

移工健康檢查項目表
Health Certificate for Migrant Worker

檢查日期 2020/11/11
(YYYY)(MM)(DD)
Date of Examination

聖 保 祿 醫 院

Saint Paul's Hospital

33049 桃園市桃園區建新街 123 號 電話:03-3613141

傳真:03-3773873

123, Jianxin St., Taoyuan Dist.,
Taoyuan City 330049, Taiwan (R.O.C)

http://www.sph.org.tw



流水編號 01111-60059

病歷號 98295317


入境日: 2018/06/05

仲介: 京兆賢

雇主: 林有金

醫院代號 I07

I. 基 本 資 料 (Basic Date)

| | | |
|---|--|---|
| 姓名 : FERY ASTUTI Name | 性別 : <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female Sex |  |
| 護照號碼 : AU224706 Passport No. | 國籍 : 印尼 Nationality | |
| 居留證號 : ARC No. | 出生年月日 : 18/FEB/1988 Date of Birth | |
| 工作縣市別 : 桃園市 City/County(Workplace in R.O.C.) | 聯絡電話 : (手機 Mobile Phone) 02-27648877 (住家 Home Phone) Phone No. | |
| | | |

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

II. 病 史 (Medical History)

曾罹患的疾病 Prior illnesses : 無 有

III. 身 體 檢 查 (Physical Examination)

| | |
|---|---|
| A. 身高 : 152 公分 cms (Height) | G. 頭頸部 (Head and neck) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| B. 體重 : 56.9 公斤 kgs (Weight) | H. 胸部 (Thorax) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| C. 血壓 : 145/106 毫米汞柱 mmHg (Blood Pressure) | I. 心臟聽診 (Heart auscultation) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| D. 脈搏 : 143 次/分 beats/min (Pulse) | J. 腹部 (Abdomen) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| E. 體溫 : 36.7 °C (Body temperature) | K. 體肢運動 (Locomotion) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| F. 視力 右 0.8 左 0.6 (Vision) Right Left | L. 精神狀態 (Mental status) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal |
| | M. 其他 Others |

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 CIA FTA-abs TPLA EIA TPPA
 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)

IV. 實驗室檢查 (Laboratory Examinations)

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(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)

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)

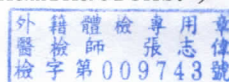
判定(Result) : 合格(Passed) 須進一步檢查 (Needs further examinations.) 不合格(Failed)

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)

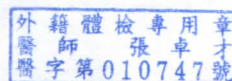
負責醫檢師簽章

(Signature of Chief Medical Technologist) :



負責醫師簽章

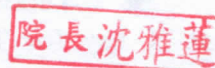
(Signature of Chief Physician) :



合格

醫院負責人簽章

(Signature of Superintendent) :



應注意事項: 血壓偏高, 心搏過快請至心臟內科門診追蹤/視力異常宜做視力矯正

日期(Date) : (2020/11/16) (YYYY/MM/DD) ※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.