



# 外籍勞工健康檢查項目表

## Health Certificate for Foreign Labor

醫院代碼:W02 醫院名稱:為恭醫療財團法人為恭紀念醫院

Hospital's Name: Wei Gong Memorial Hospital

地址: 中華民國台灣省苗栗縣頭份鎮信義路128號

Address: 128, Shin 1 Rd. Toufen, Miaoli Taiwan R. O. C.

電話 (TEL): (037) 665787 傳真機 (FAX): (037) 660706

檢查日期 / Date of Examination

2019 / 08 / 25

1080802216

R073

京兆賢-桃園

01Z195 傅興祥

入境日: 2019/03/05

### 基本資料 / Basic Data

姓名: TURMIATI Name	性別: <input type="checkbox"/> 男/M <input checked="" type="checkbox"/> 女/F Sex	
護照號碼: AT807475 Passport No.	國籍: 印尼 Nationality	
居留證號: ARC No.	出生年月日: 1983 / 03 / 12 Date of Birth	
工作縣市別 City/County (Workplace in R.O.C.): 苗栗縣	手機: (Mobile Phone) 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

### 病史 / Medical History

曾罹患的疾病 / Prior illnesses:

### 身體檢查 / Physical Examination

身高 / Height: 149 cms	頭頸部 / Head and neck: <input checked="" type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal
體重 / Weight: 55 kgs	胸部 / Thorax: <input checked="" type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal
血壓 / Blood Pressure: 134 / 84 mmHg	心臟聽診 / Heart auscultation: <input checked="" type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal
脈搏 / Pulse: 94 beats/min	腹部 / Abdomen: <input checked="" type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal
體溫 / Body Temperature: 36.6 °C	體肢運動 / Locomotion: <input checked="" type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal
視力 / Vision: 右 / Right 1.5 左 / Left 1.5	精神狀態 / Mental status: <input checked="" type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal
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:

X光發現 / Findings: 無明顯病變發現

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

b.  TPHA  TPPA  FTA-abs  TPLA  EIA  CMIA

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

**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

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 :

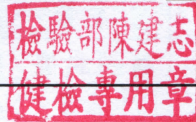
合格 / Passed  須進一步檢查 / Needs further examinations  不合格 / Failed

診斷: 寄生蟲感染 Parasite infestation: 人芽囊原蟲 Blastocystis hominis。

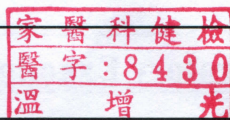
**健康檢查總結果 / The final result of health examination :**

合格 / Passed  須進一步檢查 / Need further examinations  不合格 / Failed

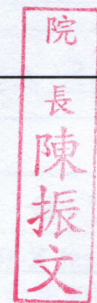
負責醫檢師簽章 / Signature of Chief Medical Technologist :



負責醫師簽章 / Signature of Chief Physician :



醫院負責人簽章 / Signature of Superintendent :



日期 / Date : 2019 / 08 / 30

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.