醫院代號:A15

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 仲介:京兆賢 臺北市健康路131號 NO.131 Chien-Kang RD.Taipei Taiwan,105 R.O.C. 廠商:劉明倩 臺北市健康路131號 NO.131 Chien-Kang RD.Taipei Taiwan, 105 R.O.C.

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

檢查日期 2023-08-04

Date of Examination

| 1120185/3 |) ■第二類(Category 2 A | lien) □ 第三版 | E(Category 3 Alien) | 614C1 |
|--|--|---|--|----------------|
| I.基本資料(Ba | DATE OF THE PROPERTY OF THE PARTY OF THE PAR | men, usus | | 日): 2023-02-23 |
| 姓名 Name 性別 Sex | : SITI NURCHAENI | MI Sherit | | |
| | :□男Male ■女Female | 國籍 Nationality 出生年月日 : 1995-03-09 | 1 | - |
| 護照號碼 Passport No. | : AU585317 | - Date of Birth | : 1995-03-09 | |
| 居留證號 ARC No. | : A900403197 | 手機 - Mobile Phone | 1 | |
| 工作縣市別 City/County (Workplace in R.O.C.) | : 台北市 | 住家 Home Phone | : 03-3195256 | |
| 在中華民國健 | 檢種類 Type of health exa | mination done i | in the Republic Of China(Ta | Wanting人士 |
| | 内 Within 3 days of arrival | | | |
| | ementary ■定期(六、 | | | |
| II.病史(Medic | cal History) | | | (94) |
| 曾罹患的疾病 | 月 Prior illnesses: 無 | | | |
| III.身體檢查(P | Physical Examination) | | | |
| A.身高(Height | t): <u>166.5</u> 公分 cms | 8 | 5. 頭頸部(Head and neck) 正常Normal 口異常A | ; onormal |
| B.體重(Weight | t): <u>88.5</u> 公斤 kgs | | H.胸部(Thorax): 止常Normal □ 異常A | |
| C.血壓(Blood 123 / 82 | pressure): 2 毫米汞柱 mmHg | | 心臟膿診(Heart auscultat 正常Normal 口異常A | |
| D.脈搏(Pulse) | :82_次/分 beats/min | | .腹部(Abdomen) : 上常Normal 〇 異常Al | onormal |
| E.體溫(Body te | emperature) : <u>36.6</u> °C | | 〈體肢運動(Locomotion): 止常Normal □異常Al | |
| F.視力(Vision) 右(Right) | : 0.9 左(Left) 0.9 | | 精神狀態(Mental status) 正常Normal □ 異常Al | |
| M.其他(Other | (2 | | | |
| IV.實驗室檢查 | (Laboratory Examinat | ions) | | |
| A.胸部 X 光脉 X光發現(Findi | 市結核檢查 (Chest X-ray f | or Tuberculosis |) : | |

| 判定(Result): ■合格(Passed) | □疑似肺結核(TB Suspect) | □無法確認診斷(Pending) | 口不合格(Failed) |
|----------------------------|---------------------------------------|--|--------------|
| B.梅毒血清檢查 | (Serological Tests for Syphil | is): | |
| 檢驗(Tests): a.■RPR□ | | ■陰性(Negative)/效個 | (Titore) |
| b. OTPHA | TPPA □FTA-abs □TPLA itive)/效價(Titers) | The second secon | |
| | itive)/效價(Titers) | □陰性(Negative)/效價 | (Titers) |

| C.腸內寄生蟲糞便檢查(Stool Examination for Para | asites) | | | | | |
|---|---|--|--|--|--|--|
| □陽性 (Positive) ・種名 (Species) | ■ 陰性 (Negative) | | | | | |
| 判定(Result): ■ 合格 (Passed) □ 不合格 (Failed) | | | | | | |
| 3 第三類外國人來自中央衛生主管機關公告知特定國際 | | | | | | |
| Aliens from countries/areas announced by the central co | | | | | | |
| D.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證 Antibody or Measles and Rubella Vaccination 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(Posi b. 預防接種證明 Vaccination Certificates (證明 日期與出國日期應至少間隔兩週 (The certifica name of administering hospital or clinic and t | 應包含接種日期、接種院所及疫苗批號;接種 ite should include the date of vaccination, the | | | | | |
| vaccination should be at least two weeks prior | | | | | | |
| □ 麻疹預防接種證明 (Measles Vaccination Ce | | | | | | |
| □ 德國麻疹預防接種證明 (Rubella Vaccination | | | | | | |
| c. □ 有接種禁忌·暫不適宜預防接種 (Having cod. ■ 人國後3日內、定期健檢及補充健檢免驗 (Neperiodic, and supplementary health examinate) | Not required for within-3-day-of-arrival, | | | | | |
| .漢生病檢查(Examination For Hansen's Disease) | | | | | | |
| 全身皮膚視診結果 (Skin Examination) | | | | | | |
| ■正常(Normal) | | | | | | |
| | diament . | | | | | |
| □異常(Abnormal): □非漢生病(Not related to Hansen's c | | | | | | |
| a. 病理切片(Skin Biopsy): | n's disease suspect who needs further examinations) | | | | | |
| | 性(Positive) □ 陰性(Negative) | | | | | |
| | 腫大(Skin lesions combined with sensory loss or | | | | | |
| enlargement of peripheral nerves) | | | | | | |
| 判定 (Result):□合格(Passed) □須進一步檢查(Needs □ 第三類外國人來自中央衛生主管機關公告知特定區 | | | | | | |
| Aliens from countries/areas announced by the central c | | | | | | |
| | | | | | | |
| 建康檢查總結果 (The final result of health examination): | | | | | | |
| ■ 合格 (Passed) □ 須進一步檢查 (Need further examin | nations) 口不合格 (Failed) | | | | | |
| 責蓄檢師簽章(Signature of Chief Medical Technologist) |) 其種体 | | | | | |
| | 115470 | | | | | |
| 責醫師簽章(Signature of Chief Physician) : | (基) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | | | | | |
| 醫院負責人簽章(Signature of Superintendent) : | \$111465 X 1 | | | | | |
| | - GH 1 | | | | | |
| 引期 (Date): <u>2023-08-09</u> 計註 (Note):本證明三個月內有效(The certificate is valid fo | or three months) | | | | | |
| | in three months) | | | | | |
| ※ 提醒一 (Notice 1): 人 監後 3 日內健檢、境內聘僱健檢、定期健維及補充健檢結果為須進一步 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 | · 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 可。 If the results of your health examination | | | | | |

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. * 措確 (Notice 2):
入國後 3 日內健檢、境內體僱稅檢、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壓人本人留存。 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.