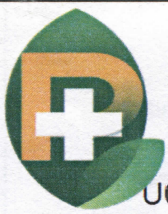


臺北

靖業



U02

健康檢查證明 (附表二)

衛生福利部屏東醫院

台灣 屏東市自由路270號 tel:08-7363011 fax:08-7352799

ITEMS REQUIRED FOR HEALTH CERTIFICATE (Form 2)

Taiwan Pingtung Hospital 270 Zihyou Rd., Pingtung City, Pingtung County

TEL: 08-7363011 FAX: 08-7352799

檢查日期: 108/06/05

(年)(月)(日)

06/05/2019

(MM)(DD)(Y Y)

Date of Examination

I. 基本資料 (BASIC DATA)

姓名 Name : WARDAH NRIYATI 性別 Sex :  男 Male  女 Female

護照號碼 Passport No. : AU110334 國籍 Nationality : 印尼

居留證號 ARC No. : TD30067372 出生年月日 Date of Birth : 1996 / 05 / 29

工作直轄市縣市 City/County : 屏東縣 聯絡電話 (手機Cell) : \_\_\_\_\_

(Workplace in R.O.C) Phone No : (住家Home)

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

入國後三日內 Within 3 days of arrival

定期(6、18、30月) Periodic (6, 18, 30 month)  補充 supplementary



病史 (MEDICAL HISTORY)

曾罹患的疾病 Prior illnesses : \_\_\_\_\_

身體檢查 (PHYSICAL EXAMINATION)

身高 (Height) : 150.7 公分 cms G. 頭頸部 (Head and neck) :  正常 Normal  異常 Abnormal \_\_\_\_\_

體重 (Weight) : 45.9 公斤 kgs H. 胸部 (Thorax) :  正常 Normal  異常 Abnormal \_\_\_\_\_

血壓 (Blood pressure) : 128 / 70 毫米汞柱 mmHg I. 心臟聽診 (Heart auscultation) :  正常 Normal  異常 Abnormal \_\_\_\_\_

脈搏 (Pulse) : 100 次/分 beats/min J. 腹部 (Abdomen) :  正常 Normal  異常 Abnormal \_\_\_\_\_

體溫 (Body temperature) : 37.1 °C K. 體肢運動 (Locomotion) :  正常 Normal  異常 Abnormal \_\_\_\_\_

視力 (Vision) : L. 精神狀態 (Mental status) :  正常 Normal  異常 Abnormal \_\_\_\_\_

右 Right 1.2 左 Left 1.2 M. 其他 Others \_\_\_\_\_

實驗室檢查 (Laboratory Examinations)

A. 胸部X光攝影肺結核檢查 (Chest X-ray for tuberculosis) :

X光發現 (Findings) : 無

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 test for syphilis) :

檢驗 (Tests) : a.  RPR  VDRL

陽性 / Positive, 效價 / Titer: \_\_\_\_\_  陰性 / Negative, 效價 / Titers \_\_\_\_\_

b.  TPHA  TPPA  FTA-abs  TPLA  EIA  CIA

陽性 / Positive, 效價 / Titer: \_\_\_\_\_  陰性 / Negative, 效價 / Titers \_\_\_\_\_

c.  Other  陽性 / Positive, 效價 / Titers \_\_\_\_\_

陰性 / Negative, 效價 / Titers \_\_\_\_\_

判定 (Results) :  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 (Results) :  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 titers or measles and rubella vaccination certificates) :

a. 抗體檢查 (Antibody test)

麻疹抗體 (Measles antibody titers)  陽性 (Positive)  陰性 (Negative)  未確定 (Equivocal)

德國麻疹抗體 (Rubella antibody titers)  陽性 (Positive)  陰性 (Negative)  未確定 (Equivocal)

b. 預防接種證明 (Vaccination certificate) / Vaccination Certificate (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 (Vaccination certificate of measles)

德國麻疹預防接種證明 (Vaccination certificate of rubella)

c.  有接種禁忌者, 暫不適宜接種 (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) \_\_\_\_\_

漢生病 (疑似個案須進一步檢查) (Hansen's disease suspect that needs further exam)

a. 病理切片 (Skin Biopsy) \_\_\_\_\_

b. 皮膚抹片 (Skin Smear) :  陽性 (Finding bacilli in affected skin smears)

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)

醫師建議及注意事項:

負責醫檢師簽章 (Signature Chief Medical Technologist)

檢驗師鄭鴻榕  
檢字第012835號

負責醫師簽章 (Signaturer of Chief Physician)

屏醫體檢章  
林直  
醫字第026671號

醫院負責人簽章 (Signature of Superintendent)

屏醫體檢章  
院長  
周世華  
醫字013265



日期 (Date) 2019/6/11 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.

