

# 中央研究院新進聘僱人員體格檢查表

## Academia Sinica health examination Form For newly employed worker

勞工健康保護規則(修正日期：民國110年12月22日)附表十一勞工一般體格及健康檢查紀錄

Exam date：

### (A) Personal information

1. Name：
2. Date of Birth： M D Y
3. Gender：☐Male ☐Female
4. ID No：
5. Giving date of employment： M Y
6. Telephone no：(Office)： ( Mobile)：

### (B) Job/experience

1. Past job：, From M Y, To M Y
2. Present job：, From M Y

### (C) The reason for health checkup

☒ Newly employed

### (D) Personal past medical history (including current diseases):

- ☐Hypertension ☐Diabetes Mellitus ☐Heart disease ☐Cancer\_\_\_\_\_
- ☐Cataract ☐Stroke ☐Epilepsy ☐Asthma ☐Chronic bronchitis ☐Emphysema
- ☐Tuberculosis ☐Kidney disease ☐Liver disease ☐Anemia ☐Otitis media
- ☐Hearing impairment ☐Thyroid disease ☐Peptic ulcer ☐Gastritis
- ☐Gastroesophageal reflux disease ☐Fracture\_\_\_\_\_
- ☐Surgical operation history\_\_\_\_\_
- ☐Other chronic disease\_\_\_\_\_ ☐None

### (E) Personal habits：

1. Have you smoked in the past month?  
☐Never smoking  
☐Still smoking, for\_\_\_\_years, amount\_\_\_\_cig/day  
☐Have already quitted smoking for\_\_\_\_years  
(previously smoked for\_\_\_\_years, amount\_\_\_\_cig/day)
2. Have you chewed betel nuts in the last six months?  
☐Never chewing  
☐Still chewing, for\_\_\_\_years, amount\_\_\_\_betel nuts /day  
☐Have already quitted chewing for\_\_\_\_years
3. Have you drank alcohol in the past month?  
☐Yes: ☐<1 unit/week ☐1~2 units/week ☐3~5 units/week ☐>5 units/week  
\*\*1 unit=1 bottle of beer (284ml), 1 cup of red/white wine (125ml) or 1 service of spirits (25ml)\*\*  
☐No

### (F) Have you had the following symptom since three months ago?

- ☐Cough ☐Dyspnea ☐Chest pain ☐Palpitation ☐Dizziness ☐Headache ☐tinnitus
- ☐Nausea ☐Abdomen pain ☐Constipation ☐Diarrhea ☐Bloody stool ☐Upper back pain
- ☐Lower back pain ☐Joint pain ☐Dysuria ☐Polyuria ☐Frequent urination
- ☐Hand and foot muscle weakness ☐Weight gain or loss of more than 3 kg
- ☐Other\_\_\_\_\_ ☐None

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Exam date :

===== 【Filled out by medical staff】 =====

### (H)Health check-up items

1. Height: \_\_\_\_\_ cm
2. Weight: \_\_\_\_\_ kg      Waistline: \_\_\_\_\_ cm
3. Blood pressure: \_\_\_\_\_ / \_\_\_\_\_ mmHg ; Pulse : \_\_\_\_\_ times/min
4. Eyesight(Corrected) : Left \_\_\_\_\_ Right \_\_\_\_\_ ; Color vision : ☐normal ☐abnormal
5. Hearing : Left : ☐normal ☐abnormal      Right : ☐normal ☐abnormal
6. Physical examination  
Limbs : ☐normal ☐abnormal : \_\_\_\_\_  
Skin : ☐normal ☐abnormal : \_\_\_\_\_  
External exam : (Includes eyes, ears, nose, mouth, thyroid gland, chest, abdomen)  
☐normal ☐abnormal : \_\_\_\_\_
7. Chest X-ray  
☐normal ☐abnormal : \_\_\_\_\_ (Date: \_\_\_\_\_)
8. Urine  
Protein : ☐negative ☐positive      Occult Blood : ☐negative ☐positive
9. Hematology  
Red Blood Cell : \_\_\_\_\_ x106/u1      White Blood Cell : \_\_\_\_\_ x103/u1  
Hemoglobin : \_\_\_\_\_ g/dl      Platelet : \_\_\_\_\_ 103/u1  
Hematocrit : \_\_\_\_\_ %  
Differential Count : \_\_\_\_\_
10. Biochemistry  
AC-Sugar : \_\_\_\_\_ mg/dL      HDL : \_\_\_\_\_ mg/dL  
Creatinine : \_\_\_\_\_ mg/dL      Total cholesterol : \_\_\_\_\_ mg/dL  
Triglyceride : \_\_\_\_\_ mg/dL      ALT : \_\_\_\_\_ mg/dl

### (I)Health management

- ☐Primary management  
☐Secondary management  
☐Tertiary management (clinical diagnosis) \_\_\_\_\_  
☐Quaternary management (clinical diagnosis) \_\_\_\_\_

### (J)Comments and suggestions :

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Physician' s Name, License no :

Hospital Seal :