

# 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  
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30M

## 移工健康檢查項目表

### Health Certificate for Migrant Worker

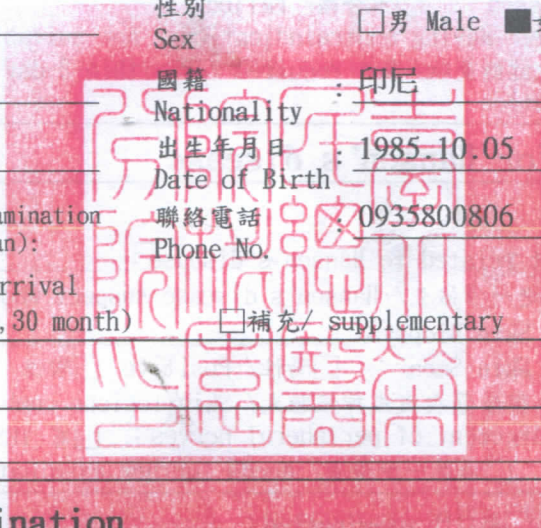
工號: \_\_\_\_\_  
中文: \_\_\_\_\_  
入境日期: 2018.05.02

檢查日期: 109 / 10 / 08  
(年) (月) (日)  
Date of Examination: 08 / 10 / 2020  
(D) (M) (Y)

雇主: 盧炤儒  
流水號: 09100421

### 基本資料/ Basic Data

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



### 病史/ Medical History

曾罹患的疾病 Prior illnesses : \_\_\_\_\_

### 身體檢查/ Physical Examination

|                           |                        |                               |  |
|---------------------------|------------------------|-------------------------------|--|
| A. 身高<br>Height           | : 154.0 公分 cms         | G. 頭頸部<br>Head and neck       | <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| B. 體重<br>Weight           | : 65.0 公斤 kgs          | H. 胸部<br>Thorax               | <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| C. 血壓<br>Blood Pressure   | : 125 / 90 毫米汞柱 mmHg   | I. 心臟聽診<br>Heart auscultation | <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| D. 脈搏<br>Pulse            | : 73 次/分times/min      | J. 腹部<br>Abdomen              | <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| E. 體溫<br>Body Temperature | : 36.5 °C              | K. 體肢運動<br>Locomotion         | <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
| F. 視力<br>Vision           | 右 Right 1.2 左 Left 1.2 | L. 精神狀態<br>Mental condition   | <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal |
|                           |                        | M. 其他<br>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

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

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 呂佳紋  
檢字第016565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: 109 / 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.