

醫院代碼: 105

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

健康檢查證明

ITEMS REQUIRED FOR HEALTH CERTIFICATE

檢查日期: 108 / 05 / 20
(年) (月) (日)

工號:
中文:
入境日期: 2019.05.19

Date of Examination: 20 / 05 / 2019
(D) (M) (Y)

雇主: 李秀婷
流水號: 08053355

基本資料/ Basic Data

姓名: LULUK NURHAYATI

護照號碼: AU430552
Passport No.

性別: ☐男 Male ☒女 Female

居留證號:
ARC No.

國籍: 印尼

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

出生年月日: 1981.04.03

在中華民國健種類Type of Physical Examination
done in the Republic of China (Taiwan):

聯絡電話: 03-3195252

☒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



病史/ Medical History

曾罹患的疾病 Prior illnesses:

身體檢查/ Physical Examination

A. 身高: 148.0 公分 cms

B. 體重: 71.0 公斤 kgs

C. 血壓: 145 / 100 毫米汞柱 mmHg

D. 脈搏: 106 次/分 times/min

E. 體溫: 36.5 °C

F. 視力: 右 Right 1.2 左 Left 1.2

G. 頭頸部: ☒正常 Normal ☐異常 Abnormal

H. 胸部: ☒正常 Normal ☐異常 Abnormal

I. 心臟聽診: ☒正常 Normal ☐異常 Abnormal

J. 腹部: ☒正常 Normal ☐異常 Abnormal

K. 體肢運動: ☒正常 Normal ☐異常 Abnormal

L. 精神狀態: ☒正常 Normal ☐異常 Abnormal

M. 其他: 血壓偏高, 宜至家醫科門診追蹤

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): 左下肺輕微浸潤, 請門診追蹤

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)
院長

(Name & Signature)

日期: 108 / 05 / 23

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.

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傷寒、副傷寒及桿菌性痢疾檢查結果表

Typhoid, Paratyphoid and Shigella Diagnostic Evaluation Form

檢查日期：108 / 05 / 20
(年) (月) (日)

雇主：李秀婷

工號：

Date of Examination: 20 / 05 / 2019

流水號：08053355

中文：

(D) (M) (Y)

基本資料 (Basic Data)

姓名 Name	LULUK NURHAYATI	出生年月日： Date of Birth	1981.04.03
護照號碼： Passport No.	AU430552	國籍： Nationality	印尼
工作縣市別： City/County(Workplace with in Taiwan)	桃園市	聯絡電話： Phone No.	03-3195252

傷寒症狀問診 (Typhoid Fever Symptom Inquiry)

發燒(Fever demam)	☒ 無 (No)	☐ 有 (Yes) (發燒個案加做血液培養)
腹痛(abdominal pain)(sakit perut)	☒ 無 (No)	☐ 有 (Yes)
腹瀉(diarrhea)(diare)	☒ 無 (No)	☐ 有 (Yes)

傷寒、副傷寒及桿菌性痢疾檢查(糞便)培養結果(Stool Culture)

(在印尼健康檢查免驗, not required for medical examination done in Indonesia)

☐ 陽性(Positive)☒ 陰性(Negative)☐ 檢查結果確認中(Pending)

傷寒、副傷寒及桿菌性痢疾檢查(血液)培養結果(Blood Culture)

(在印尼健康檢查免驗, not required for medical examination done in Indonesia)

(發燒個案須加做血液培養)

☐ 陽性(Positive)☐ 陰性(Negative)☐ 檢查結果確認中(Pending)

備註

1. 入國後3日內健檢之傷寒、副傷寒及桿菌性痢疾檢查結果，未能於7日內完成鑑定者，健檢醫院得勾選「檢驗結果確認中」出具報告，以利雇主申辦聘僱許可。
2. 糞便培養與血液培養結果，任一為陽性者，即視為陽性；任一結果確認中者，即視為檢驗結果確認中。
3. 糞便培養結果陰性(Negative)表示，No Salmonella and Shigella was isolated。

負責醫檢師簽章：

(Chief Medical Technologist)

醫檢師 呂佳紋
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(Name & Signature)

負責醫師簽章：

(Chief Physician)

醫師劉震龍(外)
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醫院負責人簽章：

(Superintendent)

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院長

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日期：108 / 05 / 23