

15 Tasks Involving Vinyl Chloride

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 Vinyl chloride task 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. Liver disease: ☐ Hepatitis B ☐ Hepatitis C ☐ Fatty liver ☐ Alcoholic hepatitis
☐ Drug-induced hepatitis ☐ Autoimmune hepatitis ☐ Other liver diseases
_____ ☐ None
2. Skin: ☐ Dermatitis ☐ Chemical burns ☐ None
3. Cancer: ☐ Liver cancer ☐ Lung cancer ☐ Hematologic cancer ☐ None
4. Others: ☐ _____ ☐ 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. Nervous system: ☐ Dizziness ☐ Headache ☐ Memory impairment ☐ Low mood
2. Respiratory system: ☐ Cough ☐ Breathing difficulties ☐ Respiratory irritation
3. Digestive system: ☐ Loss of appetite ☐ Nausea ☐ Right upper quadrant pain
☐ Weight loss of 3 kg or more
4. Skin: ☐ Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin
5. Eyes: ☐ Blurred vision ☐ Eye pain ☐ Eye irritation
6. Musculoskeletal system: ☐ Swelling of fingers ☐ Shortening of the terminal phalanges ☐ Scleroderma-like changes in the fingers ☐ Clubbing fingers
7. Others: ☐ _____
8. ☐ 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) Respiratory system

(2) Kidney

(3) Liver

(4) Spleen

(5) Skin (exposed part).

3. Chest X-ray: _____

4. Biochemical blood test: Serum alanine transaminase (ALT) _____

Gamma-glutamyl transferase (r-GT) _____

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: _____