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: 2025/04/15

病歷號：00874173

合格

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

仲介： 僱主：郝治宇

114 002442

基本資料/ Basic Data

姓名 Name	PUTRI AGUSTINA LESTARI	性別 Sex	□男/M ■女/F
護照號碼 Passport No.	E9068836	國籍 Nationality	印尼
居留證號 ARC No.	A900453035	出生年月日 Date of Birth	1999/08/17
工作縣市別 City/County (Workplace in R.O.C.)	宜蘭縣	手機 (Mobile Phone)	
		住家 (Home Phone)	0909100559

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： 153.4 公分 cms	頭頸部/ Head and neck： ■正常Normal □異常Abnormal
體重/ Weight： 58.8 公斤 kgs	胸部/ Thorax： ■正常Normal □異常Abnormal
血壓(Blood pressure)： 98 / 71 毫米汞柱 mmHg	心臟聽診/ Heart auscultation： ■正常Normal □異常Abnormal
脈搏/ Pulse： 115 beats/min	腹部/ Abdomen： ■正常Normal □異常Abnormal
體溫/ Body temperature： 36.6 ℃	體肢運動/ Locomotion： ■正常Normal □異常Abnormal
視力/ Vision： 右Right 0.8 左Left 0.8	精神狀態/ Mental status： ■正常Normal □異常Abnormal
其他/ Others： 心搏較速	

入境檢 □
6個月檢 □
18個月檢 □ ✓
30個月檢 ☑
補充健檢 □

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.)

入境檢 ☐
6個月檢 ☐
18個月檢 ☐
30個月檢 ☑
補充健檢 ☐

☐ 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

判定 / Result：○ 有 / Yes ○ 無 / No

■ 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

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： 2025/04/22

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，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.