



體檢識別碼: 20220000806

基本資料 / Basic Data

中文姓名: Name: SUPPRIHATIN	性別: Sex: 女	
護照號碼: Passport No. AU474658	國籍: Nationality: 印尼	
居留證號: ARC No. JD30027049	出生年月日: Date of Birth: 1983/6/16	
工作縣市別: City/County: 彰化縣 (Workplace in R.O.C.)	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): 定期

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: 45.4 kgs	胸部 / Thorax: <input checked="" type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal
血壓 / Blood pressure: 126/84 mmHg	心臟聽診 / Heart auscultation: <input checked="" type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal
脈搏 / Pulse: 86 bpm	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: 1.2 視力 / Vision: 左 / Left: 1.2	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: 疑似脊椎側彎
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: Non-reactive
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:
 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 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 / 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 :

醫檢師
陳俊安

負責醫師簽章 / Signature of Chief Physician :

黃少敦醫師
醫字第027321號

醫院負責人簽章 / Signature of Superintendent :

張
生

日期 / Date : 2022/2/16

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.

