醫院代號:A15 健檢編號:

110017301

## 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 仲介:京兆賢 臺北市健康路131號 NO. 131 Chien-Kang RD. Taipei Taiwan, 105 R.O.C. 廠商: 陳俊賢-4 電話:(02)2764-2151轉671589 傳真:(02)2761-8615

檢查日期 2021-09-06

(年)(月)(日)

Date of Examination

## I. 基本資料(Basic Data) 入境日(續聘日):2021-09-04 姓名 : WIWIK SETIORINI Name 性別 Sex 國籍 :□ 男Male ■ 女Female :印尼 Nationality 護照號碼 出生年月日 : B6083991 : 1977-08-08 Passport No. Date of Birth 居留證號 : FD02852306 Mobile Phone ARC No.

工作縣市別 City/County (Workplace in 住家 : 03-3195256 Home Phone 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) G. 頭頸部(Head and neck): A. 身高(Height): 151.7 公分 cms 金正常Normal □ 異常Abnormal B. 體重(Weight): 59.0 公斤 kgs H. 胸部(Thorax) 工 常 Norman □ 異常Abnormal C. 血壓(Blood pressure): 1. 心臟聽診(Heart\_auscultation): 103 / 57 毫米汞柱 mmHg 正常Normal □異常Abnormal J. 腹部(Abdomen): D. 脈搏(Pulse): 59 次/分 beats/min ■ 正常Normal □ 異常Abnormal E. 體溫(Body temperature): 35.6 °C K. 體肢運動(Locomotion): □ 異常Abnormal 正常Normal F. 視力(Vision): L. 精神狀態(Mental status): 右(Right) 0.7 左(Left) 0.6 ■ 正常Normal □ 異常Abnormal

## V 實驗完於本(Inhoratory Fyaminations)

M. 其他(Others)

IV. 貝	
A.胸部 X 光肺結核檢查 (Chest X-ray for Tuberculos	sis):
X光發現(Findings):	
判定(Result):	The second secon
■合格(Passed) □疑似肺結核(TB Suspect) □無法確認	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 □	D EIA CIA
□陽性(Positive)/效價(Titers)	■陰性(Negative)/效價(Titers) 1:80(-)
c. □ 其它 (0ther)	
□陽性(Positive)/效價(Titers)	□陰性(Negative)/效價(Titers)
判定(Result): ■合格(Passed) □不合格(Fai	led)

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) ■ 陰性 (Negative) 判定(Result): ■ 合格 (Passed) □ 不合格 (Failed)	1
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-	1
arrival, periodic, and supplementary health examination)	
V. 漢生病檢查(Examination For Hansen's Disease)	7
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)	1
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)	1
健康檢查總結果 (The final result of health examination): WIWIK SETIORINI	
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) :	7
□ 114465	-
日期 (Date): 2021-09-13 ※本證明三個月內有效(The certificate is valid for three months)	
※ 提醒一 (Notice 1):	
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.	