

29 Tasks Involving 1,3-Butadiene

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 1,3-Butadiene 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. Blood diseases: ☐ Anemia ☐ Thrombocytopenia ☐ Lymphoma ☐ Leukemia
☐ None
2. Liver disease: ☐ Hepatitis B ☐ Hepatitis C ☐ Fatty liver ☐ Alcoholic hepatitis
☐ Drug-induced hepatitis ☐ None
3. Skin system: ☐ Irritant dermatitis ☐ Allergic dermatitis ☐ Chemical burns
☐ Skin rash ☐ None
4. Respiratory system: ☐ Chronic bronchitis ☐ Asthma ☐ Pneumoconiosis
☐ Pulmonary tuberculosis ☐ None
5. Others: ☐ Reproductive system (Infertility, Abortion or Stillbirth, Female menstrual abnormalities) ☐ Immune diseases ☐ 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. Blood system: ☐ Dizziness ☐ Tiredness ☐ Shortness of breath during exercise
☐ Difficult hemostasis of wounds ☐ Prone to bruises ☐ Increased frequency colds ☐ Slow wound healing.
2. Digestive system: ☐ Loss of appetite ☐ Nausea ☐ Fatigue ☐ Abdominal pain ☐ Weight loss of 3 kg or more.
3. Respiratory system: ☐ Dyspnea (1 2 3 4 5*) ☐ Cough ☐ Productive cough.
4. Reproductive system: ☐ Infertility ☐ Abortion ☐ Stillbirth ☐ Abnormal menstrual cycle or increased menstrual flow in women.
5. Skin system: ☐ Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin ☐ Sore eyes ☐ Dry or irritated throat.
6. Others: _____ ☐ None
7. ☐ None of the above.

Instruction

1. Self-reported Symptoms: Please mark one according to your actual feelings.

Note: Dyspnea 1: Can work, walk, go uphill, and go up and down stairs as healthy people of the same age.

Dyspnea 2: Can walk but cannot go uphill or upstairs as healthy people of the same age.

Dyspnea 3: Cannot walk the same way on flat ground as healthy people of the same age but can walk more than one kilometer at his own pace.

Dyspnea 4: Need to stop if continue to walk more than 50 meters.

Dyspnea 5: Difficulty breathing even talking or changing clothes, so unable to go outside

===== [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. Systemic physical check-up:

(1) Lymphatic blood system (including lymph nodes enlargement and hepatosplenomegaly)

(2) Skin and mucous membranes (Including oral, nasal, and eye conjunctiva)

3. Blood test: Red blood cell count _____ Hemoglobin _____

Hematocrit _____ White blood cell count _____ Platelet count _____

VIII. Health Tracking Examination

1. Date of Health Examinations (YYYY/MM/DD): _____

2. Items

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

IX. 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) _____

X. 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: _____