

13 Tasks Involving Benzidine and Its Salts, 4-Aminobiphenyls and Its Salts, 4-Nitrobiphenyls and Its Salts, β -Naphthylamine and Its Salts, Dichlorobenzidine and Its Salts, α -Naphthylamine and Its Salts

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 Benzidine and its salts, 4-Aminobiphenyls and its salts, 4-nitrobiphenyls and its salts, β -naphthylamine and its salts, dichlorobenzidine and its salts, α -naphthylamine and its salts 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. Kidneys: ☐ Kidney disease ☐ Urinary tract stones ☐ None
2. Cancers: ☐ Urinary tract cancers (bladder cancer, ureteral cancer, kidney cancer)
☐ Other cancers ☐ None
3. Long-term use of prescription medications ☐ _____ ☐ None
4. Others: ☐ Hypertension ☐ Diabetes mellitus ☐ Allergic dermatitis
☐ Liver disease ☐ Other _____ ☐ None
5. Family history of bladder cancer: ☐ Yes ☐ No

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. Urinary system: ☐Discomfort with urination ☐Polyuria, frequent urination
☐Hematuria ☐Back pain
2. Skin: ☐Itching, redness, blisters, dryness, tingling, or peeling of the exposed part of the skin
3. Others: ☐Dizziness ☐Headache ☐Eye irritation ☐Limb weakness ☐Breathing difficulties ☐Weight loss of 3 kg or more ☐_____
4. ☐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) Urinary system (including flank knocking pain)

(2) Skin (exposed part)

3. Urinalysis: Protein _____ Occult blood _____ Urine sediment microscopy (Cytology if indicated)

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: _____