



聖 保 祿 醫 院

Saint Paul's Hospital

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 01015-60027

病歷號 98351881

入境日: 2022/04/30

醫院代號 I07  第二類 Category 2 Alien  第三類 Category 3 Alien 仲介: 京兆賢

I. 基本資料 (Basic Date)

雇主: 唐進益

姓名 Name : MARLINA BANOWATI	性別 Sex : <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	
護照號碼 Passport No. : E0145492	國籍 Nationality : 印尼	
居留證號 ARC No. :	出生年月日 Date of Birth : 22/DEC/1995	
工作縣市別 : 新北市 City/County(Workplace in R.O.C.)	聯絡電話 Phone No. : (手機 Mobile Phone) (住家 Home Phone) 02-27648877	

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 (Height) : 161.8 公分 cms	G. 頭頸部 (Head and neck) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
B. 體重 (Weight) : 54.5 公斤 kgs	H. 胸部 (Thorax) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
C. 血壓 (Blood Pressure) : 126/72 毫米汞柱 mmHg	I. 心臟聽診 (Heart auscultation) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
D. 脈搏 (Pulse) : 90 次/分 beats/min	J. 腹部 (Abdomen) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
E. 體溫 (Body temperature) : 36.7 °C	K. 體肢運動 (Locomotion) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
F. 視力 右 1.5 左 1.5 (Vision) Right Left	L. 精神狀態 (Mental status) <input checked="" type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
	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): 無明顯異常  
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)

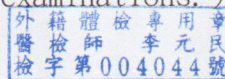
##### 全身皮膚視診結果 (Skin Examination)

- 正常 Normal  
 異常 Abnormal :  非漢生病 (Not related to Hansen's disease) :  
 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 :)



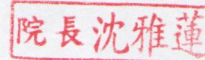
負責醫師簽章 :

(Signature of Chief Physician :)



醫院負責人簽章 :

(Signature of Superintendent :)



合格

##### 應注意事項:

日期 (Date) : (2023/10/19) (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.