

04 Tasks Involving Abnormal Air Pressure

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. Work in an abnormal air pressure environment, 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 Patent Foramen
Ovale Atrial Septal Defect None
2. Neurological and psychiatric system: Migraine Stroke Seizure
psychiatric disorder/mental disorder None
3. Respiratory system: Spontaneous pneumothorax Asthma Chronic
obstructive pulmonary disease None
4. Otorhinolaryngological system: Hearing impairment Tympanic membrane
perforation Recurrent vertigo Meniere's disease None
5. Surgical history: Thoracotomy Ear Surgery Fracture of humerus, tibia,
femur or other parts _____ None
6. Long-term medication: Steroids Alcohol addiction Drug addiction
Other _____ None
7. Other: Pancreatitis Diabetes Mellitus _____ 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, have you frequently suffered from any of the symptoms listed below? (Please mark the appropriate items)

1. Cardiovascular system: Palpitation Chest tightness
2. Neurological system: Fatigue Headache Dizziness Memory impairment Tinnitus Numbness in upper or lower limbs Muscle weakness in upper or lower limbs Abnormal gait None
3. Respiratory system: Cough Chest pain Breathing difficulties
4. Muscles and joints: Muscle soreness Arthralgia
5. Skin: Itchy skin Skin rash
6. Other _____
7. None of the above

==== [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) Ear canal

(2) Cardiovascular system:

- (3) Respiratory system:
 - (4) Neurological system:
 - (5) Musculoskeletal system:
 - (6) Skin:
 - (7) Mental status:
3. Chest X-ray: _____
 4. Pulmonary function tests (including forced vital capacity (FVC), Forced expiratory volume in one second (FEV1.0), and FEV1/ FVC ratio): _____
 5. Over 40 years old or with suspected heart disease: ECG _____
 6. Pressure tolerance test:
 7. Oxygen tolerance test:
 8. Those who have been working in an abnormal air pressure environment for 5 years and have shoulder and hip problems should have an X-ray examination of joints of long bones. The results: _____

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:

1. Pressure tolerance tests and oxygen tolerance tests are only for new employees or workers who change the task, not for on-job workers.
2. X-ray examination of joints is only for on-job workers, not for new employees or workers who change the task.