09 Tasks Involving Carbon Disulfide

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 carbon disulfide in workplaces, on average, _____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. Cardiovascular system:☐Hypertension ☐Heart disease ☐Stroke ☐None

2. Neurological system:☐Parkinson's disease ☐Encephalopathy (Central nervous system diseases) ☐Peripheral nervous system disorders ☐None

3. Hepatic disease:☐HBV infection ☐HCV infection☐Fatty liver ☐Alcoholic hepatitis☐Drug-induced liver injury ☐None

4. Eyes:☐Retinal hemorrhages ☐Retinal vascular occlusion ☐Glaucoma ☐Optic neuritis ☐None

5. Skin:☐Irritant dermatitis ☐ Allergic dermatitis ☐Chemical burn☐None

6. Others:☐Diabetes Mellitus ☐Kidney disease ☐Infertility ☐Others _____ ☐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 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.Cardiovascular system:□Chest tightness □Chest pain □Palpitation
   □Breathing difficulties
2. Neurological system:□Dizziness □Headache □Insomnia □Drowsiness
   □Loss of attention □Memory impairment □Irritability □Tremor
   □Muscle weakness in extremities □Numbness or pain in extremities
   □Abnormal gait □Abnormal equilibrium
3. Digestive system:□Poor appetite □Nausea □Fatigue □Abdominal pain
   □Body weight loss >3 kg
4. Eyes:□Blurred vision □Photophobia □Visual field constriction
   □Color vision abnormalities
5. Others:□Irritation of respiratory tract mucous membrane
   □Redness, swelling, or itchy of skin □Hearing impairment
   □Abnormal menstruation □_____
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) Neurological system
   (2) Cardiovascular system:
   (3) Liver
   (4) Kidney
   (5) Skin
   (6) Eyes
3. ECG:_____
4. Biochemistry Examination of blood: Alanine transaminase (ALT): _____,
   γ-glutamyl transferase (γ-GT): _____
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: _____