

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 After 第三類Category 3 Alien

雇主: 張碧池

仲介: 京兆賢

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Taiwan R.O.C

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序號:202502060191

檢查日期: 2025/02/06

Date of Examination

基本資料/Basic Data

姓 名(Name): NUR KHAYATI	性別Sex:□男/M ■女/F	-
護照號碼(Passport No.): E7906989	國籍(Nationality): 印尼	
居留證號(ARC No.):	出生年月日 (Date of Birth): 1997/10/20	98
工作縣市別City/County(Workplace in R.O.C.): 新北市	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 (Thiwan):	

病 史/ Medical History

曾罹患的疾病Prior illnesses:

身體檢查/Physical Examination

身高(Height): 151.8 公分(cms)	頭頸部(Head and neck) : □正常Normal■異常Abnormal <u>頭</u>	部淋巴結腫大
體重(Weight): 59.9 公斤(kgs)	胸部(Thorax): ■正常Normal□異常Abnormal	achesed .
血壓(Blood/pressure):113/79 毫米汞柱mmHg	心臟聽診(Heart auscultation): ■正常Normal□異常Abnormal	入境檢□
脈搏(Pulse): 96 次/分beats/min	應部(Abdomen) : ■正常Normal□異常Abnormal	18個月檢 □
體溫(Body temperature): 37.0 ℃	禮肢運動(Locomotion) : ■正常Normal□異常Abnormal	30個月檢□ 補充健檢□
視力(Vision): 裸視(Vision): 右 Right 1.0 左 left 0.9 矯正(Corrected):	精神狀態(Mental status): ■正常Normal□異常Abnormal	
其他Others:	Ayr A. Carlotte and the Control of t	

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): 無異常發現	
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 UVDRL	
□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 Nonreactive(0.11)	
c. other	
陰性/Negative,效價/Titers	
判定(Result): ■合格(Passed) □不合格(Failed)	

C. 腸內寄生蟲翼便檢查/Stool Examinat □陽性,種名(Positive, Species)_■		
判定(Result): ■合格(Passed)		
□ 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 require	ed for Category 3 Aliens from
countries/areas announced by the central cor	mpetent health authority	
	· 或預防接種證明 / Proof of Positive Measle	s and Rubella
Antibody or Measles and Rubella Vac a. 抗體檢查(Antibody Tests)	cination Certificates .	
	5性(Positive) □陰性 (Negative) □未	確定 (Equivocal)
	b性(Positive) □陰性 (Negative) □未	
b. 預防接種證明 / Vaccination Certi	ficates (證明應包含接種日期、接種院戶	所及疫苗批號;接種日期
與出國日期應至少間隔兩週 / The c	certificate should include the date of	of vaccination, the name of
administering hospital or clinic	and the batch no. of vaccine; the	late of vaccination should be
at least two weeks prior to trav		
□麻疹預防接種證明(Measles Vaccina □德國麻疹預防接種證明(Rubella Va	coination Certificate)	
	Having contraindications, not suitable for vacc	ination
d ■人國後3日內、定期健檢、補充健	放或曾依受聘僱外國人健康檢查管理辦法 第	牌理本項檢查且結果合格者得免驗/
Not required for health examination perfor	med within 3 days of arrival, for periodic or supp	lementary health examination, or workers
who have passed this examination under th	e Regulations Governing Management of the Hea	alth Examination of Employed Aliens
漢生病材	会 查 / Examination for Hansen's d	lisease
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		
	en's disease suspect who needs further examina	ations)
a.病理切片(Skin Biopsy):	D ::: \ D @A let (N+i)	
D. 及層抹片(Skin Smear)・ □	Positive)	or enlargement
C. 及層病社合併感覚喪失或神經歷 of peripheral nerves): 「有(Yes		or chiargement
of peripheral nerves): 角(fes	進一步檢查(Needs further examinations	s) □不合格(Failed)
□ 第二類外國人來自中血衛生主管機關。	公告之特定國家、地區得免驗/Not require	ed for Category 3 Aliens from
countries/areas announced by the central cor		
NOT SEE PERIOD IN		THE SECTION OF THE PARTY OF THE PER
健康檢查總結果/The final result of he	/ Need further eveningtions	A技 / Failed
	/ Need further examinations □不	音格 / Faileu
負責醫檢師簽章 (China Waling)	(A) 工 例 · · · · · · · · · · · · · · · · · ·	
(Signature of Chief Medical	智 放 鄉 錐 美 獲 檢 字 0 0 4 8 3 7 號	(Name & Signature)
Technologist) :	₩ 7004837 ₩ J	
負責醫師簽章		
(Signature of Chief	* * * * * * * * * * * * * * * * * * *	(Nama & Cianatura)
Physician) :		(Name & Signature)
	47011111	
醫院負責人簽章	THE RESERVE WAS A STREET	
(Signature of	院長許詩典(檢)	(Name & Signature)
Superintendent) :		
7 th/Data : 2025 /02 /12		
日期(Date): 2025/02/13	a contificate is walld for three months	
備註/Note:本證明三個月內有效。/The 提醒-/Notice 1:	e certificate is valid for three months.	
入關後3日內健檢、培內脾偏健檢、定期健核	设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 employn	nent in the territory of the ROC, or periodic or sur	pplementary health examination show
that you require further examinations or you have	ve failed the examination, you have to comply with	th Article 7 through Article 9 of the
	alth Examination of Employed Aliens". Failing to	o pass the health examination will render
your work permit terminated.		
提醒二/Notice 2:	A. 联 去 健 协 为 健 康 协 本 燃 明 » 工 + 廣 山 益 啦 /	a外國人本人與在。The original convet
八四夜5口內便微、境內房僱便微、定期便物	沒及補充健檢之健康檢查證明之正本應由受聘例 performed within 3 days of arrival, for employme	nt in the territory of the ROC, or periodic
or supplementary health examination should be	kept by the person who undertook the health exa	mination
or cappreniental fileanii vamilination sucult oc		