

# 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

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## 健康檢查證明

### ITEMS REQUIRED FOR HEALTH CERTIFICATE

檢查日期：107 / 12 / 08

(年) (月) (日)

雇主：吳至寧

流水號：07122189

工號：


中文：

入境日期：2017.07.05

Date of Examination：08 / 12 / 2018

(D) (M) (Y)

### 基本資料/ Basic Data

姓名 : SUTIYAH Name	性別 <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female Sex	
護照號碼 : B8833660 Passport No.	國籍 : 印尼 Nationality	
居留證號 : ARC No.	出生年月日 : 1992.01.22 Date of Birth	
工作直轄市、(縣)市別 : 台北市 City/County(Workplace in R.O.C)	聯絡電話 : 0935501719 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	<input type="checkbox"/> 補充/ supplementary	
<input checked="" type="checkbox"/> 定檢(6, 18, 30月個)Periodic(6, 18, 30 month)		

### 病史/ Medical History

曾罹患的疾病 Prior illnesses : \_\_\_\_\_

### 身體檢查/ Physical Examination

A. 身高 : 153.0 公分 cms Height	G. 頭頸部 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Head and neck
B. 體重 : 51.0 公斤 kgs Weight	H. 胸部 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Thorax
C. 血壓 : 108 / 71 毫米汞柱 mmHg Blood Pressure	I. 心臟聽診 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Heart auscultation
D. 脈搏 : 86 次/分times/min Pulse	J. 腹部 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Abdomen
E. 體溫 : 36.3 °C Body Temperature	K. 體肢運動 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Locomotion
F. 視力 右 Right 1.2 左 Left 1.2 Vision	L. 精神狀態 <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Mental condition
	M. 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 :  
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)

醫師兼院長 王德芳(外)

(Name & Signature)

日期: 107 / 12 / 13

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.