

14 Tasks Involving Beryllium and Its compounds

Special Physical Examination 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 (Facilities): _____ Address: _____

II. Employment History

1. Previously worked as _____ from (YYYY/MM)_____ to (YYYY/MM)_____,
____(Years)____(Months) in total
2. Currently working as _____ from (YYYY/MM)_____ to (YYYY/MM)_____,
____(Years)____(Months) in total
3. Average working hours of the tasks involving Beryllium and its compounds is
_____ hours per day

III. Reason for Examination:

- ☐ New Employee ☐ Change of Work
- ☐ Periodic Check-up ☐ Health Tracking Examination

IV. Past Medical History

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

1. Respiratory system: ☐ Chemical pneumonitis ☐ Pulmonary edema
☐ Pulmonary granuloma ☐ Lung cancer ☐ Chronic bronchitis, emphysema,
asthma ☐ None
2. Liver diseases: ☐ Hepatitis B ☐ Hepatitis C ☐ Fatty liver ☐ Alcoholic hepatitis
☐ Chemical hepatitis ☐ Abnormal liver function ☐ None
3. Kidney disease: ☐ Chronic nephritis ☐ Renal stones ☐ Urinary tract stones
☐ None
4. Skin: ☐ Contact dermatitis ☐ Granuloma ☐ None
5. Others: ☐ Arthropathy ☐ _____ ☐ None

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 quit 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 quit 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 quit for ____ years and ____ months.

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)

1. Respiratory system: ☐ Chest pain ☐ Cough ☐ Breathing difficulties
2. Urinary system: ☐ Hematuria ☐ Discomfort with urination
3. Skin: ☐ Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin ☐ Slow-healing wounds ☐ Skin ulcers ☐ Subcutaneous nodules
4. Others: ☐ Weight loss of 3 kg or more ☐ _____
5. ☐ None of the above

VII. Workplace Environmental Monitoring Information

1. Does your business entity arrange workplace environmental monitoring according to Labor Workplace Monitoring Regulations?
- ☐ Yes (please answer the next question) ☐ No
2. Have the reports of workplace environmental monitoring been uploaded to the management platform website of the Occupational Safety and Health Administration, Ministry of Labor?
- ☐ Yes (please answer the next question) ☐ No
3. The number of Business Entities _____ that are using the management platform website of the Occupational Safety and Health Administration, Ministry of Labor.

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

VIII. Items of Examination

1. Basic Items:

Height: _____ cm, Weight: _____ kg, Waist circumference: _____ cm,

Blood pressure: ____/____ mmHg,
Visual acuity (corrected): Left /Right: ____ /____,
Color vision test: ☐Normal ☐Abnormal

2. Systemic physical check-up:

- (1) Respiratory system
- (2) Liver
- (3) Kidney
- (4) Skin (exposed part)

3. Chest X-ray: _____

4. Pulmonary function test (including forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1.0) and FEV1.0/FVC)

IX. Health Tracking Examination

1. Date of Health Examinations (YYYY/MM/DD): _____

2. Items

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

X. Hierarchical Health Management:

- ☐Level 1 Management
- ☐Level 2 Management
- ☐Level 3 Management (Clinical diagnosis should be indicated) _____
- ☐Level 4 Management (Clinical diagnosis should be indicated) _____

XI. 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 employee should have a health tracking examination in an occupational medicine outpatient clinic before ____.
(YYYY/MM/DD)
- 5. ☐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: _____).

6. ☐ Others: _____.

Medical institution: _____, Telephone number: _____, Address: _____

Physician Name (Signature) and certificate number: _____

Physician of hierarchical health management (Signature): _____ and Certificate
number of the physician: _____