受聘僱外國人健康檢查項目表 Health Certificate for Employed Aliens

聖 保 祿 醫 Saint Paul's Hospital 院

(YYYY)(MM)(DD)
Date of Examination

檢查日期 2023/01/08



C. _other

330049 桃園市建新街 123 號 電話: 03-3613141 傳真: 03-3773373 123, Jianxin St., Taoyuan Dist., Taoyuan City 330049, Taiwan (R. O. C) http://www.sph.org.tw

流水編號 00108-60217 病歷號 98381256

入境日: 2022/07/10

基本資料(Basic Date	e)	雇主:1	東唐文
生名 : NURUL FAJRIYAH	性別 Sex	:□男 Male ■女	Female	
度照號碼。: C7021099	國籍	: 印尼		(0.0)
assport No.	Nation: 出生年	ality		
ARC No.		f Birth 20/MAY/1988	450	
作縣市別: 桃園市	pid Ab effe	· (手機 Mobile Phone)		AP ST
ty/County(Workplace in R.O.C.)	聯絡電Phone		276488	
			13/4	
中華民國健檢種類 Type of hea	alth examina	ation done in the Republi	c of China (Taiwa	in)®
]入國後3日內 Within 3 days (of arrival [□境內聘僱 Employment i	n the gerrito	the ROC
]補充 supplementary ■ 定期	(6 · 18 · 30 f	国月)Periodic(6,18,30 mc	onthis with the	
I. 病 史 (Medical Hist	ory)			
P罹患的疾病 Prior illnesses		有		
THE CONTRACTOR OF THE PARTY OF THE PROPERTY OF				- 65
	Physical	Examination)		
身高 : 148 公分 (Height)	cms	G. 頭頭部 (Head and neck)	■正常 Normal	□異常 Abnorm
. 體重 . 52 八日	kgs	II. 胸部	T die Nomm I	I we also a sur-
(Weight) : 165/102 + ::	rgs	(Thorax)	■正常 Normal	□共吊 ADNOT
(Blood Pressure) 毫米	汞柱 mmHg	I. 心臟聽診 (Heart auscultation)	■正常 Normal	□異常 Abnorm
. 脈搏 : 89 次/:	分 beats/min	J. 腹部	■正常 Normal	厂里常 Abnor
(Pulse) 難温 : 36.7 C		(Abdomen) K. 體肢運動		
(Body temperature)		(Locomotion)	■正常 Normal	□異常 Abnorm
	1.5 eft	L. 精神狀態	■正常 Normal	□異常 Abnorm
(VISION) Right	CIL	(Mental status) M. 其他 Others		
		M. A. R. Others		
7. 實驗室檢	查 (Labora	atory Examinations)		
胸部 X 光肺結核檢查 (Chest X	Ray for Tu	berculosis):		
X 光發現(Findings):				
判定(Result):	in /mp			
		ect) □無法確認診斷(Pend	ing) 山不合和	≱(Failed)
梅毒血清檢查 (Serological Te	ests for Syp	M111S):		
檢驗(Tests):				

□ 陽性 / Positive, 效價 / Titers _ □ 陰性 / Negative, 效價 / Titers _

判定(Result): ■合格(Passed) □不合格(Failed)

C	こ. 腸内寄生蟲糞便檢查(Stool Examination for Parasites):
D	□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),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):
t	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) D. 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. □應疹預防接種證明(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或曾依受聘僱外國人健康檢查管理辦法辦理本項檢查且結果 含格者得免驗/Not required for health examination performed within 3 days of arrival, for periodicor supplementary health examination, or workers who have passed this examination under the Regulations Governing Management of the Health Examination of Employed Aliens
1	W. 漢 生 病 檢 查 (Examination for Hansen's disease)
	■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
1	●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:) : 禁婦林信君 資業第030419數
	醫院負責人簽章 (Signature of Superintendent:) : 院長沈雅蓮
	應注意事項:血壓偏高請至心臟內科門診追戰
	日期(Date):(2023/01/12)(YYYY/MM/DD) ※本證明三個月內有效 (The certificate is valid for three months.
擅 rec	握一/ 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 條规定治 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 quire further examinations or you have failed the examination, you have to comply with Article 7 through Article 9 of the "Regulations Governing lanagement of the Health Examination of Employed Aliens". Failing to pass thehealth examination will render your work permit terminated.
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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.

查 (Laboratory Examinations)