

12 Tasks Involving N-Hexane

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 N-hexane 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. Nervous system: ☐ Peripheral neuropathy ☐ Central nervous system dysfunction
☐ None
2. Liver disease: ☐ Hepatitis B ☐ Hepatitis C ☐ Fatty liver ☐ Alcoholic hepatitis
☐ Drug-induced hepatitis ☐ None
3. Skin: ☐ Irritant dermatitis ☐ Allergic dermatitis ☐ Chemical burns ☐ None
4. Others: ☐ Kidney disease ☐ Respiratory disease ☐ Diabetes mellitus
☐ Thyroid disease ☐ _____ ☐ 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 quitted 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. Nervous system: ☐ Dizziness ☐ Headache ☐ Memory impairment ☐ Drowsiness

☐ Muscle weakness or atrophy of limbs ☐ Numbness or loss of sensation in the distal limbs ☐ Facial nerve disorders

2. Urinary system: ☐ Decreased urine output ☐ Eyelids or lower limb edema

3. Digestive system: ☐ Loss of appetite ☐ Nausea ☐ Fatigue ☐ Abdominal 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. Others: ☐ Irritation in the eyes and throat ☐ Chest tightness ☐ Cough

☐ Breathing difficulties ☐ _____

6. ☐ 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) Nervous system

(2) Skin

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: _____