07 Tasks Involving 1,1,2,2-Tetrachloroethane

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. Exposed to 1,1,2,2-tetrachloroethane in workplaces, on average, _____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. Neurological system:☐Central nervous system diseases ☐Peripheral nervous system disorders ☐Others _____☐None
2. Hepatic disease:☐HBV infection ☐HCV infection ☐Fatty liver ☐Alcoholic hepatitis ☐Drug-induced liver injury ☐Others _____☐None
3. Skin:☐Dermatitis ☐Chemical burn ☐Others _____☐None
4. Others:☐Hypertension ☐Heart disease ☐Diabetes Mellitus ☐Hyperlipidemia ☐Kidney disease ☐Respiratory system 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 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.

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. Neurological system:□Dizziness□Headache □Memory impairment□Tremor □Muscle weakness, soreness, or numbness in limbs □Fatigue
2. Urinary system:□Low output of urine □Swelling of eyelids or lower limb
3. Digestive system:□Poor appetite □Nausea or vomiting □Abdominal pain □Body weight loss >3kg
4. Skin:□Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin
5. Other:□Irritation of the eyes or throat Fatigue □Chest tightness □Cough □Breathing difficulties □_____
6. □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) Neurological system:
   (2) Hepatic system:
   (3) Renal system:
   (4) Skin:
3. Biochemistry Examination of blood: Alanine transaminase (ALT): _____,
   γ-glutamyl transferase (γ-GT): _____
4. Urinalysis: Protein: _____, Occult blood: ____

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: _____