

10 Tasks Involving Trichloroethylene or Tetrachloroethylene
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 trichloroethylene or tetrachloroethylene 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. Neurological system:Peripheral nervous system disorders None
2. Hepatic disease:HBV infection HCV infection Fatty liver
Alcoholic hepatitis Drug-induced liver injury Hepatocellular carcinoma
None
3. Skin:Irritant dermatitis Allergic dermatitis Chemical burn None
4. Others:Hypertension Heart disease Diabetes Mellitus Kidney disease
Respiratory system disease 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 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. Neurological system: Dizziness Headache Memory impairment
 Muscle weakness, soreness, or numbness in extremities
 Facial nerve disorder
2. Urinary system: Low output of urine Swelling of eyelids or lower limb
3. Digestive system: Poor appetite Nausea Fatigue Abdominal pain
 Body weight loss >3 kg
4. Skin: Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin
5. Others: Irritation of the eyes or throat Chest tightness Cough
 Breathing difficulties _____
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) Heart:

(3) Liver:

(4) Kidney:

(5) Skin:

3. Biochemistry Examination of blood: Alanine transaminase (ALT): _____,

γ-glutamyl transferase (γ-GT): _____

4. 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: _____