



聖 保 祿 醫 院
Saint Paul's Hospital

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http://www.sph.org.tw

流水編號 01102-60186
病歷號 98370840
入境日: 2020/05/02

醫院代號 I07 ■ 第二類 Category 2 Alien □ 第三類 Category 3 Alien

仲介: 京兆賢

30M

I. 基 本 資 料 (Basic Date)

雇主: 毛孝慈

| | | |
|---|--|--|
| 姓名 : SUPARIYAH Name | 性別 : <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female Sex | |
| 護照號碼 : C5684518 Passport No. | 國籍 : 印尼 Nationality | |
| 居留證號 : ARC No. | 出生年月日 : 06/APR/1982 Date of Birth | |
| 工作縣市別 : 桃園市 City/County(Workplace in R.O.C.) | 聯絡電話 : (手機 Mobile Phone) 02-27648877 Phone No. | |
| | (住家 Home Phone) | |

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 境內聘僱 Employment in the territory of the ROC
 補充 supplementary ■ 定期(6、18、30 個月) Periodic(6, 18, 30 months)

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 : 152.2 公分 cms (Height) | G. 頭頸部 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (head and neck) |
| B. 體重 : 70.8 公斤 kgs (Weight) | H. 胸部 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Thorax) |
| C. 血壓 : 136/80 毫米汞柱 mmHg (Blood Pressure) | I. 心臟聽診 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Heart auscultation) |
| D. 脈搏 : 102 次/分 beats/min (Pulse) | J. 腹部 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Abdomen) |
| E. 體溫 : 36.5 °C (Body temperature) | K. 體肢運動 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Locomotion) |
| F. 視力 右 0.8 左 0.7 (Vision) Right Left | L. 精神狀態 <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Mental status) |
| | 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)
第三類外國人來自中央衛生主管機關公告之特定國家、地區得免驗/Not required for Category 3 Aliens from countries/areas announced by the central competent health authority
- 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)

第三類外國人來自中央衛生主管機關公告之特定國家、地區得免驗/Not required for Category 3 Aliens from countries/areas announced by the central competent health authority

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:)

外籍體檢專用章
醫檢師 張志偉
檢字第009743號

外籍體檢專用章
醫師 林怡君
醫字第030419號

院長沈雅蓮

合格

應注意事項: 心搏過快請至心臟內科門診追蹤/視力異常宜做視力矯正

日期(Date): (2022/11/07) (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.