



聖母醫院

受聘僱外國人健康檢查項目表

Health Certificate for Employed Aliens

中華民國(臺灣) 羅東聖母醫院羅東聖母醫院 Saint Mary's Hospital Luodong
宜蘭縣羅東鎮中正南路160號160, Zhongzheng S. Rd., Luodong Township,
Yilan County 26546, Taiwan 電話TEL: 886-3-9544106 傳真FAX: 886-3-9574951

檢查日期/
Date of Examination
2023/06/26

合格

病歷號: 00876039

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

仲介: 僱主: 張雁成	基本資料/Basic Data		112	003740
姓名: SITI MUKAROMAH Name	性別: <input type="checkbox"/> 男/M <input checked="" type="checkbox"/> 女/F Sex			
護照號碼: E2184905 Passport No.	國籍: 印尼 Nationality			
居留證號: ARC No.	出生年月日: 2001/11/11 Date of Birth			
工作縣市別: 宜蘭縣 City/County (Workplace in R.O.C.)	手機: _____ (Mobile Phone) 住家: 0909567863 (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)

病史/Medical History

曾罹患的疾病/Prior illnesses: 無

身體檢查/Physical Examination

身高/Height: 157.9 公分 cms	頭頸部/Head and neck: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
體重/Weight: 45.9 公斤 kgs	胸部/Thorax: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
血壓(Blood pressure): 127 / 77 毫米汞柱 mmHg	心臟聽診/Heart auscultation: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
脈搏/Pulse: 91 beats/min	腹部/Abdomen: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
體溫/Body temperature: 37 °C	體肢運動/Locomotion: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
視力/Vision: 右Right 1.5 左Left 1.5	精神狀態/Mental status: <input checked="" type="checkbox"/> 正常Normal <input type="checkbox"/> 異常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 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 1:1x (-)

b. TPHA TPPA FTA-abs TPLA EIA CIA
 陽性/Positive, 效價/Titers _____ 陰性/Negative, 效價/Titers 1:80x (-)

c. other _____ 陽性/Positive, 效價/Titers _____
 陰性/Negative, 效價/Titers _____

判定(Results): 合格/Passed 不合格/Failed

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(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 or Measles and Rubella Vaccination Certificates :

a. 抗體檢查 / Antibody Tests

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 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

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

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

羅東聖母醫院
蔡龍居
醫字第001041
管執M0040410

健康檢查總結果 / The final result of health examination :

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 :

日期 / Date : 2023/07/03

聖母醫院

蔡龍居
檢009116

羅東聖母醫院
吳建林

醫字第048378
管執M0483783

羅東聖母醫院
羅東醫院
負責人
馬漢光

備註 / Note : 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、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, 依「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 result in the termination of your work permit.

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者保管。

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.





傷寒、副傷寒及桿菌性痢疾檢查結果表
Typhoid, Paratyphoid and Shigella Diagnostic Evaluation Form
 中華民國(臺灣) 羅東聖母醫院 Saint Mary's Hospital Luodong
 宜蘭縣羅東鎮中正南路160號
 160, Zhongzheng S. Rd., Luodong Township, Yilan County 26546, Taiwan
 電話TEL: 886-3-9544106 傳真FAX: 886-3-9574951

檢查日期 112.06.26
 (年)(月)(日)
 112.06.26
 (D) (M) (Y)
Date of Examination

姓名 Name : SITI MUKAROMAH	出生年月日 Date of Birth : 2001/11/11
護照號碼 Passport No. : E2184905	國籍 Nationality : 印尼
居住縣市別 City/County (Stay while in Taiwan) : 宜蘭縣	聯絡電話 Phone No. : 0909567863

症狀問診 (Symptom Inquiry)

發燒 (fever) (demam) 無 (NO) 有 (YES) (發燒個案加做血液培養/ Blood culture test required for individual with fever)

腹痛 (abdominal pain) (sakit perut) 無 (NO) 有 (YES)


腹瀉 (diarrhea) (diare) 無 (NO) 有 (YES)


傷寒、副傷寒及桿菌性痢疾檢查(糞便)培養結果 (Stool Culture)
 (在印尼健康檢查免驗, not required for medical examination done in Indonesia)
 陽性 (Positive) _____
 陰性 (Negative) 檢驗結果確認中 (Pending)


傷寒、副傷寒及桿菌性痢疾檢查(血液)培養結果 (Blood Culture)
 (在印尼健康檢查免驗, not required for medical examination done in Indonesia)
 (發燒個案須加做血液培養 / Blood culture test required for individual with fever)
 陽性 (Positive) _____
 陰性 (Negative) 檢驗結果確認中 (Pending)

免驗

備註：
 1. 入國後3日內健檢之傷寒、副傷寒及桿菌性痢疾檢查結果，未能於7日內完成鑑定者，健檢醫院得勾選「檢驗結果確認中」出具報告，以利雇主申辦聘僱許可。If the typhoid, paratyphoid and shigella diagnostic evaluation of your health examination performed within 3 days of arrival fails to be completed within 7 days, the hospital where you received your health examination can check the "Pending" box to indicate the status of the evaluation result and issue your health examination report in order to facilitate your employer's application for a work permit.
 2. 糞便培養與血液培養結果，任一為陽性者，即視為陽性；任一為結果確認中者，即視為結果確認中。If you have a positive result on either your stool culture or blood culture test, you will be regarded as testing positive. If the result of your blood culture or stool culture test hasn't come back, it will be regarded as pending

負責醫檢師簽章 (Chief Medical Technologist)  (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) : 112.07.03

