

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

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

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Landseed International Hospital, NO.77, Kwang-Fa Rd, Pine Jen City, Tao-Yuan Country 32449,

Taiwan R.O.C

TEL: (03)4941234#8759 Fax: (03)2831288

體溫(Body temperature): 36.5℃

视力(Vision):

雇主: 陳翠瑶

仲介: 京兆賢

序號:202502131519

检查日期:

2025/02/13

Date of Examination

## 基本資料/Basic Data

The state of the s	1 22 2 1 1 1 2		
姓 名(Name): ZENI PUSPITASARI	性別Sex:□男/M ■女/F		
護照號碼(Passport No.): E0137737	國籍(Nationality): 印尼		
居留證號(ARC No.):	出生年月日 (Date of Birth): 1990/02/12		
工作縣市別City/County(Workplace in R.O.C.): 新竹縣	手機:(Mobile Phone): 住家:(Home Phone):		
在中華民國健檢種類/ Type of health examination 定期6個月 / Periodic (6 months)	done in the Republic of China (Taiwan):	10	
病	史/ Medical History		
曾罹患的疾病Prior illnesses:			
身體檢:	查 / Physical Examination		
身高(Height): 155.6 公分(cms)	頭頸部(Head and neck): ■正常Normal□異常Abnormal		
體重(Weight): 58.4 公斤(kgs)	胸部(Thorax): ■正常Normal□異常Abnormal	1	
血壓(Blood/pressure):113/72 毫米汞柱mmHg	心臓動診(Heart auscultation): ■正常Normal□異常Abnormal	II OS	
脈搏(Pulse): 83 次/分beats/min	腹部(Abdomen): ■正常Normal□異常Abnormal		

體肢運動(Locomotion): ■正常Normal□異常Abnormal

精神狀態(Mental status):

裸視(Vision): 矯正(Corrected):右 Right 1.0 左 left 1.0	正常Normal 具常Abnormal
其他Others:	
實驗室檢查	/ Laboratory Examinations
A. 胸部X光肺結核檢查/ Chest X-ray for Tubercule X光發現(Findings): 無異常發現  判定(Result):  ■合格(Passed) □疑似肺結核(TB suspect) □無	ZSZSGISISOFTELL CSISISSISSISSISSISSISSISSISSISSISSISSISS
C. □ other □ 陽性/Positive,效價/Titers □ 陰性/Negative,效價/Titer	■ CIA ive · 效價/Titers Nonreactive(0.10) s
判定(Result):■合格(Passed) □不合格(Fa	ailed)

C. 腸內寄生蟲糞便檢查/Stool Exame □陽性,種名(Positive, Species)	nination for Parasites:	August 1945	
判定(Result): ■合格(Passed)		let d'agidant .	
□ 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 centr			
D. 麻疹及德國麻疹之抗體陽性檢驗 Antibody or Measles and Rubella			Rubella
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 ( 與出國日期應至少間隔兩週 /	ertificates (證明應已	含接種日期、接種院所及效 include the date of vac	由批號,接種口別 cination the name of
administering hospital or c	inic and the batch no	of vaccine; the date of	of vaccination should be
at least two weeks prior to	traveling overseas.)	T. TEST VICENSION CONT. L. N. C. C. WINGSTON IS	
□麻疹預防接種證明(Measles Va	ccination Certificate)		
□德國麻疹預防接種證明(Rubel	a Vaccination Certificate)		The state of the s
c. □有接種禁忌,暫不適宜預防接	種/Having contraindicatio	ns, not suitable for vaccination	[] 后从木口外里人故与得名恥/
d. ■入國後3日內、定期健檢、補	心健檢或習依受特僱外國	人健康檢查官理辦法辦理本	現稅並且結末合格有付光號L
Not required for health examination who have passed this examination un	der the Regulations Governing	a Management of the Health Ex	amination of Employed Aliens
who have passed this examination this	der the Regulations Governm	g Management of the Realth Ex	animation of Employee Hitello
漢生	病 檢 查/Examinati	on for Hansen's diseas	Se Se m i
全身皮膚視診結果(Skin Examinatio	n)		為物質管理模問者
■正常Normal			TEL-103/3195252
□異常Abnormal	1 11 11		FAX:0333195152
□非漢生病 (Not related to Har	The state of the s	as made further everyingtions)	190152 S
□疑似漢生病須進一步檢查(] a.病理切片(Skin Biopsy):	lansen s disease suspect wi	io needs further examinations)	484-81883
b.皮膚抹片(Skin Smear): □所	k性(Positive) □陰(	⊈ (Negative)	
C. 皮膚病灶合併感覺喪失或补			rgement
of peripheral nerves): □有	(Yes) □無(No)		
判定(Results): '■合格(Passed)	□須進一步檢查(Needs f	urther examinations)	]不合格(Failed)
□第三類外國人來自中央衛生主管			Category 3 Aliens from
countries/areas announced by the centr	al competent health authorit	У	
健康檢查總結果/The final result ■合格 / Passed □須進一步校		verminations □IA枚	/ Failed
	(宣 / Need fulfiller e	Yallithat 10112 - A P 18	/ Paried
負責醫檢師簽章 (Signature of Chief Medical	Tet 1	M kb 出 日 本	
Technologist) :	문	新	(Name & Signature)
recimorograt)	1	-004837號	
負責醫師簽章	-		
(Signature of Chief			(Name & Signature)
Physician ) :	11	2100118	(Manie & Digitatore)
11	Harris - I - I - I - I - I - I - I - I - I -		
醫院負責人簽章	634 E 34 34 d	(16)	A
(Signature of Superintendent) :	院長許詩典	+(/mx)	(Name & Signature)
1 = 1 moneyman ( )			
日期(Date): 2025/02/20			
備註/Note:本證明三個月內有效。	/ The certificate is valid for	three months.	
提醒一/Notice 1:		1 1 1 4 1 m A 14 br 40 14	「在咖啡外川川」は東山大大鉄道地
入國後3日內健檢、境內聘僱健檢、定 法,第7條至第9條規定治療或再檢查;	月健檢及補充健檢結果為須	進一步檢查或不合格者,得依 故,廣上其聽像故可。Ifther	支持條外四人健康核宣官理解 results of your health evamination
法   第 / 徐至弟9徐規, 在沿景或丹楼登, performed within 3 days of arrival, for em	本依規及有「府內提伍小台 ployment in the territory of th	ne ROC, or periodic or suppleme	ntary health examination show
that you require further examinations or y	ou have failed the examination	n, you have to comply with Artic	cle 7 through Article 9 of the
"Regulations Governing Management of t	he Health Examination of En	ployed Aliens". Failing to pass	the health examination will render
your work permit terminated.			
提醒二/Notice 2:	m ( & 1 & 11 2 D & ( & 1 & )	本級明之工上庫上魚牌的从四	1 本 1 向方。The original convert
入國後3日內健檢、境內聘僱健檢、定其 the health certificate of the health examin	HE 放放補充健檢之健康檢	宣統明之止本應由支持條外國 of arrival for amployment in th	ne territory of the ROC or periodic
or supplementary health examination sho	ild be kept by the person who	undertook the health examination	on
Vi suppremental i nouth examination shot	and the person who		