the Co-ordinator's Health Check Program (Health Check) Department in Gurgaon, Haryana (India) to evaluate my state of health.

B. CONSENT FOR BLOOD TESTING

I hereby consent to undergo Hepatitis B, Hepatitis C, Syphilis test which will be conducted by a Medical Service Provider (defined below) and who will provide the test results directly to a designated medical practitioner of Schlumberger Asia Services Ltd.

I hereby agree that this is a medical screening assessment for consideration by Schlumberger Asia Services Ltd for job assignment purposes only. Whilst medical conditions need to be addressed, any treatment or discussions related to the management of them will need to be consulted in a separate appointment with the Medical Services Providers or your treating physician.

C. ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge, understand and agree:

- (i) That the Co-ordinator will assist to make referrals for me to undergo the Health Check and blood testing conducted by independent third-party medical providers or laboratories (the "Medical Service Providers"). In making such referral:
 - a. The Co-ordinator and Schlumberger Asia Services Ltd will not be responsible for the Health Checks and/or blood testing nor be liable for any consequences arising out of or caused by the services provided by the Medical Service Providers, including but not limited to, the chain of custody procedures, diagnostic processes, accuracy and interpretation of results provided by the Medical Service Providers; and
 - b. None of the Co-ordinator, Schlumberger Asia Services Ltd or the Medical Service Providers assume any responsibility to diagnose any medical condition I may have or to treat me, or to undertake responsibility for my ongoing care.
- (ii) That the Medical Service Providers are hereby authorised to release the results of the Health Check to the Co-ordinator, Schlumberger Asia Services Ltd and/or its related companies, including Falck India group companies, and their respective officers, employees, representatives, agents and contractors.
- (iii) That the Health Checks I will undergo will simply allow the Medical Service Providers and the Co-ordinator to evaluate my state of health and provide a fitness for work recommendation based upon guidelines provided by Schlumberger Asia Services Ltd. The Co-ordinator does not control the requirement to undergo the Health Checks and has a limited role in making recommendation on fitness based on Schlumberger Asia Services Ltd's health guidelines. I further acknowledge that any employment-related decisions in connection with the Health Checks are the sole responsibility of Schlumberger Asia Services Ltd and I agree that the Co-ordinator is not responsible for the final outcome as may be decided by Schlumberger Asia Services Ltd.
- (iv) To the collection, processing, recording and/or storage of the information provided or arising pursuant to the Health Check, including sensitive personal data, by or on behalf of the Co-ordinator. To this extent, I hereby further authorize the Co-ordinator to:
 - a. Maintain my Health Check results together with my medical history; and
 - b. Release my examination and health records to a designated medical practitioner of Schlumberger Asia Services Ltd in a confidential manner and
 - c. Provide a summary of fitness recommendations to a designated authorized person of Schlumberger Asia Services Ltd
 - d. Provide to medical personnel and related companies of the Co-ordinator, including Falck India group companies, involved in my care access to a summary of health screening results in situations where I need medical attention.
- (v) That while under instruction from Schlumberger Asia Services Ltd, the Co-ordinator may refer me to undergo the drug and/or alcohol confirmatory laboratory testing, blood and/or other related testing, the Co-ordinator and Schlumberger Asia Services Ltd do not verify, control nor assume liability for the chain of custody requirements related to such testing. These requirements include but are not limited to confirmation testing, accreditation of the laboratory performing such test and medical review officer ("MRO") services and are the responsibility of the Medical Service Providers engaged by

Schlumberger Asia Services Ltd.

- (vi) To hold harmless Schlumberger Asia Services Ltd, the Co-ordinator, their respective related companies, including Falck India group companies, and their respective officers, employees, representatives, agents and contractors, from any liability whatsoever arising or in connection in whole or part from the Health Check and blood testing, including but not limited to drug screening testing and alcohol testing and use by Schlumberger Asia Services Ltd or otherwise of results from the Health Check and/or blood testing. In the event that the Co-ordinator, Schlumberger Asia Services Ltd and/or any of their respective related companies, including Falck India group companies, are required by applicable law or statutory or governmental rules and regulations, including future changes or changes in the interpretation of the same, to preserve, disclose or release any or all the results of such tests, I will not hold the Co-ordinator, Schlumberger Asia Services Ltd and/or any of their respective related companies, including Falck India group companies, liable in any way for such preservation, disclosure or release of information.
- (vii) I consent to the collection, processing, recording and/or storage of my personal data, including sensitive personal data described above and to the transfer of such data within and outside the country,
- (viii) That I have the option of consulting or rectifying my medical file kept by or on behalf of the Co-ordinator upon request to do so in writing to the authorized Doctor of the Co-ordinator Health Check Department.

I understand a copy of the Co-ordinator's privacy policy statement, including information about access, may be obtained by writing to: Managing Director, Falck India Pvt Ltd.

I further understand that I have a right to receive copies of my personal information upon request. I understand that I have the right to refuse to sign this consent form, and that if I do refuse, the Co-ordinator may be prevented from or limited in providing the services described above. By signing this consent form, I authorize the use or disclosure of my protected health information as described above. The information disclosed as authorized by this consent form may be disclosed again by the recipient(s) and may no longer be protected by federal and state law.

I agree that a copy, including Photostat, electronic or fax copy of this signed form shall be considered as effective and valid as the original and specifically authorize its use as such. I have the right to receive a copy of this form after I have signed it.

I acknowledge that Schlumberger Asia Services Ltd, the Co-ordinator, their respective related companies, including Falck India group companies and/or their respective representatives and/or agent, will rely upon the truthfulness of the particulars supplied by me in respect of the Health Check and blood testing.

This signed form is valid until a revocation signed by me is received by the Co-ordinator. I acknowledge that if I sign this form, I will have the right to revoke it at any time, except to the extent that the Co-ordinator and any permitted recipient of my personal information have already taken action based on my consent and/or authorization. To revoke this consent and/or authorization, I must write to the Co-ordinator at the address, fax and/or e-mail address set out below.

By signing this consent form, I confirm that I have read and fully understood the above terms and conditions and that all of my questions about this form have been satisfactorily answered. I also declare that statements made on this form are accurate and all known medical history has been stated. I acknowledge that the Co-ordinator and Schlumberger Asia Services Ltd will rely upon the accuracy and completeness of all statements made by me.

Consent given on (date) _____

By (Print Name) _____

Signature _____

Please send this complete form duly signed to:

Dr. Vedanshi Sawan

HMP Department
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