

附件二 銘傳大學 教職員工一般體格檢查紀錄

Appendix 2 Ming Chuan University Faculty and Staff Physical Checkup Record

一、基本資料 Basic Information

- 1.姓名 Name: _____ 2.性別 Gender: 男 M 女 F 3.身分證字號 ID No. : _____
4.出生日期 Date of Birth ___年 Y ___月 M ___日 D 5.受僱日期 Date of Employment ___年 Y ___月 M
6.檢查日期 Date of Checkup ___年 Y ___月 M ___日 D 7.工作單位 Unit : _____

二、作業經歷 Work experience

1.曾經從事 Previously served as _____, 起始日期 Started in : _____年 Y ___月 M, 截止日期 Ended in : _____年 Y ___月 M, 共 _____年 Y ___月 M, in total.

2.目前從事 Currently serve as _____, 起始日期 Started in : _____年 Y ___月 M, 截止日期 Ended in : _____年 Y ___月 M, 共 _____年 Y ___月 M, in total.

3.過去 1 個月, 平均每週工時為 For past month, average working hours per week is : _____ 小時 hours; 過去 6 個月, 平均每週工時為 For past 6 months, average working hours per week is : _____ 小時 hours.

三、檢查時期 (原因) Checkup period (reason) : 新進員工 Newly employed (受僱時 upon employment) 定期檢查 Regular check (在職時 in service)

四、既往病史 Medical History

您是否曾患有下列慢性疾病 : (請在適當項目前打勾) Have you have had any of the following chronic diseases: (Tick in front of item(s) that apply to you)

- 高血壓 Hypertension 糖尿病 Diabetes mellitus 心臟病 Heart Disease 癌症 Cancer _____
白內障 Cataract 中風 Stroke 癲癇 Epilepsy 氣喘 Asthma
慢性氣管炎、肺氣腫 Chronic bronchitis, Emphysema 肺結核 Tuberculosis 腎臟病 Kidney disease
肝病 Liver disease 貧血 Anemia 中耳炎 Tympanitis 聽力障礙 Hearing impairment
甲狀腺疾病 Disease of thyroid gland 消化性潰瘍、胃炎 Peptic ulcer disease, Gastritis
逆流性食道炎 Reflux esophagitis 骨折 Bone fracture 手術開刀 Surgery
其他慢性病 Other chronic disease 以上皆無 None of above

五、生活習慣 Living habits

1.請問您過去一個月內是否有吸菸? Have you smoked during the past month?

從未吸菸 Never 偶爾吸(不是天天) Every now and then (not every day)

(幾乎) 每天吸 (Almost) everyday, 平均每天吸 _____ 支 cigarettes per day, 已吸菸 and have been smoking for _____ 年 years 已經戒菸 have quit smoking for, 戒了 _____ 年 Y ___ 個月 M。

2.請問您最近六個月內是否有嚼食檳榔? Have you chewed betel nut in the past 6 months?

從未嚼食檳榔 Have never chewed betel nut

偶爾嚼(不是天天) take betel nuts every now and then (not every day)

(幾乎) 每天嚼 (Almost) every day, 平均每天嚼 _____ 顆 betel nuts per day, 已嚼 and have been chewing for _____ 年 years 已經戒食 have quit for, 戒了 _____ 年 Y ___ 個月

M。

3.請問您過去一個月內是否有喝酒？Have you consumed alcohol in the past month?

從未喝酒 Never 偶爾喝(不是天天) Every now and then (not every day)

(幾乎)每天喝(Almost) every day, 平均每週喝 次 times per week, 最常喝____酒 usually consume _____ (alcohol type), 每次____瓶 bottles at a time.

已經戒酒 have quit for, 戒了____年 Y____個月 M。

4.請問您於工作日期間, 平均每天睡眠時間為 During working days, your average sleeping time is: _____ 小時 hours.

六、自覺症狀 Subjective symptoms: 您最近三個月是否常有下列症狀:(請在適當項目前打勾)
Have you had any of the following symptoms in the past 3 months: (Tick in front of item(s) that apply to you)

咳嗽 Coughing 咳痰 Cough with phlegm 呼吸困難 Difficulties in breathing 胸痛

Chest pain

心悸 Palpitation 頭暈 Dizziness 頭痛 Headache 耳鳴 Tinnitus 倦怠 Tiredness 噁心

Nausea

腹痛 Stomachache 便秘 Constipation 腹瀉 Diarrhea 血便 Bloody stool

上背痛 Pain in the upper back 下背痛 Pain in the lower back 手腳麻痛 Numb or Painful hands and feet

關節疼痛 Joint pain 排尿不適 Difficulty urinating 多尿、頻尿 Polyuria, Frequent urination

手腳肌肉無力 Weak limbs 體重減輕 3 公斤以上 Weight loss of more than 3 kgs

其他症狀 Other symptoms 以上皆無 None of the above

填表說明 Notes:

一、請受檢員工於勞工健檢前, 填妥基本資料、作業經歷、檢查時期、既往病史、生活習慣及自覺症狀六大項, 再交由醫護人員作確認, 以有效篩檢出疾病。Employees are to please fill out basic information, work experience, check period, medical history and subjective symptoms before the health checkup and hand in for health care personnel's confirmation to effectively screen for illness.

二、請將體格檢查紀錄、報告繳回至人力資源處。Please submit health check records and report to Human Resources Division.

三、請至核可之醫療機構進行體格檢查, 查詢網址 <https://hrpts.osha.gov.tw/asshp/hrpm1055.aspx>。Please have a health check at recognized medical institutions; relevant information is available at <https://hrpts.osha.gov.tw/asshp/hrpm1055.aspx>

===== 【以下由醫護人員填寫 This part is to be fill out by medical personnel】 =====

檢查日期 Date of check :

姓名 Name :

七、檢查項目 Check item :

1.身高 Height :	2.體重 Weight : _____ 公斤 kg , 腰圍 Waist : _____ 公分 cm
3.血壓 Blood Pressure _____ / _____ mmHg	4.視力 Eye sight(矯正 Corrected) : 左 Left _____ 右 Right _____ 辨色力測試 Color vision test : <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 辨色力異常 Abnormal
5.聽力檢查 Hearing test : <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	
6.各系統部位理學檢查 : Physical examination of each body part:	
(1)頭頸部 Head and neck(結膜、淋巴腺、甲狀腺 Conjunctiva, Glandula lymphatia, Thyroid) :	
(2)呼吸系統 Respiratory system	
(3)心臟血管系統(心律、心雜音) Cardiovascular system (Heart rhythm, Cardiac murmur) :	
(4)消化系統(黃疸、肝臟、腹部) Digestive system (Jaundice, Liver, Abdomen) :	
(5)神經系統(感覺) Nervous System (Senses) :	
(6)肌肉骨骼系統(四肢) Musculoskeletal system (Limbs) :	
(7)皮膚 Skin :	
7.胸部 X 光 Chest X ray :	
8.尿液檢查 Urine Examination : 尿蛋白 Protein _____ 尿潛血 Occult blood _____	9.血液檢查 Blood test : 血色素 Hgb _____ 白血球 WBC _____.
10.生化血液檢查 Blood biochemical tests : 血糖 Blood sugar _____ 血清丙胺酸轉胺酶(ALT) _____ 肌酸酐(Creatinine) _____ 膽固醇 Cholesterol _____ 三酸甘油脂 Triglyceride _____ 高密度脂蛋白膽固醇(HDL) _____	

八、應處理及注意事項 : Items in need of further care and attention

1. 檢查結果大致正常，請定期健康檢查。 Results are normal; please continue with regular health checkups.

2. 檢查結果部分異常宜在()內至醫療機構 _____ 科，實施健康追蹤檢查。 Abnormal results are found in one/some test(s), so a follow-up checkup is recommended at the _____ division of a medical institution within ().

3. 檢查結果異常，建議不適宜從事 _____ 作業。(請說明原因 _____)。
Abnormal results are found and you are suggested not to work in _____ operations.
(State the reason(s) _____)

4. 檢查結果異常，建議調整工作。(可複選) : Abnormal results are found and the following work adjustments are recommended (multiple selections accepted)

縮短工作時間Shorten working hours (請說明原因State the reasons : _____)

更換工作內容Change area of work responsibility (請說明原因State the reasons : _____)

變更作業場所Change work venue (請說明原因State the reasons : _____)

其他Other (請說明原因State the reasons : _____)

5. 其他Others

健檢醫師姓名(簽章)及證書字號Doctor's name (signature) and certificate no. :

健檢機構名稱、電話、地址 Institution's name, telephone no. and address :