

26 Tasks Involving Nickel 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. The average daily working hours exposed to nickel and its compounds 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. Respiratory system: ☐ Sinusitis ☐ Asthma ☐ Chronic tracheitis ☐ Pulmonary tuberculosis ☐ None
2. Skin system: ☐ Allergic dermatitis ☐ Skin rash ☐ None
3. Cancer: ☐ Skin cancer ☐ Lung cancer ☐ Nose cancer ☐ Other cancers ☐ None
4. Others: ☐ Stroke ☐ Epilepsy ☐ 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. Nervous system: ☐ dizziness, headache.

2. Respiratory system:☐Cough ☐Shortness of breath ☐Nasal stuff ☐Rhinitis
☐Nasal bleeding

3. Skin system:☐Skin itching ☐Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin.

4. Digestive system:☐Nausea ☐Vomiting.

5. Others:____

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) Nervous system
- (2) Respiratory system (Including nasal cavity)
- (3) Dermatological examination
- (4) Digestive system

3. Chest X-ray: _____

4. Blood test: red blood cell count _____ hemoglobin _____
hematocrit _____ white blood cell count _____

5. Biochemical blood test: creatinine _____

6. Urine test: urine protein _____ urine occult blood _____ urine sediment
microscopy (cytology) _____

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

8. Urine nickel test: _____

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