

Attachment 11 Labor General Physical and Health Examination Record Form

I. Basic Information

1. Name: _____ 2. Sex: ☐Male ☐Female 3.ID/Passport Number: _____
4. Date of Birth (YYYY/MM/DD): _____
5. Date of Employment (YYYY/MM/DD): _____
6. Date of Examination (YYYY/MM/DD): _____
7. Name of Company: _____

II. Employment History

1. Previously worked as _____ from (YYYY/MM)_____ to (YYYY/MM)_____,
_____(Years)_____(Months) in total
2. Currently working as _____ from (YYYY/MM)_____ and have been working in this current job for
_____(Years)_____(Months) in total
Do you work in shifts?
☐Yes (☐Two-Shift Work☐Three-Shift Work ☐Four-Shift Work ☐Other: _____) ☐No
3. In the past month, what are your average weekly working hours: _____ hours
(Please fill in your average weekly working hours in the past month before the health examination).
In the past six (6) months, what are your average weekly working hours: _____
hours (please fill in your average weekly working hours in the past six months
before the health examination).

III. Reason for Examination:

- ☐New Employee ☐Periodic Check-up

IV. Past Medical History

Do you have any chronic diseases? (Please mark the appropriate items)

- ☐Hypertension ☐Diabetes Mellitus ☐Heart disease ☐Cancer _____
☐Cataracts ☐Stroke ☐Epilepsy ☐Asthma ☐Chronic bronchitis or emphysema
☐Tuberculosis ☐Kidney disease ☐Liver disease ☐Anemia ☐Otitis Media
☐Hearing impairment ☐Thyroid disease ☐Peptic ulcer or gastritis
☐Reflux esophagitis ☐Fracture____ ☐Surgery ____
☐Other chronic diseases _____
☐None of the above

V. Lifestyle Habits

1. Have you ever smoked in the last month?
☐Never ☐Occasionally, not every day.
☐Almost daily, on average __ cigarettes a day, and smoked for __years
☐Already quitted for __ years and __ months.
2. Have you ever chewed betel nuts in the last six months?
☐Never ☐Occasionally, not every day.
☐Almost daily, on average ____ a day, for __ years
☐Already quitted for __ years and __months.
3. Have you ever drunk alcohol in the last month?
☐Never ☐Occasionally, not every day.
☐Almost daily, on average __ times a week, most often drink____(alcohol brand
or name), _____ (how many) bottles each time.
☐Already quitted for __ years and __ months.
4. On working days, you sleep ____ hours on average.

VI. Self-reported Symptoms

In the previous 3 months or at work, have you frequently suffered from any of the symptoms listed below?
(Please mark the appropriate items)

- ☐ Cough ☐ Cough with sputum ☐ Breathing difficulties ☐ Chest pain ☐ Palpitation ☐ Dizziness
☐ Headache ☐ Tinnitus ☐ Fatigue ☐ Nausea ☐ Abdominal pain ☐ Constipation ☐ Diarrhea
☐ Bloody stool ☐ Upper back pain ☐ Lower back pain ☐ Numbness in extremities ☐ Arthralgia
☐ Dysuria ☐ Polyuria or frequent urination ☐ Muscle weakness in extremities ☐ Body weight loss >3kg
☐ Others _____
☐ None of the above

Instruction

1. Please fill in the questionnaire of six domains, including Basic Information, Employment History, Reason for Examination, Past Medical History, Lifestyle Habits, and Self-Reported Symptoms before the examination. After completing the questionnaire, you must hand it to the medical staff so they can screen for potential diseases. If your company has provided your Basic Information and Employment History, you do not need to fill them out again.
2. Please check the boxes of self-reported symptoms according to your actual symptoms.

===== [The following is filled in by medical staff] =====

VII. Items of Examination

1. Height: _____ cm
2. Weight: _____ kg; Waist circumference: _____ cm
3. Blood pressure: _____/_____ mmHg
4. Visual acuity (corrected): left /right: ____/____ ;
Color vision test: ☐ Normal ☐ Abnormal
5. Hearing examination: ☐ Normal ☐ Abnormal
6. Systemic physical check-up
 - (1) Head and neck (conjunctiva, lymph nodes, thyroid):
 - (2) Respiratory system:
 - (3) Cardiovascular system (heart rate and rhythm, heart murmur):
 - (4) Digestive system (jaundice, liver, abdomen):
 - (5) Neurological system (sensory):
 - (6) Musculoskeletal system (extremities):
 - (7) Skin:
 - (8) Medical Consultation (self-reported symptoms, sleep quality, etc.)
7. Chest X-ray: _____
8. Urinalysis: Protein: _____, Occult blood: _____
9. Blood Count: Hemoglobin: _____, White blood cells: _____
10. Biochemistry Examination of blood
Sugar AC: _____, Alanine transaminase (ALT): _____, Creatinine: _____,
Cholesterol: _____, Triglycerides: _____, High-density lipoprotein: _____,
Low-density lipoprotein: _____
11. Other examinations stipulated by the central authority:

VIII. Follow-up and Precautions

1. ☐ The examination results are roughly normal. Please have a periodic check-up.
2. ☐ The examination results are partially abnormal and need medical follow-up at _____ medical institutions before _____. (YYYY/MM/DD)
3. ☐ The examination results are abnormal, _____ task should be restricted.
(Please explain the reason: _____).

4. ☐ The examination results are abnormal, the task should be readjusted.
- ☐ Shorten working hours(Please explain the reason: _____).
 - ☐ Change job content (Please explain the reason: _____).
 - ☐ Change workplace (Please explain the reason: _____).
 - ☐ Other: _____ (Please explain the reason: _____).
5. ☐ Others: _____.

Medical institution: _____, Telephone number: _____,

Address: _____

Physician Name (Signature) and certificate number: _____

Notes:

1. The physician should perform detailed examinations depending on individual circumstances.
2. New employees are not required to check their low-density lipoprotein levels.
3. If employees have congenital color blindness, they are not required to do the color blindness test during regular check-ups.
4. You should get the employees' consent before screening for oral cancer, colorectal cancer, cervical cancer, and breast cancer. The results will not be documented in this health examination record. Accredited medical institutions shall screen, schedule, test, and report in accordance with the regulations set by the authority administration. The screening and testing fees are paid by the Health Promotion Administration.