

聖保祿醫院  
Saint Paul's Hospital

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http://www.sph.org.tw




檢查日期 2017/12/26  
(YYYY)(MM)(DD)  
Date of Examination  
流水編號 01226-60110  
病歷號 98180283

醫院代號 I07

入境日: 2017/07/17

I. 基本資料 (Basic Date)

雇主: 鄧忠清

|   |  |   |
|---|--|---|
| 姓名 : ISTI LEK SITORESMI<br>Name                 | 性別 : <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female<br>Sex |  |
| 護照號碼 : AT282172<br>Passport No.                 | 國籍 : 印尼<br>Nationality   |   |
| 居留證號 :<br>ARC No.                               | 出生年月日 : 19/MAY/1992<br>Date of Birth   |   |
| 工作縣市別 : 桃園市<br>City/County(Workplace in R.O.C.) | 聯絡電話 : (手機 Mobile Phone)<br>Phone No. (住家 Home Phone)02-27648817                         |   |



在中華民國健檢種類 Type of health examination done in the Republic of China (Taiwan):

入國後 3 日內 Within 3 days of arrival  定期(6、18、30 個月) Periodic(6, 18, 30 months)

補充 supplementary

II. 病史 (Medical History)

曾罹患的疾病 Prior illnesses :  無  有

III. 身體檢查 (Physical Examination)

|  |                                 |  |
|--|---------------------------------|--|
| A. 身高 : 150.7 公分 cms<br>(Height)             | G. 頭頸部<br>(Head and neck)       | <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| B. 體重 : 38.9 公斤 kgs<br>(Weight)              | H. 胸部<br>(Thorax)               | <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| C. 血壓 : 119/80 毫米汞柱 mmHg<br>(Blood Pressure) | I. 心臟聽診<br>(Heart auscultation) | <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| D. 脈搏 : 109 次/分 beats/min<br>(Pulse)         | J. 腹部<br>(Abdomen)              | <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| E. 體溫 : 36.6 °C<br>(Body temperature)        | K. 體肢運動<br>(Locomotion)         | <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| F. 視力 右 0.9 左 1.5<br>(Vision) Right Left     | L. 精神狀態<br>(Mental status)      | <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
|  | M. 其他 Others                    |  |

IV. 實驗室檢查 (Laboratory Examinations)

A. 胸部 X 光肺結核檢查 (Chest X-Ray for Tuberculosis):  
X 光發現(Findings):  
判定(Result):  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 \_\_\_\_\_  
b.  TPHA/  TPPA  FTA-abs  TPLA  EIA  CIA  
 陽性 / Positive, 效價 / Titers  陰性 / Negative, 效價 / Titers \_\_\_\_\_

C.  other \_\_\_\_\_  陽性 / Positive, 效價 / Titers \_\_\_\_\_  
 陰性 / Negative, 效價 / Titers \_\_\_\_\_

判定(Result):  合格(Passed)  不合格(Failed)

#### IV. 實驗室檢查 (Laboratory Examinations)

- 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)
- 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)

#### V. 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(Result) : 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  
(Signature of Chief Medical Technologist) :

外勞體檢專用章  
醫檢師 李元民  
檢字第004044號

負責醫師簽章  
(Signature of Chief Physician) :

外勞體檢專用章  
醫師 張卓才  
醫字第010747號

醫院負責人簽章  
(Signature of Superintendent) :

院長沈雅蓮

合格

應注意事項: 心搏過快請至心臟內科門診追蹤

日期(Date) : (2017/12/29) (YYYY/MM/DD) ※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.