醫院代碼：I05

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

6M

移工健康檢查項目表

Health Certificate for Migrant Worker

檢查日期：108 / 12 / 02
（年）（月）（日）

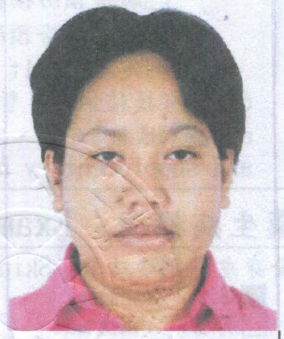
工號：
中文：
人境日期：2019.06.15

Date of Examination: 02 / 12 / 2019
(D) (M) (Y)

雇主：畢明
流水號：08120351

基本資料/ Basic Data

姓名 Name：VERNA YUNIATI



護照號碼 Passport No.：C0644871

性別 Sex：□男 Male ■女 Female

居留證號 ARC No.：

國籍 Nationality：印尼

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

出生年月日 Date of Birth：1987.07.19

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

聯絡電話 Phone No.：0936158162

□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 Height：155.0 公分 cms
B. 體重 Weight：73.0 公斤 kgs
C. 血壓 Blood Pressure：124 / 79 毫米汞柱 mmHg
D. 脈搏 Pulse：71 次/分times/min
E. 體溫 Body Temperature：36.6 ℃
F. 視力 Vision 右 Right 0.7 左 Left 0.7

G. 頭頸部 Head and neck	■正常Normal	□異常Abnormal
H. 胸部 Thorax	■正常Normal	□異常Abnormal
I. 心臟聽診 Heart auscultation	■正常Normal	□異常Abnormal
J. 腹部 Abdomen	■正常Normal	□異常Abnormal
K. 體肢運動 Locomotion	■正常Normal	□異常Abnormal
L. 精神狀態 Mental condition	■正常Normal	□異常Abnormal

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)：無異常發現
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 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
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 杜俊毅(體) 醫字第21549號 (Name & Signature)

合格

醫院負責人簽章：
(Superintendent) 醫師兼院長 盧星華(外) (Name & Signature)

日期：108 / 12 / 09

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.