C. 腸內寄生蟲糞便檢查/ Stool Examination □陽性,種名/ Positive, Species □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□			BANK / Nogative
判定/ Result: ■合格/ Passed □不	AND COLORS CONTRACTOR STATE	No. 100, Sec. 1. Cl.	■陰性/ Negative
D. 麻疹及德國麻疹之抗體陽性檢驗報告或預防		tive Measles and Ru	hella .
Antibody or Measles and Rubella Vaccina	ation Certificates:		SCI14
a. 抗體檢查/ Antibody Tests			
麻疹抗體/ Measles Antibody 德國麻疹抗體/ Rubella Antibody b. 預防接種證明/ Vaccination Certifica 與出國日期應至少間隔兩週/ The certifica administering hospital or clinic and be at least two weeks prior to travel	□陽性/Positive tes (證明應包含接種日期、 cate should include the the batch no. of vaccine ing overseas.)	□陰性/Negative 接種院所及疫苗批號 date of vaccination	, the name of
□麻疹預防接種證明/ Measles Vac			F SRI LESTARI
□德國麻疹預防接種證明/Rubella 判定/Result: □合格/Passed			
c. □有接種禁忌,暫不適宜預防接種/Hav	□不合格/ Failed ving contraindications.	not suitable for va	ccination
d. ■入國後3日內、定期健檢及補充健檢免			
and supplementary health examination	Nethodolis - visitopolis M		
漢生病檢查/ Examination for B	lansen's disease	1世, 1000年	(4)。下程其他工具
全身皮膚視診結果/ Skin Examination	vnico hrva	The second secon	AT IN THE PART OF THE PART OF
正常/Normal	ARCORP - SESSION	ine Charact	1) to stiding it out in your
□異常/Abnormal: ○非漢生病/Not rela			LOURIE P. B. C. S. A. C.
	檢查/ Hansen's disease s	suspect who needs fi	arther examinations
a. 病理切片/ Skin b. 皮膚抹片/ Skin	Smear: □陽性/ Positiv	e □陰性/Negative	
	覺喪失或神經腫大/ Skin le		
	nt of peripheral nerves:		
判定(Results): ■合格(Passed) □須	進一步檢查/ Needs further	er examinations	一不合格(Failed)
	(Name & 教(體) (Name & Wanne &	聘僱外國人健康檢查行 b止其聘僱許可。 hat you require further e ons Governing Managen	xaminations or you have failed the
定期健檢及補充健檢之健康檢查證明之正本應 The original copy of the periodic and supplementar		ept by the person who up	
49.63			

醫院代碼: I 0 5

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

移工健康檢查項目表

Health Certificate for Migrant Worker



檢查日期: 108 / 10 / 05

■陰性/ Negative, 效價/ Titers_ 陰性

□陰性/ Negative, 效價/ Titers_

HOOVIDDA X 多多水巴			(年) (月) (日)
雇主: 盧炤儒 中文:	Discrete (18 18 18 18 18 18 18 18 18 18 18 18 18 1	ate of Examination	1: 05 / 10 / 2019
流水號:08100920			$\overline{(D)}'\overline{(M)}'\overline{(Y)}$
基本資料/ Basic Data	Canal Die Mann De. DE	or delades	or or depot to M
姓名 : SRI LESTARI			
護照號碼 · B8508973 / 性別		Family	-
Passport No.	男 Mate	remale	N = = N
居留證號 : 國籍	(一) 印尼六		
ARC No.	1 1 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		高三岛
CONTROL OF THE PARTY OF THE PAR	A由(1985.10.05 (Birth 1)	0048618	
在中華民國健種類Type of Physical Examination > 聯絡電	11 11 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	offsammit a	
done in the Republic of China (Taiwan); Phone	Mark transport		
□入國後3日內 Within 3 days of arrival	司學認而關		
■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 :			
6 11 1 1 D			100 km
身體檢查/ Physical Examination	Correction at the terms of the contraction of the c	tiver teat	为用了法,从总面对方包
A. 身高 : 154.0 公分 cms	G. 頭頸部 Head and neck	正常Normal	□異常Abnormal
B. 體重 : 63.0 公斤 kgs	H. 胸部	正常Normal	□異常Abnormal
weight	Inorax		
Blood Pressure	Heart auscultation	正常Normal	□異常Abnormal
D. 脈搏 : 78 次/分times/min	J. 腹部	正常Normal	□異常Abnormal
Fulse E. 體溫 : 36.7 ℃	Abdomen K. 體肢運動	- 16 31 1	T 14.4k. 92
Body Temperature	LOCOMOTION	正常Normal	□異常Abnormal
F. 視力 Vision 右 Right 1.2 左 Left 1.2	L. 精神狀態 Mental condition	正常Normal	□異常Abnormal
VISION .	M. 其他 .		MI \ O1 \ 801 : m e
id for three wonths.	Others:	x = xx se pr K al	= 1/2 2 - 0 1/2 - 32.0
and they did all and they are all they are all they are the first the second to the seco	F ALALAS ASSE		·····································
實驗室檢查/ Laboratory Examinations	未供规定者,等因性检不 or neucdur besilft examines	· 查前再点部的	テマ島9家文的7年。出 Hiteratory to allowe set 1
A. 胸部X光肺結核檢查/ Chest X-ray for Tuberculosis	te 7 through Article 9 of the	omply with Artic	or symmetrion, you have to
發現(Findings): 無異常發現	o examination will render you	to pass the health	
判定(Results): ■合格(Passed) □疑似肺結核(T)	Suspect) □無法確認言	多斷/ Pending	□不合格(Failed)
	Ouspect) Limitate and a		
B. 梅毒血清檢查/ Serological Tests for Syphilis:	Ouspect)	lgouz bas vitoli.	
	ementary health certificate sh	tive,效價/T	R≙₩-

□陽性/ Positive, 效價/ Titers_____

□不合格/ Failed

□陽性/ Positive, 效價/ Titers_

c. □其他/ Other

判定/ Result: 圖合格/ Passed

□陽性,種名/ Positive, Species 判定/ Result: ■合格/ Passed □ 不合格/ Failed	BOOK AND
	陰性/ Negative
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 a	nd Ruhella
Antibody or Measles and Rubella Vaccination Certificates:	and Rubella
a. 抗體檢查/ Antibody Tests Tool The Tail and Dispilition of Line	
麻疹抗體/ Measles Antibody	tive □未確定/Equivocal 歯批號;接種日期 nation, the name of
□麻疹預防接種證明/ Measles Vaccination Certificate	E SRI LESTARI
□德國麻疹預防接種證明/ Rubella Vaccination Certificate	
判定/ Result: □合格/ Passed □ 不合格/ Failed	88508
c. □有接種禁忌,暫不適宜預防接種/ Having contraindications, not suitable f	
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-and supplementary health examination	arrival, periodic,
	ESPONDED AND THE PROPERTY OF T
漢生病檢查/ Examination for Hansen's disease	The second secon
全身皮膚視診結果/ Skin Examination	findle wiff to SeyTexts O. S. A. A. A.
■正常/Normal □異常/Abnormal: ○非漢生病/Not related to Hansen's disease:	D anisO to oblideged out in your
○疑似漢生病須進一步檢查/ Hansen's disease suspect who nee	eds further examinations
a. 病理切片/ Skin Biopsy:	1)61h6: 101(MYKUL 181 / 0) 知 文體].
b. 皮膚抹片/ Skin Smear: □陽性/ Positive □陰性/ Neg	ative
c. 皮膚病灶合併感覺喪失或神經腫大/ Skin lesions combined	l with sensory
loss or enlargement of peripheral nerves: □有(YES)	
判定(Results): ■合格(Passed) □須進一步檢查/ Needs further examination	s □不合格(Failed)
● 合格/ Passed □須進一步檢查/ Need further examinations □不合格/ Failed 日本	合格
醫院負責人簽章: (Superintendent) 日期: 108 / 10 / 14 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 fuexamination, you have to comply with Article 7 through Article 9 of the "Regulations Governing Management of the superintendent of the	rther examinations or you have failed the anagement of the Health Examination of
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