



聖保羅醫院
Saint Paul's Hospital

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http://www.sph.org.tw

流水編號 00310-60169
病歷號 98418396
入境日: 2022/08/20

醫院代號 I07 ■ 第二類 Category 2 Alien □ 第三類 Category 3 Alien 仲介: 京兆賢

I. 基本資料 (Basic Date)

雇主: 馮怡明

姓名 : TANTRI NUR ISLAMIATI Name	性別 : <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female Sex	
護照號碼 : AU664381 Passport No.	國籍 : 印尼 Nationality	
居留證號 : ARC No.	出生年月日 : 17/DEC/1994 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) (在家 Home Phone) 02-27648877 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 境內聘僱 Employment in the territory of the ROC
 補充 supplementary ■ 定期(6、18、30 個月) Periodic(6, 18, 30 months)

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 : 162.9 公分 cms (Height)	G. 頭頸部 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Head and neck)
B. 體重 : 57.1 公斤 kgs (Weight)	H. 胸部 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Thorax)
C. 血壓 : 137/88 毫米汞柱 mmHg (Blood Pressure)	I. 心臟聽診 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Heart auscultation)
D. 脈搏 : 95 次/分 beats/min (Pulse)	J. 腹部 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Abdomen)
E. 體溫 : 36.6 °C (Body temperature)	K. 體肢運動 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Locomotion)
F. 視力 右 0.8 左 0.9 (Vision) Right Left	L. 精神狀態 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Mental status)
	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): 無明顯異常
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 _____
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) 人芽囊原蟲

陰性 (Negative) 判定 (Result) : 合格 (Passed) 不合格 (Failed)

第三類外國人來自中央衛生主管機關公告之特定國家、地區得免驗/Not required for Category 3 Aliens from countries/areas announced by the central competent health authority

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或曾依受聘僱外國人健康檢查管理辦法辦理本項檢查且結果合格者得免驗/ Not required for health examination performed within 3 days of arrival, for periodic or supplementary health examination, or workers who have passed this examination under the Regulations Governing Management of the Health Examination of Employed Aliens

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)

第三類外國人來自中央衛生主管機關公告之特定國家、地區得免驗/Not required for Category 3 Aliens from countries/areas announced by the central competent health authority

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 :)

外籍體檢專用章
醫檢師 李元民
檢字第004044號

外籍體檢專用章
醫師 林怡君
醫字第030419號

院長 沈雅蓮

合格

應注意事項:

日期 (Date) : (2024/03/14) (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.