

28 Tasks Involving Bromopropane

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. Average working hours of the tasks involving bromopropane is _____ 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. Nervous system: encephalopathy (central nervous system disease)
 peripheral neuropathy None
2. Liver disease: hepatitis B Hepatitis C Fatty liver Alcoholic hepatitis
 Drug-induced hepatitis None
3. Skin system: Irritant dermatitis Allergic dermatitis Chemical burns
 Skin rash None
4. Others: Reproductive system (Infertility, female menstrual abnormalities)
 Immune diseases Others: _____ None
5. None of the above.

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. Neuropsychiatric: Dizziness Headache Poor memory Insomnia
 Emotional instability Paresthesia Weakness, numbness or convulsions of limb muscles Prone to falls.
2. Urinary system: Decreased urine output Eyelids, lower limbs edema.
3. Digestive system: Loss of appetite Nausea Fatigue Abdominal Pain Weight loss of 3 kg or more.
4. Skin system: Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin.
5. Others: Sore eyes Dry or irritated throat Female menstrual abnormalities
 _____ None
6. None of the above.

===== [The following is filled in by medical staff] =====

VII. 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) Musculoskeletal

(3) Skin

3. Chest X-ray: _____
4. Biochemical blood test: serum alanine aminotransferase (ALT) _____
Gamma-glutamyl transpeptidase (r-GT) _____
5. Blood test: Red blood cell count _____ Hemoglobin _____
Hematocrit _____ White blood cell count _____ Platelet count _____

VIII. Health Tracking Examination

1. Date of Health Examinations (YYYY/MM/DD): _____
2. Items
 - (1) _____
 - (2) _____
 - (3) _____
 - (4) _____
 - (5) _____

IX. 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) _____

X. 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: _____