

## 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<sub>1.0</sub>), and FEV<sub>1.0</sub>/ 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.