

25 Cadmium 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. Average working hours of the tasks involving cadmium and its compounds 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. Cardiovascular system: Hypertension Other _____ None
2. Respiratory system: Chronic rhinitis Laryngitis Chronic tracheitis,
emphysema Other _____ None
3. Digestive system: Peptic ulcer, gastritis Reflux esophagitis Other _____
 None
4. Liver disease: Hepatitis B Hepatitis C Fatty liver Alcoholic Hepatitis
 Drug-induced hepatitis Other _____ None
5. Cancer: Lung cancer Kidney cancer Pancreatic cancer Prostate cancer
 Other _____ None
6. Others: Anemia Diabetes Kidney disease Osteoporosis 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. Urinary system: Hematuria Decreased urine output Eyelids, lower limb edema.
2. Respiratory system: Cough Productive cough Dry throat Nasal mucosal abnormalities Chest pain Dyspnea.
3. Digestive system: Loss of appetite Nausea Vomiting Abdominal pain Diarrhea Weight loss more than 3 kg
4. Skeletal system: Bone pain.
5. Others: Eyes and throat irritation Headache Fatigue Other__
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) Incisors or canine teeth (Cadmium yellow ring)

(2) Nasal mucosa

(3) Conjunctiva (Anemia)

3. Urine test: Urine protein____

4. Urine cadmium____

5. If respiratory symptoms are present: Do chest and lung physical examinations, and pulmonary function tests (Including forced vital capacity (FVC), maximum expiratory volume in one second (FEV_{1.0}), and FEV_{1.0}/ FVC)

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 cadmium test, chest and lung physical examinations, and pulmonary function tests are only for on-job workers, not for new employees or workers who change the task.