

移工健康檢查項目表
Health Certificate for Migrant Worker


序號: 202202241850

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檢查日期:
2022/02/24
2022/02/24
Date of Examination

基本資料/Basic Data

| | | |
|--|---|---|
| 姓名(Name): NURWANA APRILIANI | 性別Sex: <input type="checkbox"/> 男/M <input checked="" type="checkbox"/> 女/F |  AU165757 |
| 護照號碼(Passport No.): AU165757 | 國籍(Nationality): 印尼 | |
| 居留證號(ARC No.): | 出生年月日 (Date of Birth): 1979/04/23 | |
| 工作縣市別City/County(Workplace in R.O.C.): 新北市 | 手機:(Mobile Phone): 住家:(Home Phone): | |
| 在中華民國健檢種類/ Type of health examination done in the Republic of China (Taiwan): 定期6個月 / Periodic (6 months) | | |

病史/Medical History

曾罹患的疾病Prior illnesses:

身體檢查/Physical Examination

| | |
|---|---|
| 身高(Height): 159.5 公分(cms) | 頭頸部(Head and neck): <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| 體重(Weight): 62.2 公斤(kgs) | 胸部(Thorax): <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| 血壓(Blood/pressure): 128/82 毫米汞柱mmHg | 心臟聽診(Heart auscultation): <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| 脈搏(Pulse): 98 次/分beats/min | 腹部(Abdomen): <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| 體溫(Body temperature): 35.9 °C | 體肢運動(Locomotion): <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| 視力(Vision): 裸視(Vision): 右 Right 1.0 左 left 1.0 矯正(Corrected): | 精神狀態(Mental status): <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| 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:

X光發現(Findings): 無異常發現

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 1:80X(-)

c. 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)
- 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

(Signature of Chief Medical Technologist)



(Name & Signature)

負責醫師簽章

(Signature of Chief Physician)



(Name & Signature)

醫院負責人簽章

(Signature of Superintendent)



(Name & Signature)

日期(Date) : 2022/03/03

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.