

## 21 Tasks Involving Phosphorus

### 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 Phosphorus task 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: ☐ Chronic bronchitis, emphysema ☐ Pneumonia ☐ None
2. Liver disease: ☐ Hepatitis B ☐ Hepatitis C ☐ Fatty liver ☐ Alcoholic hepatitis  
☐ Drug-induced hepatitis ☐ None
3. Skin: ☐ Irritant dermatitis ☐ Allergic dermatitis ☐ Chemical burns ☐ None
4. Others: ☐ Fatigue ☐ Anemia ☐ Eye disease\_\_\_\_ ☐ Kidney disease ☐ \_\_\_\_\_  
☐ 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. Cardiovascular system: ☐ Palpitations ☐ Dizziness ☐ Headache
2. Respiratory system: ☐ Cough ☐ Productive cough ☐ Breathing difficulties  
☐ Chest pain
3. Urinary system: ☐ Discomfort with urination ☐ Polyuria, frequent urination
4. Digestive system: ☐ Nausea ☐ Abdominal pain ☐ Constipation ☐ Diarrhea  
☐ Bloody stools ☐ Loss of appetite
5. Skin: ☐ Redness, swelling, blisters, dryness, tingling, peeling, or ulceration of the exposed part of the skin ☐ Slow-healing wounds
6. Others: ☐ Toothache ☐ Jaw pain ☐ \_\_\_\_\_
7. ☐ None of the above

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

#### VII. Items of examinations

##### 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 (Including exposed part: \_\_\_\_\_)  
(5) Eyes  
(6) Teeth and jaw (Pain, deformity)

##### 3. Biochemical blood tests: Serum alanine transaminase (ALT) \_\_\_\_\_ Gamma-glutamyl transferase (r-GT) \_\_\_\_\_

4. Hematological tests: Red blood cell count \_\_\_\_ Hemoglobin\_\_ Hematocrit \_\_\_\_\_  
White blood cell count \_\_\_\_\_ Differential white blood count \_\_\_\_\_

#### VIII. Health Tracking Examination

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

2. Items

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

#### IX. 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) \_\_\_\_\_

#### X. 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: \_\_\_\_\_