



醫院代碼:X01

## 受聘僱外國人健康檢查項目表

Health Certificate for Employed Aliens

檢查日期/Date of Examination: \_\_\_\_\_

中華民國 Republic of China 埔基醫療財團法人埔里基督教醫院 Puli Christian Hospital  
545 南投縣埔里鎮愛蘭里鐵山路 1 號 No.1, Tieshan Rd., Puli Township, Nantou Country 545, Taiwan(ROC)  
電話 TEL:049-2912151 傳真機 Fax:049-2910907

類別 Category ☐ 第二類 Category 2 Alien ☐ 外國技術人力 Skilled Foreign Worker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 : 菲律賓 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):  
☐ 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 : _____ 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 Tests 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 \_\_\_\_\_d. ☐ 定期健檢及補充健檢得免驗 / Not required to undergo periodic or supplementary health examinations.判定 / Result : ☐ 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 / Result : ☐ 合格 / Passed ☐ 不合格 / Failed

☐ 外國技術人力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 **Skilled Foreign Worker** 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 ☐ 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、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

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

☐ 外國技術人力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 **Skilled Foreign Worker** 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 : 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、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 8 條至第 10 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 :

雇主應於收受指定醫院依「受聘僱外國人健康檢查管理辦法」核發之健康檢查證明後，送交該外國人留存。Upon receiving the health examination certificate issued by a designated hospital under the "Regulations Governing Management of the Health Examination of Employed Aliens", an employer shall forward the certificate to the alien for safekeeping.