

24 Tasks Involving Chromic Acid and Its salts or Dichromatic Acid 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. The average daily working hours exposed to chromic acid and its salts or
dichromatic acid, and its salts is _____.

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. Ear, Nose, and Throat: ☐Nasal septal perforation ☐None
2. Respiratory system: ☐Chronic rhinitis ☐Laryngitis ☐Bronchitis ☐Asthma
☐Chronic obstructive pulmonary disease ☐None
3. Skin system: ☐Dermatitis ☐Skin ulcers ☐Chemical burn ☐None
4. Cancer: ☐Lung cancer ☐Other cancers _____
5. Others: ☐Kidney 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 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. Respiratory system: ☐ Cough ☐ Productive cough ☐ Chest pain ☐ Nasal stuff
☐ Nasal bleeding ☐ Sore throat

2. Skin system: ☐ Redness, swelling, blisters, tingling, exfoliating, ulcers of the exposed area ☐ Slow wound healing.

3. Other: ☐ ____

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. Chest X-ray: This task lasted more than 4 years.
3. Systemic physical check-up:
 - (1) Respiratory system (Including nasal mucosa, Nasal septal perforation)
 - (2) Skin (Exposed site dermatitis, Ulcers, Conjunctivitis, Corneal injury)
4. Urine Chromium:___

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