

## 19 Tasks Involving Arsenic 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 Arsenic 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. Cardiovascular system: ☐ Heart failure ☐ Ischemic heart disease ☐ Anemia  
☐ None
2. Respiratory system: ☐ Sinusitis ☐ Asthma ☐ Chronic bronchitis, emphysema  
☐ Tuberculosis ☐ None
3. Skin: ☐ Hyperkeratosis ☐ Allergic dermatitis ☐ Psoriasis ☐ Hyperpigmentation  
☐ None
4. Cancers: ☐ Skin cancer ☐ Other cancers ☐ None
5. Others: ☐ Hypertension ☐ Diabetes mellitus ☐ Liver disease ☐ Kidney disease  
☐ Blackfoot 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.
- 4 The following lifestyle habits: ☐ Dyeing hair ☐ Use of dyes ☐ Drinking deep well Water ☐ Living in the Beimen, Xuejia, and Budai

#### 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: ☐ Fatigue ☐ Dizziness
2. Respiratory system: ☐ Cough ☐ Sore throat ☐ Chest pain ☐ Breathing difficulties
3. Nervous system: ☐ Numbness of distal limbs ☐ Paresthesia ☐ Weakness
- ☐ Muscle cramps ☐ Seizures
4. Skin: ☐ Redness, blisters, dryness, tingling, or peeling of the skin
- ☐ Brittle nails or transverse white lines in nails ☐ Hyperpigmentation
- ☐ Hypopigmented macules ☐ Hyperkeratosis of palms and soles
5. Digestive system: ☐ Nausea ☐ Vomiting ☐ Abdominal colic ☐ Bloody stools
- ☐ Jaundice
6. Others \_\_\_\_\_
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) Nasal cavity

(2) Respiratory system

(3) Nervous system

(4) Gastrointestinal system

(5) Skin

##### 3. Chest X-ray: \_\_\_\_\_

##### 4. Hematological tests: Red blood cell count \_\_\_\_ Hemoglobin \_\_\_\_ Hematocrit \_\_\_\_\_

White blood cell count \_\_\_\_\_

##### 5. Biochemical blood tests: Serum alanine transaminase (ALT) \_\_\_\_\_

Gamma glutamyl transferase (r-GT) \_\_\_\_\_

##### 6. Urinalysis: Protein \_\_\_\_\_ Occult blood \_\_\_\_\_ Urine sediment microscopy

(Cytology if indicated) \_\_\_\_\_

##### 7. Urine inorganic arsenic test:

(Including results of arsenite, arsenate, monomethylarsonic acid, dimethylarsinic acid, and urine creatinine)

(Monomethylarsonic acid and dimethylarsinic acid tests are not required for laborers who had a change of work)

#### 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 urine inorganic arsenic test is only for on-job workers, not for new employees or workers who change the task.