



醫院代號 I07

入境日: 2017/05/04

雇主: 文熙鳳

I. 基本資料 (Basic Date)

姓名 : SUGIARTI Name	性別 : <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female Sex	
護照號碼 : B5896134 Passport No.	國籍 : 印尼 Nationality	
居留證號 : ARC No.	出生年月日 : 12/JAN/1974 Date of Birth	
工作縣市別 : 新北市 City/County(Workplace in R.O.C.)	聯絡電話 : (手機 Mobile Phone) Phone No. (住家 Home Phone)02-27648877	

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 : 149 (Height) 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 : 46 (Weight) 公斤 kgs	H. 胸部 (Thorax)	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
C. 血壓 : 95/54 (Blood Pressure) 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 : 82 (Pulse) 次/分 beats/min	J. 腹部 (Abdomen)	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
E. 體溫 : 36.8 (Body temperature) °C	K. 體肢運動 (Locomotion)	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
F. 視力 右 0.7 (Vision) Right Left	L. 精神狀態 (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) 人芽囊原蟲 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) :



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



合格

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

院長沈雅蓮

應注意事項: 視力異常宜做視力矯正

日期(Date) : (2017/10/16) (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.