



移工健康檢查項目表

檢查日期 2021-08-14

Health Certificate for Migrant Worker

(年)(月)(日)

三軍總醫院松山分院附設民眾診療服務處

Date of Examination

TRI-SERVICE GENERAL HOSPITAL SONGSHAN BRANCH

仲介：京兆賢

醫院代號：A15

臺北市健康路131號 NO. 131 Chien-Kang RD. Taipei Taiwan, 105 R.O.C.

廠商：潘志銘-1

健檢編號：

電話：(02)2764-2151轉671589 傳真：(02)2761-8615

110013313

I. 基本資料(Basic Data)

入境日(續聘日)：2021-01-24

姓名 Name : EKA RESI SEPTIANI

性別 Sex : 男 Male 女 Female 國籍 Nationality : 印尼

護照號碼 Passport No. : C5683539 出生年月日 Date of Birth : 1989-09-17

居留證號 ARC No. : A900007631 手機 Mobile Phone : _____

工作縣市別 City/County (Workplace in R.O.C.) : 台北市 住家 Home Phone : 03-3195256



在中華民國健檢種類 Type of health examination done in the Republic Of China(Taiwan) :

入國後三日內 Within 3 days of arrival

定期 (六、十八、三十個月) Periodic (6, 18, 30 months)

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) : 157.7 公分 cms

B. 體重(Weight) : 68.7 公斤 kgs

C. 血壓(Blood pressure) : 100 / 66 毫米汞柱 mmHg

D. 脈搏(Pulse) : 107 次/分 beats/min

E. 體溫(Body temperature) : 36.1 °C

F. 視力(Vision) : 右(Right) 1.0 左(Left) 1.0

M. 其他(Others) _____

G. 頭頸部(Head and neck) :

正常 Normal 異常 Abnormal

H. 胸部(Thorax) :

正常 Normal 異常 Abnormal

I. 心臟聽診(Heart auscultation) :

正常 Normal 異常 Abnormal

J. 腹部(Abdomen) :

正常 Normal 異常 Abnormal

K. 體肢運動(Locomotion) :

正常 Normal 異常 Abnormal

L. 精神狀態(Mental status) :

正常 Normal 異常 Abnormal

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) non-reactive

b. TPHA TPPA FTA-abs TPLA EIA CIA

陽性(Positive)/效價(Titers) _____ 陰性(Negative)/效價(Titers) 1:80(-)

c. 其它 (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(含痢疾阿米巴等原蟲)糞便檢查(採離心濃縮法檢查)(Stool examination for parasites includes Entameba histolytica etc.) (by centrifugal concentration method):

陽性(Positive), 種名(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): EKA RESI **SERTIAN**

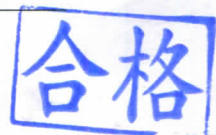
合格(Passed) 須進一步檢查(Need further examinations) 不合格(Failed)

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

負責醫師簽章(Chief Physician) : _____

醫院負責人簽章(Superintendent) : _____

日期(Date): 2021-08-20 ※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 Employer 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.