

移工健康檢查項目表  
Health Certificate for Migrant Worker

聖保祿醫院

Saint Paul's Hospital

330049 桃園市桃園區建新街123號 電話:03-3613141

傳真:03-3779373

123, Jianxin St., Taoyuan Dist.,  
Taoyuan City 330049, Taiwan (R.O.C)

http://www.sph.org.tw

檢查日期 2021/10/01

(YYYY)(MM)(DD)

Date of Examination

流水編號 01001-60073

病歷號 98368838

入境日: 2020/04/15

仲介: 京兆賢

R1

雇主: 宋小鳳

18M



醫院代號 I07

I. 基本資料 (Basic Date)

姓名 : SRI JUMIATI Name	性別 : <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female Sex	
護照號碼 : C7815224 Passport No.	國籍 : 印尼 Nationality	
居留證號 : ARC No.	出生年月日 : 10/JUN/1974 Date of Birth	
工作縣市別 : 桃園市 City/County(Workplace in R.O.C.)	聯絡電話 : (手機 Mobile Phone) 02-27648877 Phone No. (住家 Home Phone)	



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 : 155.1 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 : 70.9 公斤 kgs (Weight)	H. 胸部 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Thorax)
C. 血壓 : 142/83 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 : 100 次/分 beats/min (Pulse)	J. 腹部 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Abdomen)
E. 體溫 : 36.7 °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 0.2 左 0.2 (Vision) Right Left	L. 精神狀態 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Mental status)
	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) 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)

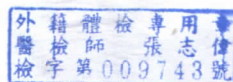
判定(Result) : 合格(Passed) 須進一步檢查 (Needs further examinations.) 不合格(Failed)

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)

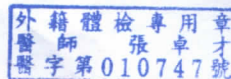
負責醫檢師簽章

(Signature of Chief Medical Technologist) :



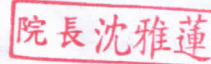
負責醫師簽章

(Signature of Chief Physician) :



醫院負責人簽章

(Signature of Superintendent) :



合格

應注意事項: 血壓偏高請至心臟內科門診追蹤/視力異常宜做視力矯正

日期(Date) : (2021/10/05) (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.