

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

健康檢查證明


ITEMS REQUIRED FOR HEALTH CERTIFICATE

僱主: 畢明
流水號: 07114052

工號: _____
中文: _____
入境日期: 2016.06.14

檢查日期: 107 / 11 / 22
(年) (月) (日)
Date of Examination: 22 / 11 / 2018
(D) (M) (Y)

基本資料/ Basic Data

姓名 Name: Verna Yuniati	性別 Sex: <input checked="" type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	
護照號碼 Passport No.: C0644871	國籍 Nationality: 印尼	
居留證號 ARC No.: _____	出生年月日 Date of Birth: 1987.07.19	
工作直轄市、(縣)市別 City/County(Workplace in R.O.C): 新北市	聯絡電話 Phone No.: 0936158162	
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 Height: 154.0 公分 cms	G. 頭頸部 Head and neck: <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
B. 體重 Weight: 69.0 公斤 kgs	H. 胸部 Thorax: <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
C. 血壓 Blood Pressure: 134 / 87 毫米汞柱 mmHg	I. 心臟聽診 Heart auscultation: <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
D. 脈搏 Pulse: 61 次/分 times/min	J. 腹部 Abdomen: <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
E. 體溫 Body Temperature: 36.5 °C	K. 體肢運動 Locomotion: <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
F. 視力 Vision 右 Right 1.0 左 Left 1.0	L. 精神狀態 Mental condition: <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
	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): _____
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 _____ 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 蔣碩亞(體)
醫字第23129號

(Name & Signature)

合格

醫院負責人簽章:

(Superintendent)

醫師兼院長 王德芳(外)

(Name & Signature)

日期: 107 / 11 / 27

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.