

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

判定/ Result: 合格/ Passed 不合格/ Failed

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(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:

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)

醫檢師 徐培翎
檢字第011187號

(Name & Signature)

負責醫師簽章:

(Chief Physician)

醫師 杜俊毅(體)
醫字第21549號

(Name & Signature)

合格

醫院負責人簽章:

(Superintendent)

醫師兼盧星華(外)
院長

(Name & Signature)

日期: 108 / 10 / 14

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.

臺北榮民總醫院桃園分院

Taipei Veterans General Hospital Taoyuan Branch
No. 100, Sec3, Cheng-Kung Road, Taoyuan 330, Taiwan, R.O.C
TEL:03-3318139 FAX:03-3313339

移工健康檢查項目表

Health Certificate for Migrant Worker


18M

雇主：盧昭儒
流水號：08100920

工號：
中文：
入境日期：2018.05.02

檢查日期：108 / 10 / 05
(年) (月) (日)
Date of Examination: 05 / 10 / 2019
(D) (M) (Y)

基本資料/ Basic Data

姓名 : SRI LESTARI Name	性別 : <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female Sex	
護照號碼 : B8508973 Passport No.	國籍 : 印尼 Nationality	
居留證號 : ARC No.	出生年月日 : 1985.10.05 Date of Birth	
工作直轄市、(縣)市別 : 台北市 City/County(Workplace in R.O.C)	聯絡電話 : 0935800806 Phone No.	
在中華民國健種類Type of Physical Examination done in the Republic of China (Taiwan):	<input type="checkbox"/> 入國後3日內 Within 3 days of arrival <input checked="" type="checkbox"/> 定檢(6, 18, 30月個)Periodic(6, 18, 30 month)	
	<input type="checkbox"/> 補充/ supplementary	

病史/ Medical History

曾罹患的疾病 Prior illnesses : _____

身體檢查/ Physical Examination

A. 身高 : 154.0 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 : 63.0 公斤 kgs Weight	H. 胸部 : <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal Thorax
C. 血壓 : 136 / 92 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 : 78 次/分 times/min Pulse	J. 腹部 : <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal Abdomen
E. 體溫 : 36.7 °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 Right 1.2 左 Left 1.2 Vision	L. 精神狀態 : <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal Mental condition
	M. 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 :
發現(Findings) : 無異常發現
判定(Results) : 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 陰性
b. TPHA: TPPA FTA-abs TPLA EIA CIA
 陽性/ Positive, 效價/ Titers _____ 陰性/ Negative, 效價/ Titers 陰性
c. 其他/ Other
 陽性/ Positive, 效價/ Titers _____ 陰性/ Negative, 效價/ Titers _____

判定/ Result : 合格/ Passed 不合格/ Failed

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醫師 杜俊毅(體)
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