

# 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 / 04 / 13  
(年) (月) (日)

雇主：李宗鴻  
流水號：08041422

工號：  
中文：亞蒂  
入境日期：2018.11.05

Date of Examination: 13 / 04 / 2019  
(D) (M) (Y)

### 基本資料/ Basic Data

|  |   |   |
|--|---|---|
| 姓名 : YATI NAELA<br>Name  | 性別<br>Sex <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female  |  |
| 護照號碼 : B7821885<br>Passport No.  | 國籍 : 印尼<br>Nationality  |   |
| 居留證號 :<br>ARC No.  | 出生年月日 : 1979.02.02<br>Date of Birth   |   |
| 工作直轄市、(縣)市別 : 桃園市<br>City/County(Workplace in R.O.C)                         | 聯絡電話 : 0936995118<br>Phone No.  |   |
| 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<br><input checked="" type="checkbox"/> 定檢(6, 18, 30月個)Periodic(6, 18, 30 month) <input type="checkbox"/> 補充/ supplementary |   |
|  |   |   |

### 病史/ Medical History

曾罹患的疾病 Prior illnesses :

### 身體檢查/ Physical Examination

|  |  |
|--|--|
| A. 身高 : 151.0 公分 cms<br>Height               | G. 頭頸部 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal<br>Head and neck       |
| B. 體重 : 63.0 公斤 kgs<br>Weight                | H. 胸部 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal<br>Thorax               |
| C. 血壓 : 118 / 87 毫米汞柱 mmHg<br>Blood Pressure | I. 心臟聽診 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal<br>Heart auscultation |
| D. 脈搏 : 67 次/分times/min<br>Pulse             | J. 腹部 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal<br>Abdomen              |
| E. 體溫 : 36.7 °C<br>Body Temperature          | K. 體肢運動 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal<br>Locomotion         |
| F. 視力 右 Right 0.2 左 Left 0.9<br>Vision       | L. 精神狀態 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal<br>Mental condition   |
|  | M. 其他 :<br>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) :  
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 蔣碩亞(體)

醫字第23129號

(Name & Signature)

合格

醫院負責人簽章: \_\_\_\_\_

(Superintendent)

醫師兼盧星華(外)

院長盧星華(外)

(Name & Signature)

日期: 108 / 04 / 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.