

# 臺北榮民總醫院桃園分院

Taipei Veterans General Hospital Taoyuan Branch  
No. 100, Sec3, Cheng-Kung Road, Taoyuan 330, Taiwan, R.O.C  
TEL:03-3318139 FAX:03-3313339

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## 移工健康檢查項目表

### Health Certificate for Migrant Worker


雇主：杜家宏  
流水號：08113422

工號：  
中文：  
入境日期：2019.06.03

檢查日期：108 / 11 / 10  
(年) (月) (日)

Date of Examination: 10 / 11 / 2019  
(D) (M) (Y)

### 基本資料/ Basic Data

姓名 Name	: FITRIANI INDAH	性別 Sex	<input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	
護照號碼 Passport No.	: AT382952	國籍 Nationality	: 印尼	
居留證號 ARC No.	:	出生年月日 Date of Birth	: 1989.04.15	
工作直轄市、(縣)市別 City/County(Workplace in R.O.C)	: 台北市	聯絡電話 Phone No.	: 0980637718	
在中華民國健種類 Type of Physical Examination done in the Republic of China (Taiwan):		<input type="checkbox"/> 入國後3日內 Within 3 days of arrival	<input type="checkbox"/> 補充/ supplementary	
		<input checked="" type="checkbox"/> 定檢(6, 18, 30月個) Periodic(6, 18, 30 month)		

### 病史/ Medical History

曾罹患的疾病 Prior illnesses : \_\_\_\_\_

### 身體檢查/ Physical Examination

A. 身高 Height	: 156.0 公分 cms	G. 頭頸部 Head and neck	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
B. 體重 Weight	: 56.0 公斤 kgs	H. 胸部 Thorax	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
C. 血壓 Blood Pressure	: 123 / 79 毫米汞柱 mmHg	I. 心臟聽診 Heart auscultation	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
D. 脈搏 Pulse	: 75 次/分 times/min	J. 腹部 Abdomen	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
E. 體溫 Body Temperature	: 36.5 °C	K. 體肢運動 Locomotion	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
F. 視力 Vision	右 Right 0.7 左 Left 0.8	L. 精神狀態 Mental condition	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
		M. 其他 Others:	_____

### 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) : 胸椎側彎. 與活動性肺結核無關  
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 徐培翎  
檢字第011187號

(Name & Signature)

負責醫師簽章 :

(Chief Physician)

醫師劉震龍(外)  
醫字第020857號

(Name & Signature)

合格

醫院負責人簽章 :

(Superintendent)

醫師兼盧星華(外)  
院

(Name & Signature)

日期 : 108 / 11 / 18

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.