

31 Tasks Involving Indium 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 indium 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. Respiratory system: ☐ Asthma ☐ Allergic rhinitis ☐ Chronic tracheitis,
Emphysema ☐ Pulmonary tuberculosis ☐ Lung cancer ☐ Other respiratory
diseases ☐ None
2. Skin system: ☐ Atopic Dermatitis ☐ Other skin diseases ☐ 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 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. Respiratory system: ☐Cough ☐Shortness of breath, ☐Chest tightness
☐Wheezing
2. Others: ☐Skin itching ☐Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin ☐Eye irritation ☐__
3. ☐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. Physical examinations:

- (1) Respiratory system
(2) Skin and mucous membranes (including eye conjunctiva)

3. Chest X-ray: ____

4. Pulmonary function tests (including forced vital capacity (FVC), maximum expiratory volume in one second (FEV_{1.0}), and FEV_{1.0}/ FVC)

5. Serum Indium: _____

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 serum Indium test is only for on-job workers, not for new employees or workers who change the task.