

## 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 Work  Three-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.