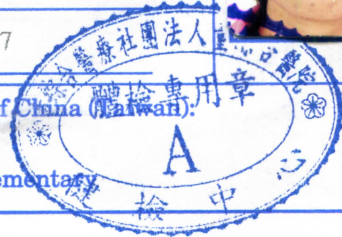




基本資料 / Basic Data

姓名: TRI OKTAVIA Name: _____	性別: <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female Sex	
護照號碼: B8116042 Passport No. _____	國籍: 印尼 Nationality _____	
居留證號: _____ ARC No. _____	出生年月日: 1991 / 10 / 21 Date of Birth _____	
工作縣市別: 彰化縣 City/County (Workplace in R.O.C.) _____	手機: _____ Mobile Phone 住家: 02-27648877 Home Phone _____	
在中華民國健檢種類/Type of health examination done in the Republic of China (Taiwan): <input type="checkbox"/> 入國後3日內/ Within 3 days of arrival <input type="checkbox"/> 不核備體檢 <input checked="" type="checkbox"/> 定期(6、18、30月)/ Periodic (6, 18, 30 months) <input type="checkbox"/> 補充/supplementary		



病史 / Medical History

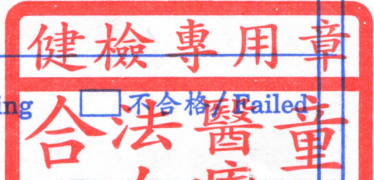
曾罹患的疾病/Prior illnesses: 無

身體檢查 / Physical Examination

身高/Height: 152 cms	頭頸部/Head and neck: <input checked="" type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal
體重/Weight: 46 kgs	胸部/Thorax: <input checked="" type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal
血壓/Blood pressure: 108 / 65 mmHg	心臟聽診/(Heart auscultation): <input checked="" type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal
脈搏/Pulse: 81 beats/min	腹部/Abdomen: <input checked="" type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal
體溫/Body temperature: 36.7 °C	體肢運動/Locomotion: <input checked="" type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal
視力/Vision: 右Right 0.5 左Left 0.6	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 Testing

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:

醫學人療社綜  
院童社綜  
院綜團合

a.  VDRL  RPR  other

b.  TPHA  TPPA  FTA-abs  TPLA  EIA  CIA

陽性/Positive, 效價/Titers  陰性/Negative, 效價/Titers

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

判定/Result:  合格/Passed  不合格/Failed

陽性, 種名/Positive, Species

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(Results):

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:

不合格/Failed

合格

右眼視力差,左眼視力差

負責醫師簽章/Signature of Chief Medical Technologist:

醫師  
陳順良

負責醫師簽章/Signature of Chief Physician:

家醫科健檢  
醫字: 2505  
段彭年

醫院負責人簽章/Signature of Superintendent:

健檢  
專用  
印章  
負責人  
段瑞年

健檢專用章  
合法醫童  
醫人療社綜  
院童社綜  
院綜團合

日期(Date): 2018 / 09 / 26

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 Managements of the Health Examination

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.