

05 Tasks Involving Lead

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 lead in workplaces, on average, _____hours per day.

III. Reason for Examination:

- New Employee Change of Work Regular Check-up
 Health Tracking Examination

IV. Past Medical History

Do you have any chronic diseases? (Please mark the appropriate items)

1. Cardiovascular system: Ischemic Heart Disease Angina Pectoris
 Myocardial Infarction Arrhythmia Anemia Hypertension None
2. Neurological system: Motor neuropathy of hands Motor neuropathy on the
feet (below ankle) Dysautonomia Cognitive impairment Hearing
impairment Visual impairment None
3. Gastrointestinal system: Reflux esophagitis Peptic ulcer or gastritis
 Intermittent abdominal pain None
4. Reproductive system:
Male Infertility Sexual dysfunction None
Female Infertility Abortion Premature birth Fetal neurodevelopmental
disorder None
5. Others: Diabetes Mellitus 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 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.

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 or chest pain during exercise
 Dizziness (especially when sitting or standing for long periods of time or standing after sitting) Shortness of breath when doing low-intensity exercise
 Palpitation
2. Neurological system: Distal upper limb weakness (wrist drop) Distal lower limb weakness (foot drop) Numbness and tingling in the extremities
 Decline in the function of speech, memory, attention, and action Visual impairment, difficult to see in relatively low light, blurred vision Hearing impairment
3. Urinary system: Low output of urine Edema
4. Digestive system: Abdominal pain Constipation Diarrhea Nausea
 Vomiting Poor appetite
5. Reproductive system: Sexual dysfunction (Male) Irregular periods (Female)
6. Other _____
7. None of the above

VII. Workplace Environmental Monitoring Information

1. Does your business entity arrange labor 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) A blue line along the gum:
- (2) Hematological system (anemia):
- (3) Digestive system:
- (4) Neurological system:
- (5) Renal system:

3. Blood lead level: _____

4. Blood Count: Red blood cells: _____, Hemoglobin: _____, Hematocrit: _____

5. 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: _____