

27 Tasks Involving Ethylmercury Compound

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 ethylmercury compound 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. Neuropsychiatric: ☐ Psychiatric disease ☐ Central nervous system disease (e.g.,
brain lesions) ☐ Peripheral neuropathy ☐ None
2. Respiratory system: ☐ Asthma ☐ Chronic tracheitis, emphysema ☐ Pulmonary
edema, ☐ Lung cancer ☐ Other respiratory diseases____ ☐ None
3. Skin system: ☐ Dermatitis ☐ Other skin diseases____ ☐ None
4. Others: ☐ Liver disease (including viral hepatitis carrier) ☐ Kidney disease
☐ Others: _____ ☐ 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 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.

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. Nervous system: ☐ Hand tremors ☐ Headache ☐ Weakness of hands and feet, soreness and numbness ☐ Sense of imbalance.
2. Mental state: ☐ Emotional instability ☐ Poor memory ☐ Tiredness
☐ Restlessness ☐ Poor concentration.
3. Respiratory system: ☐ Cough ☐ Chest tightness, chest pain ☐ Dyspnea.
4. Urinary system: ☐ Decreased urine output ☐ Eyelids, lower limbs edema.
5. Skin system: ☐ Oral ulcer ☐ Skin rash ☐ Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin
6. Others: ☐ Hearing loss ☐ Vision loss ☐ Loss of appetite, ☐ Nausea, vomiting,
☐ Gum inflammation ☐ Burning sensation or metallic taste in the mouth
☐ Edema ☐ Joint pain ☐ __
7. ☐ 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) Oral and nasal cavity

(2) Eyes

(3) Respiratory system

(4) Nervous system (central and peripheral)

(5) Gastrointestinal system

(6) Kidneys

(7) Skin

(8) Mental state

3. Chest X-ray:

4. Blood test: Red blood cell count _____ Hemoglobin _____

Hematocrit _____ White blood cell count _____

5. Biochemical blood test: Creatinine _____

6. Urine test: Urine protein _____ Urine occult blood _____ Urine sediment
microscopy (cytology) _____

7. Blood mercury test: _____

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: _____

Note:

The blood mercury test is only for on-job workers, not for new employees or workers who change the task.