

18

健康檢查證明

ITEMS REQUIRED FOR HEALTH CERTIFICATE

檢查日期: 107 / 12 / 24 (年) (月) (日)

Date of Examination: 24 / 12 / 2018 (D) (M) (Y)

雇主: 陳彥茹

流水號: 07125493

工號:

中文:

入境日期: 2017.07.19

基本資料/ Basic Data

姓名: RENIWIDYAPANGESTIKA  
 Name: \_\_\_\_\_


護照號碼: B7551549  
 Passport No. \_\_\_\_\_

居留證號: \_\_\_\_\_  
 ARC No. \_\_\_\_\_

工作直轄市、(縣)市別: 新北市  
 City/County(Workplace in R.O.C) \_\_\_\_\_

在中華民國健種類Type of Physical Examination done in the Republic of China (Taiwan):  
 入國後3日內 Within 3 days of arrival  
 定檢(6, 18, 30月個)Periodic(6, 18, 30 month)  補充/ supplementary

性別 Sex:  男 Male  女 Female  
 國籍 Nationality: 印尼  
 出生年月日 Date of Birth: 1987.11.18  
 聯絡電話 Phone No.: 02-29036629



病史/ Medical History

曾罹患的疾病 Prior illnesses : \_\_\_\_\_

身體檢查/ Physical Examination

A. 身高: 151.0 公分 cms	G. 頭頸部: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
B. 體重: 57.0 公斤 kgs	H. 胸部: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
C. 血壓: 106 / 78 毫米汞柱 mmHg	I. 心臟聽診: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
D. 脈搏: 77 次/分times/min	J. 腹部: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
E. 體溫: 36.9 °C	K. 體肢運動: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
F. 視力: 右 Right 1.2 左 Left 1.2 矯正	L. 精神狀態: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
	M. 其他: _____

實驗室檢查/ Laboratory Examinations

A. 胸部X光肺結核檢查/ Chest X-ray for Tuberculosis:  
 發現(Findings): \_\_\_\_\_  
 判定(Results):  合格(Passed)  疑似肺結核(TB Suspect)  無法確認診斷/ Pending  不合格(Failed)

B. 梅毒血清檢查/ Serological Tests for Syphilis:  
 檢驗/ Tests: a.  RPR:  VDRL  
 陽性/ Positive, 效價/ Titers \_\_\_\_\_  陰性/ Negative, 效價/ Titers 陰性  
 b.  TPHA:  TPPA  FTA-abs  TPLA  EIA  CIA  
 陽性/ Positive, 效價/ Titers \_\_\_\_\_  陰性/ Negative, 效價/ Titers 陰性  
 c.  其他/ Other  
 陽性/ Positive, 效價/ Titers \_\_\_\_\_  陰性/ Negative, 效價/ Titers \_\_\_\_\_

判定/ Result:  合格/ Passed  不合格/ Failed

C. 腸內寄生蟲糞便檢查/ Stool Examination for Parasites :

陽性, 種名/ Positive, Species \_\_\_\_\_ 陰性/ Negative

判定/ Result: 合格/ Passed 不合格/ Failed

D. 麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明/ Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates :

a. 抗體檢查/ Antibody Tests

麻疹抗體/ Measles Antibody 陽性/ Positive 陰性/ Negative 未確定/ Equivocal

德國麻疹抗體/ Rubella Antibody 陽性/ Positive 陰性/ Negative 未確定/ Equivocal

b. 預防接種證明/ Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號; 接種日期與出國日期應至少間隔兩週/ The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to traveling overseas.)

麻疹預防接種證明/ Measles Vaccination Certificate

德國麻疹預防接種證明/ Rubella Vaccination Certificate

判定/ Result: 合格/ Passed 不合格/ Failed

c. 有接種禁忌, 暫不適宜預防接種/ Having contraindications, not suitable for vaccination

d. 入國後3日內、定期健檢及補充健檢免驗/ Not required for within-3-day-of-arrival, periodic, and supplementary health examination

漢生病檢查/ Examination for Hansen's disease

全身皮膚視診結果/ Skin Examination

正常/ Normal

異常/ Abnormal: 非漢生病/ Not related to Hansen's disease: \_\_\_\_\_

疑似漢生病須進一步檢查/ Hansen's disease suspect who needs further examinations

a. 病理切片/ Skin Biopsy: \_\_\_\_\_

b. 皮膚抹片/ Skin Smear: 陽性/ Positive 陰性/ Negative

c. 皮膚病灶合併感覺喪失或神經腫大/ Skin lesions combined with sensory loss or enlargement of peripheral nerves: 有(YES) 無(No)

判定(Results): 合格(Passed) 須進一步檢查/ Needs further examinations 不合格(Failed)

健康檢查總結果/ The final result of health examination:

合格/ Passed 須進一步檢查/ Need further examinations 不合格/ Failed

負責醫檢師簽章:

(Chief Medical Technologist)

醫檢師 呂佳紋  
檢字第016565號

(Name & Signature)

負責醫師簽章:

(Chief Physician)

醫師 蔣碩亞(體)  
醫字第23129號

(Name & Signature)

合格

醫院負責人簽章:

(Superintendent)

醫師 兼 盧星華(外)  
院長

(Name & Signature)

日期: 107 / 12 / 28

備註/ Note: 本證明三個月內有效。/ The certificate is valid for three months.

提醒一 / Notice 1:

入國後3日內健檢或定期健檢結果為須進一步檢查或不合格者, 得依「受聘僱外國人健康檢查管理辦法」第7條至第9條規定治療或再檢查; 未依規定者, 將因健檢不合格, 廢止其聘僱許可。

If the results of your within-3-day-of-arrival or periodic health examination show that you require further examinations or you have failed the examination, you have to comply with Article 7 through Article 9 of the "Regulations Governing Management of the Health Examination of Employed Aliens". Failing to pass the health examination will render your work permit terminated.

提醒二 / Notice 2:

定期健檢及補充健檢之健康檢查證明之正本應由勞工本人留存。

The original copy of the periodic and supplementary health certificate should be kept by the person who undertook the health examination.