



移工健康檢查項目表
Health Certificate for Migrant Worker
三軍總醫院松山分院附設民眾診療服務處
TRI-SERVICE GENERAL HOSPITAL SONGSHAN
BRANCH

檢查日期 2022-01-24

(年)(月)(日)

Date of Examination

仲介：京兆賢

廠商：陳奕潔-1

醫院代號:A15

健檢編號：

111002358

臺北市健康路131號 NO.131 Chien-Kang RD.Taipei Taiwan,105 R.O.C.

電話:(02)2764-2151轉671589 傳真:(02)2761-8615

18M

I.基本資料(Basic Data)

入境日(續聘日)：2020-08-13

姓名 Name	: TANTRI NUR ISLAMIATI		
性別 Sex	: <input type="checkbox"/> 男Male <input checked="" type="checkbox"/> 女Female	國籍 Nationality	: 印尼
護照號碼 Passport No.	: AU664381	出生年月日 Date of Birth	: 1994-12-17
居留證號 ARC No.	: AD30663556	手機 Mobile Phone	:
工作縣市別 City/County (Workplace in R.O.C.)	: 台北市	住家 Home Phone	: 03-3195256



在中華民國健檢種類 Type of health examination done in the Republic Of China(Taiwan):

入國後三日內 Within 3 days of arrival

定期 (六、十八、三十個月) Periodic (6, 18, 30 months)

補充 Supplementary

II.病史(Medical History)

曾罹患的疾病 Prior illnesses : _____

III.身體檢查(Physical Examination)

A.身高(Height) : 162 公分 cms	G.頭頸部(Head and neck) : <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
B.體重(Weight) : 52.7 公斤 kgs	H.胸部(Thorax) : <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
C.血壓(Blood pressure) : 123 / 87 毫米汞柱 mmHg	I.心臟聽診(Heart auscultation) : <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
D.脈搏(Pulse) : 89 次/分 beats/min	J.腹部(Abdomen) : <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
E.體溫(Body temperature) : 36.5 °C	K.體肢運動(Locomotion) : <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
F.視力(Vision) : 右(Right) 0.8 左(Left) 0.9	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 TPPA FTA-abs TPLA EIA CIA
 陽性(Positive)/效價(Titers) _____ 陰性(Negative)/效價(Titers) 1:80(-)

c. 其它 (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 (含痢疾阿米巴等原蟲) 糞便檢查 (採離心濃縮法檢查) (Stool examination for parasites includes *Entameba histolytica* etc.) (by centrifugal concentration method) :

陽性 (Positive) · 種名 (Species) 人芽囊原蟲、微小阿米巴 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) : TANTRI NUR ISLAMIATI

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

負責醫檢師簽章 (Chief Medical Technologist) : _____

負責醫師簽章 (Chief Physician) : _____

醫院負責人簽章 (Superintendent) : _____

日期 (Date) : 2022-01-28 * 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 Employer 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.



合格