

臺北醫學大學

醫院標記  
Hospital logo

L03

健康檢查證明  
秀傳醫療社團法人秀傳紀念醫院  
中華民國彰化縣彰化市中山路一段542號  
TEL:(04)712-3456 FAX:(04)711-8999

3014

檢查日期 2020/12/11  
(年)(月)(日)  
12/11/2020  
(MM)(DD)(YY)  
Date of Examination

### ITEMS REQUIRED FOR HEALTH CERTIFICATE

Health Certification of show chwan M'emorial Hospital  
542 Sec. 1 Chung-Shang Rd. Changhua. Taiwan 50005, R.O.C

#### I. 基本資料(BASIC DATA)

病歷號碼: 3365361 派單號: 1091211089

姓名 NAME : DESI DARWANTI  
性別 Sex :  男 Male  女 Female  
護照號碼 Passport No. : C2863912  
國籍 Nationality : 印尼 Indonesia  
居留證號 ARC No. :  
出生年月日 Date of Birth : 080/12/17 12/17/1991  
工作直轄市、縣市別 City/County (Workplace in ROC) : 南投縣  
聯絡電話 Phone No. :  
在中華民國健檢種類 Type of physical examination done in the Republic of China(Taiwan):  
 入國後三日內 Within 3 days of arrival  
 定期(六、十八、三十月) Periodic (6, 18, 30 month)  補充/Supplementary



#### II. 病史(MEDICAL HISTORY)

曾罹患的疾病 Prior illnesses :

#### III. 身體檢查(PHYSICAL EXAMINATION)

A. 身高(Height) : 153.1 公分 cms G. 頭頸部(Head and neck) :  
 正常 Normal  異常 Abnormal  
B. 體重(Weight) : 50.5 公斤 kgs H. 胸部(Thorax) :  
 正常 Normal  異常 Abnormal  
C. 血壓(Blood pressure) : 133 / 68 毫米汞柱 mm Hg I. 心臟聽診(Heart auscultation) :  
 正常 Normal  異常 Abnormal  
D. 脈搏(Pulse) : 94 次/分 beats/min J. 腹部(Abdomen) :  
 正常 Normal  異常 Abnormal  
E. 體溫(Body temperature) : 36.6 °C K. 體肢運動( Locomotion) :  
 正常 Normal  異常 Abnormal  
F. 視力(Vision) :  裸視  矯正 L. 精神狀態(Mental status) :  
右 Right 1.0 左 Left 1.0  正常 Normal  異常 Abnormal  
M 其它 Others

#### IV. 實驗室檢查(LABORATORY TESTING)

A. 胸部X光攝影檢查肺結核(Chest X-ray for tuberculosis) : ※限大片攝影(Standard Film Only)

發現(Findings) 心肺無明顯異常

判定(Results)

合格(Passed)  疑似肺結核(TB Suspect)  須進一步診斷(Pending)  不合格(Failed)

(經中華民國健檢醫院判定為疑似肺結核或須進一步診斷者, 須於十五日內至指定機構再檢查。

(Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in the Republic of China(Taiwan) must visit the referred institution for further evaluation in 15 days.)

B. 梅毒血清檢查(Serological Test for Syphilis):

檢驗(Tests) a.  RPR or  VDRL Non-Reactive b.  TPHA/TPPA

c.  其它(Others) Syphilis TP : 0.08(Nonreactive)

判定(Results)  合格(Passed)  不合格(Failed)

C. 腸內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查)(Stool examination for parasites includes Entameba histolytica etc.)(by centrifugal concentration method):

陽性, 種名(Positive, Species)  陰性(Negative)

判定(Results)  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 titers or measles and rubella vaccination certificates): 未作

(適用於返鄉前健檢或入國前健檢, only required for medical examination for visa application)

a. 抗體檢查(Antibody test)

麻疹抗體(Measles antibody titers)  陽性(Positive)  陰性(Negative)  未確定(Equivocal)

德國麻疹抗體(Rubella antibody titers)  陽性(Positive)  陰性(Negative)  未確定(Equivocal)

b. 預防接種證明 (Vaccination certificate)

麻疹預防接種證明(Vaccination certificate of measles)

德國麻疹預防接種證明(Vaccination certificate of rubella)

c.  經醫師評估, 有接種禁忌者, 暫不適宜接種。(Not suitable for vaccination due to medical contraindications)

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):

漢生病(疑似個案須進一步檢查)(Hansen' s disease suspect that needs further exam)

a. 病理切片(Skin Biopsy):

b. 皮膚抹片(Skin Smear):  陽性(Finding bacilli in affected skin smears)  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 peripheral nerves )  有(YES)  無(NO)

判定(Results):  合格(Passed)  不合格(Failed)

總評說明:

備註: 本表供第二類外國人(移工)健康檢查時使用(Note: This form is for Gategory 2 foreign workers.)

結論: 根據以上對 DESI DARWANTI

之檢查結果為  合格  不合格  須進一步檢查

Result: According to the above medical report of Mr./Mrs./Ms. DESI DARWANTI, he/she

has passed the exam  has failed the exam  needs further examination.

負責醫檢師簽章:  
Chief Medical

秀傳醫院 檢驗科 謝玉芬  
郵衛檢執字第N222877492號

Name & Signature

負責醫師簽章:  
Chief Physician

秀傳醫院 孫嘉成醫師  
醫字第018291號

Name & Signature

醫院負責人簽章:  
Superintendent



Name & Signature



日期(Date) 109 / 12 / 16 ※本證明三個月內有效(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移工本人留存。

The original copy of the periodic and supplementary health certificate should be kept by the person who undertook the health examination.

黃志成