

 醫院代碼：A17	移工健康檢查項目表 臺北市立聯合醫院中興院區 院區住址：臺北市大同區鄭州路145號 院區電話：02-2552-3234轉6246；傳真：02-2550-4445 Health Certificate for Migrant Worker Taipei City Hospital, Zhongxing Branch Address：No.145,Zhengzhou Rd.,Datong Dist.,Taipei City10341,Taiwan(R.O.C.) TEL:02-2552-3234 ext.6246; FAX:02-2550-4445	檢查日期 ____/____/____ (年)(月)(日) ____/____/____ (YY)(MM)(DD) Date of Examination

基本資料/ Basic Data		
姓名： Name	性別： <input type="checkbox"/> 男/M <input type="checkbox"/> 女/F Sex	<div style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;"> 照片 Photo </div>
護照號碼： Passport No.	國籍： Nationality	
居留證號： ARC No.	出生年月日： Date of Birth	
工作縣市別： City/County (Workplace in R.O.C.)	手機： (Mobile Phone) 住家： (Home Phone)	
在中華民國健檢種類/ Type of health examination done in the Republic of China (Taiwan): <input type="checkbox"/> 入國後3日內/ Within 3 days of arrival <input type="checkbox"/> 定期(6、18、30個月)/ Periodic (6, 18, 30 months) <input type="checkbox"/> 補充/ supplementary		
病史/ Medical History		
曾罹患的疾病/ Prior illnesses: _____		
身體檢查/ Physical Examination		
身高/ Height: _____ cms 體重/ Weight: _____ kgs 血壓/ Blood pressure: _____ / _____ mmHg 脈搏/ Pulse: _____ beats/min 體溫/ Body temperature: _____ °C 視力/ Vision: 右/ Right _____ 左/ Left _____	頭頸部/ Head and neck: <input type="checkbox"/> 正常/ Normal <input type="checkbox"/> 異常/ Abnormal _____ 胸部/ Thorax: <input type="checkbox"/> 正常/ Normal <input type="checkbox"/> 異常/ Abnormal _____ 心臟聽診/ Heart auscultation: <input type="checkbox"/> 正常/ Normal <input type="checkbox"/> 異常/ Abnormal _____ 腹部/ Abdomen: <input type="checkbox"/> 正常/ Normal <input type="checkbox"/> 異常/ Abnormal _____ 體肢運動/ Locomotion: <input type="checkbox"/> 正常/ Normal <input type="checkbox"/> 異常/ Abnormal _____ 精神狀態/ Mental status: <input 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: <input type="checkbox"/> 合格/ Passed <input type="checkbox"/> 疑似肺結核/ TB suspect <input type="checkbox"/> 無法確認診斷/ Pending <input type="checkbox"/> 不合格/ Failed		
B. 梅毒血清檢查/ Serological Tests for Syphilis: 檢驗/ Tests: a. <input type="checkbox"/> RPR <input type="checkbox"/> VDRL <input type="checkbox"/> 陽性/ Positive, 效價/ Titers _____ <input type="checkbox"/> 陰性/ Negative, 效價/ Titers _____ b. <input type="checkbox"/> TPHA <input type="checkbox"/> TPPA <input type="checkbox"/> FTA-abs <input type="checkbox"/> TPLA <input type="checkbox"/> EIA <input type="checkbox"/> CIA <input type="checkbox"/> 陽性/ Positive, 效價/ Titers _____ <input type="checkbox"/> 陰性/ Negative, 效價/ Titers _____ c. <input type="checkbox"/> other _____ <input type="checkbox"/> 陽性/ Positive, 效價/ Titers _____ <input type="checkbox"/> 陰性/ Negative, 效價/ Titers _____ 判定/ Result: <input type="checkbox"/> 合格/ Passed <input type="checkbox"/> 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 / Result : 合格 / Passed 不合格 / Failed

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免驗 / Not required for within-3-day-of-arrival, periodic, and supplementary health examination

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

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 : YYYY / MM / DD : _____

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.