

23 Tasks Involving Dust

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 dust 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. Cardiovascular system: ☐ Heart disease ☐ None
2. Respiratory system: ☐ Pulmonary tuberculosis ☐ Asthma ☐ Pneumoconiosis
☐ Lung cancer ☐ Other: _____ ☐ 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 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. Cardiovascular system: ☐ Chest tightness ☐ Chest pain ☐ Palpitation during working, walking, rest
2. Respiratory system: ☐ Shortness of Breath ☐ Dyspnea (1 2 3 4 5*) ☐ Cough
☐ Productive cough
3. Other: ☐ Clubbing finger ☐ Peripheral cyanosis
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.

Instruction

1. Self-reported Symptoms: Please mark one according to your actual feelings.

Note: Dyspnea 1: Can work, walk, go uphill, and go up and down stairs as healthy people of the same age.

Dyspnea 2: Can walk but cannot go uphill or upstairs as healthy people of the same age.

Dyspnea 3: Cannot walk the same way on flat ground as healthy people of the same age but can walk more than one kilometer at his own pace.

Dyspnea 4: Need to stop if you continue to walk more than 50 meters.

Dyspnea 5: Difficulty breathing even talking or changing clothes, so unable to go outside

===== [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. Physical examinations:

(1) Respiratory system

(2) Cardiovascular system (Pulse rate, Anemia)

3. Chest X-ray

☐ Normal

☐ Abnormal but can rule out pneumoconiosis.

☐ Abnormal and suspected pneumoconiosis, please fill in the following table.

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|-----------------------------|---|--|--|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|---|---|
| Lung | Small opacities | | | | | | | | | | | | | | | | | | | |
| | Shape | Size | Profusion | | | Affected zones | | | | | | | | | | | | | | |
| | Round | p q r | <table><tr><td>0/-</td><td>0/0</td><td>0/1</td></tr><tr><td>1/0</td><td>1/1</td><td>1/2</td></tr><tr><td>2/1</td><td>2/2</td><td>2/3</td></tr><tr><td>3/2</td><td>3/3</td><td>3/+</td></tr></table> | | | 0/- | 0/0 | 0/1 | 1/0 | 1/1 | 1/2 | 2/1 | 2/2 | 2/3 | 3/2 | 3/3 | 3/+ | | R | L |
| | 0/- | 0/0 | | | | 0/1 | | | | | | | | | | | | | | |
| | 1/0 | 1/1 | | | | 1/2 | | | | | | | | | | | | | | |
| | 2/1 | 2/2 | | | | 2/3 | | | | | | | | | | | | | | |
| | 3/2 | 3/3 | 3/+ | | | | | | | | | | | | | | | | | |
| Irregular | s t u | Upper | | | | | | | | | | | | | | | | | | |
| | | Middle | | | | | | | | | | | | | | | | | | |
| | | Lower | | | | | | | | | | | | | | | | | | |
| Large opacities 0 A B C | | | | | | | | | | | | | | | | | | | | |
| Pleura | Hypertrophy | Pleural plaque: 0, R, L | | | | | | | | | | | | | | | | | | |
| | | Pleural thickening: 0, R, L | | | | | | | | | | | | | | | | | | |
| | Calcification: 0, R, L | | | | | | | | | | | | | | | | | | | |
| | CP angle blunt or disappear: 0, R, L | | | | | | | | | | | | | | | | | | | |
| SYMBOLS | aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb od | | | | | | | | | | | | | | | | | | | |

4. Pulmonary function tests (including forced vital capacity (FVC), maximum expiratory volume in one second (FEV_{1.0}), and FEV_{1.0}/ FVC)

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:

1. X-ray symbols

(1) Small opacity (diameter < 1cm)

p= rounded opacity diameter up to about 1.5 mm.

q= rounded opacity exceeding about 1.5 mm and up to about 3 mm.

r = rounded opacity diameter exceeding about 3 mm and up to about 10 mm.

s = irregular opacity width up to about 1.5 mm.

t = irregular opacity width exceeding about 1.5 mm and up to about 3 mm.

u = irregular opacity width exceeding 3 mm and up to about 10 mm.

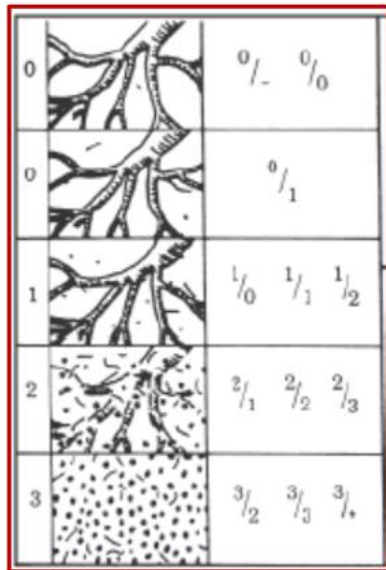
(2) Profusion: The category of profusion is based on the assessment of the concentration of opacities by comparison with the standard radiographs.

0: No opacity.

1: Few opacities: Normal lung marking

2: Dense opacities: Normal lung marking with partial blur.

3: Very dense opacities: Normal lung marking with blur.



(3) Large opacity

0: Large opacity absent.

A: one large opacity having the longest dimension up to about 50 mm, or several large opacities with the sum of their longest dimensions not exceeding about 50 mm.

B: one large opacity having the longest dimension exceeding 50 mm but not exceeding the equivalent area of the right upper zone, or several large opacities with the sum of their longest dimensions exceeding 50 mm but not exceeding the equivalent area of the right upper zone.

C: one large opacity which exceeds the equivalent area of the right upper zone, or several large opacities which when combined exceed the equivalent area of the right upper zone.

(4) Additional record symbols.

aa: Atherosclerotic aorta

at: Significant apical pleural thickening

ax: Coalescence of small opacities

bu: Bulla(e)
ca: Cancer, thoracic malignancies excluding mesothelioma
cg: Calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes
cn: Calcification in small pneumoconiotic opacities
co: Abnormality of cardiac size or shape
cp: Cor pulmonale
cv: Cavity
di: Marked distortion of an intrathoracic structure
ef: Pleural effusion
em: Emphysema
es: Eggshell calcification of hilar or mediastinal lymph nodes
fr: Fractured rib(s) (acute or healed)
hi: Enlargement of non-calcified hilar or mediastinal lymph nodes
ho: Honeycomb lung
id: Ill-defined diaphragm border
ih: Ill-defined heart border
kl: Septal (Kerley) lines
me: Mesothelioma
pa: Plate atelectasis
pb: Parenchymal bands
pi: Pleural thickening of an interlobar fissure
px: Pneumothorax
ra: Rounded atelectasis
rp: Rheumatoid pneumoconiosis
tb: Tuberculosis
od: Other disease or significant abnormality