

李兆賢

聖保祿醫院  
Saint Paul's Hospital

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http://www.sph.org.tw

檢查日期 2017/12/07  
(YYYY)(MM)(DD)  
Date of Examination  
流水編號 01207-60094  
病歷號 98234883



醫院代號 I07

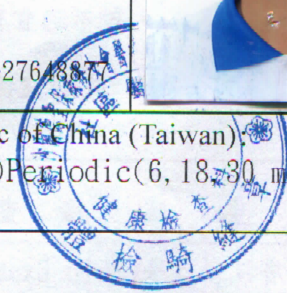
入境日: 2016/06/28

雇主: 陳王幼

I. 基本資料 (Basic Date)

姓名 Name	: TRAN THI TUYET NHINH	性別 Sex	: <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female
護照號碼 Passport No.	: C1548096	國籍 Nationality	: 越南
居留證號 ARC No.	:	出生年月日 Date of Birth	: 12/MAR/1981
工作縣市別 City/County(Workplace in R.O.C.)	: 新北市	聯絡電話 Phone No.	: (手機 Mobile Phone) _____ (住家 Home Phone) 02-27648877

在中華民國健檢種類 Type of health examination done in the Republic of China (Taiwan):  
 入國後 3 日內 Within 3 days of arrival  定期(6、18、30 個月) Periodic(6, 18, 30 months)  
 補充 supplementary



II. 病史 (Medical History)

曾罹患的疾病 Prior illnesses :  無  有

III. 身體檢查 (Physical Examination)

A. 身高 (Height)	: 151.9 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)	: 42.7 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)	: 114/78 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)	: 88 次/分 beats/min	J. 腹部 (Abdomen)	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
E. 體溫 (Body temperature)	: 36.7 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 0.9 左 1.2	L. 精神狀態 (Mental status)	<input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
		M. 其他 Others	

IV. 實驗室檢查 (Laboratory Examinations)

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):  
檢驗(Tests):  
a.  RPR  VDRL  陽性 / Positive, 效價 / Titers  陰性 / Negative, 效價 / Titers \_\_\_\_\_  
b.  TPHA/  TPPA  FTA-abs  TPLA  EIA  CIA  
 陽性 / Positive, 效價 / Titers  陰性 / Negative, 效價 / Titers \_\_\_\_\_

C.  other \_\_\_\_\_  陽性 / Positive, 效價 / Titers \_\_\_\_\_  
 陰性 / Negative, 效價 / Titers \_\_\_\_\_  
判定(Result):  合格(Passed)  不合格(Failed)

#### IV. 實 驗 室 檢 查 (Laboratory Examinations)

- 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)
- 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)

#### V. 漢 生 病 檢 查 ( Examination for Hansen's disease )

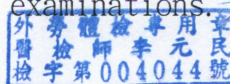
##### 全身皮膚視診結果(Skin Examination)

- 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(Result) : 合格(Passed) 須進一步檢查 (Needs further examinations.) 不合格(Failed)

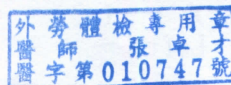
健康檢查總結果/The final result of health examination:

合格 (Passed) 須進一步檢查 (Need further examinations.) 不合格 (Failed)

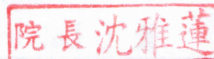
負責醫檢師簽章  
(Signature of Chief Medical Technologist) :



負責醫師簽章  
(Signature of Chief Physician) :



醫院負責人簽章  
(Signature of Superintendent) :



合格

#### 應注意事項:

日期(Date) : (2017/12/12) (YYYY/MM/DD) ※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.