



移工健康檢查項目表

Health Certificate for Migrant Worker

羅東聖母醫院 Saint Mary's Hospital Luodong 宜蘭縣羅東鎮中正南路160號
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檢查日期/
Date of Examination
2020/11/12

合格

仲介:	僱主: 徐婀娜	基本資料/Basic Data		109	006694
姓名 Name	SRIPIN	性別 Sex	<input type="checkbox"/> 男/M <input checked="" type="checkbox"/> 女/F		
護照號碼 Passport No.	AT888213	國籍 Nationality	印尼		
居留證號 ARC No.	GD30047889	出生年月日 Date of Birth	1989/06/26		
工作縣市別 City/County (Workplace in R.O.C.)	宜蘭縣	手機 (Mobile Phone)			
		住家 (Home Phone)	0935571215		

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: 無

身體檢查/Physical Examination

身高/Height: 148 公分 cms	頭頸部/Head and neck: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
體重/Weight: 64.1 公斤 kgs	胸部/Thorax: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
血壓(Blood pressure): 116 / 70 毫米汞柱 mmHg	心臟聽診/Heart auscultation: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
脈搏/Pulse: 89 beats/min	腹部/Abdomen: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
體溫/Body temperature: 35.9 °C	體肢運動/Locomotion: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
視力/Vision: 右Right 0.8 左Left 0.5	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:

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 1:1x (-)
- b. TPHA TPPA FTA-abs TPLA EIA CIA
 陽性/Positive, 效價/Titers _____ 陰性/Negative, 效價/Titers 1:80x (-)
- c. other _____ 陽性/Positive, 效價/Titers _____

判定(Results): 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 _____ 陰性 (Negative)
判定 (Results) : 合格 (Passed) ^{合格} 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 titers) 陽性 (Positive) 陰性 (Negative) 未確定 (Equivocal)

德國麻疹抗體 (Rubella antibody titers) 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 / 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 :



日期 / Date : 2020/11/19

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.

