

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: _____