移工健康檢查項目表 Health Certificate for Migrant Worker

保 祿 Saint Paul's Hospital



123, Jianxin St., Taoyuan Dist., Taoyuan City 330049. Taiwan (R.O.C) http://www.sph.org.tw

檢查日期 2021/08/25 (YYYY)(MM)(DD)Date of Examination

流水編號 00825-60037

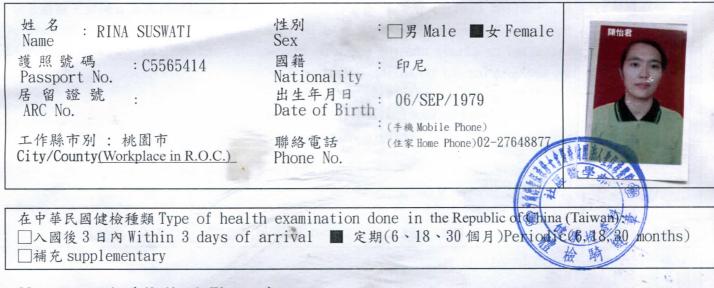
病歷號 98366507 入境日: 2020/03/10

仲介:京兆賢

醫院代號 I07

基 (Basic Date) 本

雇主:陳怡君 18M I.



II 病 史 (Medical History)

11. //1	(mearcar	nicotory,						
曾罹患的疾病 Prior illnesses:■ 無 □有								
III. 身 元	曹檢	查 (Physical H	Examination)					
A.身高 : (Height)	161.1	公分 cms	G. 頭頸部 (Head and neck)	■正常 Normal	□異常 Abnormal			
B. 體重 : (Weight) :	54.4	公斤 kgs	H. 胸部 (Thorax)	■正常 Normal	□異常 Abnormal			
C. 血壓 : (Blood Press		毫米汞柱 mmHg	I.心臟聽診 (Heart auscultation)	■正常 Normal	□異常 Abnormal			
D. 脈搏 : (Pulse)		次/分 beats/min	J. 腹部 (Abdomen)	■正常 Normal	□異常 Abnormal			
E.體溫 : (Body tempe		.C	K. 體肢運動 (Locomotion)	■正常 Normal	□異常 Abnormal			
	(矯)1.0	左 (矯)1.5 Left	L. 精神狀態 (Mental status)	正常 Normal	□異常 Abnormal			
			M. 其他 Others					
III the tak	٠, ١٨	+ (1 1	1 P : 1:)					

1 1	. 頁 版 至 饭 宣 (Laboratory Examinations)
A.	胸部 X 光肺結核核查 (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)
В.	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 / Titors
	判定(Result): ■合格(Passed) □不合格(Failed)

C. 肠內等生蟲異便檢查(Stool Examination for Parasites): □陽性、種名(Positive, Species) ■陰性(Negative) 判定(Result):■含格(Passed)□不合格(Failed) D. 服务及後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)	IV. 實驗室檢查(Laboratory Examinations)	
別交(Result): 合格(Passed) □不合格(Failed) D. 麻疹及徳四麻疹之坑醴陽性検險報告或預防接種證明 (Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates): a. 抗糖檢查(Antibody Tests) 原疹坑醴(Measles Antibody) □陽性(Positive)□陽性(Negative)□未確定 (Equivocal) 後四麻疹坑醴(Measles Antibody) □陽性(Positive)□陽性(Negative)□未確定 (Equivocal) b. 預防接種證明(Vaccination Certificates) (證明應包含接種目期、接種院所及疫苗執號;接種目期與出國日期應至少問隔兩週/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(Masles Vaccination Certificate) ⑤齿麻疹預防接種證明(Rubella Vaccination Certificate) ⑥齿麻疹預防接種證明(Rubella Vaccination Certificate) ⑥齿麻疹預防接種證明(Rubella Vaccination Certificate) ② 「有接種菜忌、暫不適宜預防接種・(Having contraindications, not suitable for vaccination d. ■入國後。10円、定期健檢及補充健檢免驗(Not required for within-3-day-of - arrival, periodic, and supplementary health examination) □ 正常 Normal ○ 非漢生病 (Not related to Bansen's disease) ② 全身度積珍結果(Skin Examination) □ 正常 Normal ○ 非漢生病 (Not related to Bansen's disease) ○ 反原蔣以(Skin Biopsy): ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	C. 腸內寄生蟲糞便檢查 (Stool Examination for Parasites):	
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(Rubella Antibody)	□陽性,種名(Positive, Species) ■陰性(Negative)	,
Antibody or Measles and Rubella Vaccination Certificates): a. 抗鬱核金(Antibody Tests) 麻疹抗鬱(Measles Antibody) □陽性(Positive)□除性(Negative)□未確定(Equivocal) 卷因麻疹抗鬱(Measles Antibody) □陽性(Positive)□除性(Negative)□未確定(Equivocal) b. 預防接種證明(Vaccination Certificates) (證明應色含接種目期、接種院所及疫苗批說;接種目期與出間日期應至少問陽兩週/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.) □成疹預防接種證明(Measles Vaccination Certificate) □焓图麻疹預防接種證明(Measles Vaccination Certificate) □含素食質、定期健核及補充健檢免檢(Not required for within-3-day-of - arrival * periodic ** and * supplementary health examination ■ 上常 核 位 (Examination) ■ 上常 核 位 (Examination) ■ 上常 (Skin Examination) ■ 上常 (判定(Result): ■合格(Passed) □不合格(Failed)	
a. 抗體檢查(Antibody Tests)	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	
原疹抗糖(Measles Antibody)	Antibody or Measles and Rubella Vaccination Certificates):	
後國麻疹抗體(Rubella Antibody) □陽性(Positive)□陰性(Negative)□未確定(Equivocal) b. 預防接種鑑明(Vaccination Certificates) (證明應包含接種日期、接種院所及疫苗挑號:接種日期 奥出國日期應至少問隔馬週/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) □徳國麻疹預防接種證明(Rubella Vaccination Certificate) □徳國療疹預防接種證明(Rubella Vaccination Certificate) □徳國養養是可以期間に対象に関連しています。 □本養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養	a. 抗體檢查(Antibody Tests)	
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問陽兩週/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) □·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. ■ △ 國後急程為、定期健檢及補充健檢免驗(Not required for within-3-day-of - arrival * periodic * and * supplementary health examination) ▼	麻疹抗體(Measles Antibody) □陽性(Positive)□陰性(Negative)□未確定(Equivocal)	
與出國日期應至少問為兩週/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) □透图麻疹預防接種證明(Rubella Vaccination Certificate) □ 人图後急时两、定期健檢及補充健檢免驗(Not required for within-3-day-of - arrival * periodic * and * supplementary health examination) ▼	德國麻疹抗體(Rubella Antibody) □陽性(Positive)□陰性(Negative)□未確定 (Equivocal)	
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(Rubella Vaccination Certificate) 「透图麻疹預防接種證明(Rubella Vaccination Certificate) C. 「有接種禁忌,暫不適宜預防接種。(Having contraindications, not suitable for vaccination d. MANOTORIAL AND	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
be at least two weeks prior to traveling overseas.) □麻疹預防接種證明(Rubella Vaccination Certificate) □透園麻疹預防接種證明(Rubella Vaccination Certificate) c. □有接種禁忌,看不適宜預防接種。(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) □正常 Normal □異常 Abnormal: ○非漢生病 (Not related to Hansen's disease): ○疑似漢生病須造一步檢查(Hansen's disease): ○疑似漢生病須造一步檢查(Hansen's disease): ○疑似漢生病須造一步檢查(Hansen's disease): ○疑似漢生病須造一步檢查(Hansen's disease): ○反廣病共分併成党喪失或神經歷大(Skin Biopsy): □ b. 皮膚珠片(Skin Biopsy): □ b. 皮膚珠片(Skin Smear): ○陽性(Positive) ○陰性 (Negative) c. 皮膚病共分併成党喪失或神經歷大(Skin lesions combined with sensory loss or enlargement of peripheral nerves) ○有 (Yes) ○無 (No) 判定(Result): □合格(Passed) □須造一步檢查 (Needs further examinations.) □ 不合格(Failed) 健康檢查總結果/The final result of health examination: ■合格 (Passed) □須造一步檢查 (Need further examinations.) □ 不合格 (Failed) 負責 醫 檢 師 簽 章 (Signature of Chief Medical Technologist:): □ 合格 (Passed) □須造一步檢查 (Need further examinations.) □ 不合格 (Failed) ● 養 後 師 簽 章 (Signature of Chief Medical Technologist:): □ 詹 院 負 責 人 簽 章 (Signature of Superintendent:): □ 院長沈雅連	與出國日期應至少間隔兩週/The certificate should include the date of vaccination, the name	of
□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. ■入國後品刊內、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) ■企常 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): ○疑似漢生病須進一步檢查(Hansen's disease): ○疑似漢生病須進一步檢查(Hansen's disease): ○及信禁人(Skin Biopsy): □ b. 皮膚抹片(Skin Biopsy): □ b. 皮膚抹片(Skin Biopsy): □ b. 皮膚抹片(Skin Biopsy): □ c. 皮膚病姓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) 利定(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) 真 責 醫 檢 節 簽 章 (Signature of Chief Medical Technologist:): □ 合格 (Passed) □須進一步檢查 (Need further examinations.) □不合格 (Failed)	administering hospital or clinic and the batch no. of vaccine; the date of vaccination shou	ıld
□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. ■入國後為日際、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): ○疑似漢生病須進一步檢查(Hansen's disease): ○疑似漢生病須進一步檢查(Hansen's disease): ○ 反應病果と奇檢。場合與失或神經歷大(Skin lesions combined with sensory loss or enlargement of peripheral nerves) ○方 (Yes) ○魚 (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:): 貴責 醫 師 簽章 (Signature of Chief Medical Technologist:): 養院負責人 簽章 (Signature of Chief Medical Technologist:): 應注意事項:心搏過快請至心臟內科門診追蹤		
c. □有接種禁忌,暫不適宜預防接種。(Having contraindications, not suitable for vaccination d. ■入國後為日傳、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) ②上帝 Normal: □共漢生病 (Not related to Hansen's disease): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
d. ■入國後名日內、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 Sumear): ○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) 貸賣 置 醫 檢 節 簽 章 (Signature of Chief Medical Technologist:) :		
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:) : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	c. □有接種禁忌,暫不適宜預防接種。(Having contraindications, not suitable for vaccination	
V. 漢 生 病 檢 查 (Examination for Hansen's disease) ②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:): ■ 資務 負責人簽章 (Signature of Chief Physician:) ■ 院負責人簽章 (Signature of Superintendent:) ■ 應注意事項: 心搏過快請至心臟內科門診追蹤	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	С,
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 Siopsy): b.皮膚病性合構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) 負責醫檢節簽章(Signature of Chief Medical Technologist:): 資育醫師簽章(Signature of Chief Medical Technologist:): 「特別報告報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報	and supplementary health examination)	
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日期(Date):(2021/08/30)(YYYY/MM/DD)※本證明三個月內有效(The certificate is valid for three months.)	■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):	SS
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提醒一/Notice 1:人國後 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 thehealth 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