



醫院代碼:F01

移工健康檢查項目表
Health Certificate for Foreign Labor
國立成功大學醫學院附設醫院健康檢查證明
National Cheng Kung University Hospital Health Certificate
 台灣台南市(704)北區勝利路138號 電話: 06-2092592
 138, Sheng Li Road, Tainan (704), Taiwan Tel: 06-2092592

檢查日期
/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 :	照片 / Photo
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 physical examination done in the Republic of China (Taiwan) :
☐入國後 3 日內/Within 3 days of arrival
☐定期(6、18、30個月)/Periodic (6, 18, 30 month) ☐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	頭頸部/Head and neck : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
體重/Weight : _____ kgs	胸部/Thorax : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
血壓/Blood pressure : _____ / _____ mmHg	心臟聽診/Heart auscultation : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
脈搏/Pulse : _____ beats/min	腹部/Abdomen : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
體溫/Body temperature : _____ °C	體肢運動/Locomotion : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal _____
視力/Vision : 右/Right _____ 左/Left _____	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 :
☐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 Test for Syphilis :
 檢驗/Tests :
 a. ☐RPR ☐VDRL
☐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 _____
 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

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 test

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 / Examinations 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/Results:

☐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:

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.