

醫院
標誌
Hospital
logo

F03

健康檢查證明
台南市立醫院(委託秀傳醫療社團法人經營)
中華民國台灣省台南市崇德路670號
TEL:(06)336-4567 FAX:(06)336-4560

187
檢查日期 2022/12/18
(年)(月)(日)
12/18/2022
(MM)(DD)(YY)
Date of Examination

ITEMS REQUIRED FOR HEALTH CERTIFICATE

Tainan Municipal Hospital(Managed by Show Chwan Medical Care Corporation)
670,CHUNG Te Road Tainan Taiwan R.O.C

類別 Category 第二類 Category 2 Alien 第三類 Category 3 Alien

I. 基本資料(BASIC DATA)

病歷號碼: 3273715 派單號: 1111218049

18M
入境日: 111/07/06

姓名: ISTINA
NAME: IMA ISTINA
性別: 男 Male 女 Female
Sex: Male Female
護照號碼: C7961320
Passport No.: C7961320
國籍: 印尼
Nationality: IDN
居留證號:
ARC No.:
出生年月日: 076/12/23
Date of Birth: 12/23/1987
工作直轄市、
縣市別: 台南市
City/County (Workplace in ROC): 台南市
聯絡電話:
Phone No.:
In the Republic of China(Taiwan):



In the Republic of China(Taiwan):

- 入國後三日內 Within 3 days of arrival
 境內聘僱 Employment in the territory of the ROC
 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): 158.8 公分 cms
B. 體重(Weight): 59.9 公斤 kgs
C. 血壓(Blood pressure): 124 / 79 毫米汞柱 mm Hg
D. 脈搏(Pulse): 84 次/分 beats/min
E. 體溫(Body temperature): 36 °C
F. 視力(Vision): 裸視 矯正
右 Right 1.0 左 Left 1.0
M. 其它 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 TESTING)

- A. 胸部 X光肺結核檢查(Chest X-ray for tuberculosis):
發現(Findings) 心肺無明顯異常
判定(Results)
 合格(Passed) 疑似肺結核(TB Suspect) 無法確認診斷(Pending) 不合格(Failed)
(經中華民國健檢醫院判定為疑似肺結核或無法確認診斷者,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 Nonreactive
b. TPHA/TPPA FTA-abs TPLA EIA CIA
c. 其它(Others) ECLIA: Syphilis TP: 0.078(Non-Reactive)
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)

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 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)

d. 入國後3日內、定期健檢、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合格者得免驗 / Not required for health examination performed within 3 days of arrival, for periodic or supplementary health examination or workers who have passed this examination under the Regulations Governing Management of the Health Examination of Employed Aliens

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)

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

總評說明:

結論: 根據以上對 ISTINA

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. IMA ISTINA, he/she

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

負責醫檢師簽章:
Chief Medical

Name & Signature

負責醫師簽章:
Chief Physician

Name & Signature

醫院負責人簽章:
Superintendent

Name & Signature

日期(Date) 111 / 12 / 26 ※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、境內聘僱健檢、定期健檢及補充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 health examination performed within 3 days of arrival, for employment in the territory of the ROC, or periodic or supplementary 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: 入國後3日內健檢、境內聘僱健檢、定期健檢及補充健檢之健康檢查證明之正本應由受聘僱外國人本人留存。
The original copy of the health certificate of the health examination performed within 3 days of arrival, for employment in the territory of the ROC, or periodic or supplementary health examination should be kept by the person who undertook the health examination.

朱光玉