

# 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 WorkThree-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.