



受聘僱外國人健康檢查項目表

Health Certificate for Employed Aliens

三軍總醫院松山分院附設民眾診療服務處

TRI-SERVICE GENERAL HOSPITAL SONGSHAN BRANCH

檢查日期 2024-11-06

(印) (用) (日)

Date of Examination

醫院代號:A15

臺北市健康路131號 NO.131 Chien-Kang RD.Taipei Taiwan,105 R.O.C.

仲介: 京兆賢

健檢編號:

電話:(02)2764-2151轉671589 傳真:(02)2761-8615

廠商: 李祐慈

113026630

類別(Category) 第二類(Category 2 Alien) 第三類(Category 3 Alien)

I.基本資料(Basic Data)

入境日(續聘日): 2024-05-20

姓名 Name : RENY WIDIASTUTI

性別 Sex : 男 Male 女 Female 國籍 Nationality : 印尼

護照號碼 Passport No. : C8292358 出生年月日 Date of Birth : 1995-03-13

居留證號 ARC No. : F900208802 手機 Mobile Phone : _____

工作縣市別 City/County (Workplace in R.O.C.) : 新北市 住家 Home Phone : 03-3195252



在中華民國健檢種類 Type of health examination done in the Republic Of China (Taiwan):

入國後三日內 Within 3 days of arrival 境內聘僱 Employment in the territory of the ROC

補充 Supplementary 定期 (六、十八、三十個月) Periodic (6, 18, 30 months) (外)

II.病史(Medical History)

曾罹患的疾病 Prior illnesses : 無

III.身體檢查(Physical Examination)

A.身高(Height) : 160 公分 cms

B.體重(Weight) : 65.7 公斤 kgs

C.血壓(Blood pressure) : 117 / 75 毫米汞柱 mmHg

D.脈搏(Pulse) : 88 次/分 beats/min

E.體溫(Body temperature) : 36.6 °C

F.視力(Vision) : 右(Right) 1.0 左(Left) 1.0

M.其他(Others) _____

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 status) : 正常 Normal 異常 Abnormal

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) 1:80(-)c. 其它 (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 (Positive) · 種名 (Species) _____ 陰性 (Negative)

判定(Result) : 合格 (Passed) 不合格 (Failed)

第三類外國人來自中央衛生主管機關公告知特定國家、地區得免驗 (Not required for Category 3 Aliens from countries/areas announced by the central competent health authority.)

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、補充健檢或曾依受聘僱外國人健康檢查管理辦法辦理本項檢查且結果合格者得免驗 (Not required for health examination performed within 3 days of arrival, for periodic or supplementary health examination, or workers who have passed this examination under the Regulations Governing Management of the Health Examination of Employed Aliens)

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)

第三類外國人來自中央衛生主管機關公告知特定國家、地區得免驗 (Not required for Category 3 Aliens from countries/areas announced by the central competent health authority.)

健康檢查總結果 (The final result of health examination) : RENY WIDIASTUTI

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) : _____

日期 (Date) : 2024-11-14 (The certificate is valid for three months)

備註 (Note) : 本證明三個月內有效

※ 提醒一 (Notice 1) :

入國後 3 日內健檢、境內聘僱健檢、定期健檢及補充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 health examination performed within 3 days of arrival, for employment in the territory of the ROC, or periodic or supplementary 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) :

入國後 3 日內健檢、境內聘僱健檢、定期健檢及補充健檢之健康檢查證明之正本應由受聘僱外國人本人留存。 The original copy of the health certificate of the health examination performed within 3 days of arrival, for employment in the territory of the ROC, or periodic or supplementary health examination should be kept by the person who undertook the health examination.

