

 醫院代碼：A08	<b>移工健康檢查項目表</b> <b>臺北市立聯合醫院忠孝院區</b> 院區住址：臺北市南港區同德路87號 院區電話：02-2786-1288轉8153；傳真：02-2651-5064 <b>Health Certificate for Migrant Worker</b> <b>Taipei City Hospital, Zhong Xiao Branch</b> Address：87 Tung-Teh Rd, Nan-Kang, Taipei City Phone No.: 02-2786-1288 ext. 8153；FAX：02-2651-5064	檢查日期 ____/____/____ (年)(月)(日) ____/____/____ (YY)(MM)(DD) <b>Date of Examination</b>
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<b>基本資料/Basic Data</b>		
姓名： <b>Name</b>	性別： <input type="checkbox"/> 男/M <input type="checkbox"/> 女/F <b>Sex</b>	<div style="border: 1px solid black; padding: 10px;">           照片            Photo         </div>
護照號碼： <b>Passport No.</b>	國籍： <b>Nationality</b>	
居留證號： <b>ARC No.</b>	出生年月日：____/____/____ <b>Date of Birth</b>	
工作縣市別 <b>City/County (Workplace in R.O.C.)</b>	手機： <b>(Mobile Phone)</b> ：_____ 住家： <b>(Home Phone)</b> ：_____	
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		
<b>病史/Medical History</b>		
曾罹患的疾病/Prior illnesses：_____		
<b>身體檢查/Physical Examination</b>		
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：_____		
<b>實驗室檢查/Laboratory Examinations</b>		
<b>A. 胸部 X 光肺結核檢查/Chest X-ray for Tuberculosis：</b> 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>B. 梅毒血清檢查/Serological Tests for Syphilis：</b> 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.