F03 Hospital logo

健康檢查證明 台南市立醫院(委託秀傳醫療社團法人經營) 中華民國台灣省台南市景德路670號 TEL:(06)336-4561

ITEMS REQUIRED FOR HEALTH CERTIFICATE

Tainan Municipal Hospital (Managed by Show Chwan Medical Care Corporation)

檢查日期 2021/07/30 (年)(月)(日) 07/30/2021 (MM)(DD)(YY) Date of Examination

670,CHUNG Te Road Tain	an Taiwan R.O.C
I. 基本資料(BASIC DATA) 病歷號	売碼: 3253187 派單號:1100730019 6M
性名 · 游雅蒂 性別 NAME · WARDAH NURIYATI Sex	: □ 男 : □ Male □ Female
護照號碼 Passport No. : AU110334 國籍 Natio	: 印尼 onality : IDN
居留證號 出生 ARC No. Date Birth	
工作直轄市、 縣市別	
City/County : 屏東縣 聯絡 in ROC)	
在中華民國健檢種類Type of physical examination dor	ne in the Republic of China(Taiwan):
入國後三日內Within 3 days of arrival	
) month) [補充/Supplementary
II. 病史(MEDICAL HISTORY)	
曾罹患的疾病Prior illnesses:	
III.身體檢查(PHYSICAL EXAMINAT	'ION)
A. 身高(Height) : 150.2 公分 cms	G. 頭頸部(Head and neck):
	☑ 正常 Normal □ 異常 Abnormal
B. 體重(Weight) : 49.2 公斤 kg	s H. 胸部(Thorax):
	☑ 正常 Normal □ 異常 Abnormal
C. 血壓(Blood pressure)	I. 心臟聽診(Heart auscultation):
143 / 89 毫米汞柱 mm Hg	□ 正常 Normal ☑ 異常 Abnormal
D. 脈搏(Pulse) : 82 次/分 beats/min	J. 腹部(Abdomen):
	☑ 正常 Normal □ 異常 Abnormal
E. 體溫(Body temperature):	
	☑ 正常 Normal □ 異常 Abnormal
F. 視力(Vision): <a>▽ 裸視 <a>□ 矯正	L. 精神狀態(Mental status):
右 Right 1.0 左 Left 1.0	☑ 正常 Normal □ 異常 Abnormal
M 其它 Others 疑高血壓.心雜音.	
IV. 實驗室檢查(LABORATORY TEST	'ING)
A. 胸部X光攝影檢查肺結核(Chest X-ray for to	uberculosis): ※限大片攝影(Standard Film Only)
發現(Findings) 心肺無明顯異常	
判定(Results)	
☑ 合格(Passed) Ⅲ 疑似肺結核(TB Susp	pect) [須進一步診斷(Pending) [不合格(Failed)
(經中華民國健檢醫院判定為疑似肺結核或須	進一步診斷者,須於十五日內至指定機構再檢查。
(Those who are determined to be TB suspects or	have a pending diagnosis by the designated hospital in

the Republic of China(Taiwan) must visit the referred institution for further evaluation in 15 days.)

	B. 梅毒血清檢查(Serological Test for Syphilis):
	檢驗(Tests) a. ✓ RPR or ✓ VDRL Nonreactive b. ☐ TPHA/TPPA
- 1	c 其它(Others) Syphilis TP: 0.072(Non-Reactive)
	判定(Results) ▽合格(Passed) □ 不合格(Failed)
C	C. 腸內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查)(Stool examination for
	parasites includes Entameba histolytica etc.)(by centrifugal concentration method):
	□陽性,種名(Positive, Species) □ 陰性(Negative)
	判定(Results) ☑ 合格(Passed) 不合格(Failed)
).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 titers or measles and rubella vaccination certificates): 未作
	(適用於返鄉前健檢或入國前健檢, only required for medical examination for visa application) a. 抗體檢查(Antibody test)
	編 が 題 (Measles antibody titers)
	德國麻疹抗體(Rubella antibody titers) 陽性(Positive) 未確定(Equivocal)
	b. 預防接種證明 (Vaccination certificate)
	「麻疹預防接種證明(Vaccination certificate of measles)
	□ 德國麻疹預防接種證明(Vaccination certificate of rubella)
ı	c. [經醫師評估,有接種禁忌者,暫不適宜接種。(Not suitable for vaccination due to
	medical contraindications)
V	7. 漢生病檢查 (EXAMINATION FOR HANSEN'S DISEASE)
j	全身皮膚視診結果(Skin examination)
	▼ I R (Normal)
	異常(Abnormal)
	非漢生病 (not related to Hansen's disease):
	□漢生病(疑似個案須進一步檢查)(Hansen's disease suspect that needs further exam)
	a.病理切片(Skin Biopsy): b.皮膚抹片(Skin Smear): □陽性(Finding bacilli in affected skin smears) □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
	peripheral nerves)
	判定(Results):
	總評說明:
	備註:本表供第二類外國人(移工)健康檢查時使用(Note: This form is for Gategory 2 foreign workers.) 結論:根據以上對 游雅菩
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Jenny Jenny	Result: According to the above medical report of Mr./Mrs./Ms. WARDAH NURIYATI , he/she has passed the exam has failed the exam needs further examination. has passed the exam has failed the exam needs further examination. has passed the examinati
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Jenny Jenny	Name & Signature Name & Signature Name & Signature Signature Name & Signature
Jenny Jenny	之檢查結果為