

30 Tasks Involving Formaldehyde

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 formaldehyde 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. Respiratory system: ☐ Asthma ☐ Allergic rhinitis ☐ Chronic tracheitis,
Emphysema ☐ Nasopharyngeal carcinoma ☐ None
2. Skin system: ☐ Irritant dermatitis ☐ Allergic dermatitis ☐ Chemical burns
☐ None
3. Hematopoietic system: ☐ Leukemia ☐ Myelodysplastic syndrome ☐ None
4. Infectious diseases: ☐ Epstein-Barr virus infection ☐ None
5. Others: ☐ Diagnosed as formaldehyde allergy ☐ Use alcohol withdrawal drugs
☐ _____ ☐ 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. Respiratory system: ☐Cough ☐Shortness of breath ☐Chest tightness
☐Wheezing ☐Shortness of breath during exercise.
2. Skin system: ☐Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin ☐Eye irritation ☐Throat irritation ☐Eyes or throat dry and discomfort.
3. Ear, Nose and Throat: ☐Nasal stuff ☐Neck mass ☐Unilateral middle ear effusion
☐Unilateral hearing abnormalities.
4. Blood system: ☐Difficult hemostasis of wounds ☐Excessive menstrual bleeding
☐Ecchymosis ☐Gum bleeding ☐Bone pain.
5. Others: ☐Diplopia ☐Weight loss ☐____ ☐None
6. None of the above.

===== [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) Respiratory system (including palpation of the neck)
(2) Skin and mucous membranes (including oral, nasal, and eye conjunctiva)

3. Chest X-ray: __

4. Pulmonary function tests (including forced vital capacity (FVC), maximum

expiratory volume in one second (FEV_{1.0}), and FEV_{1.0}/FVC)

5. Blood test: Red blood cell count _____ Hematocrit _____ Hemoglobin
average red blood cell volume _____ Hemoglobin _____ Mean red blood cell
hemoglobin concentration _____ Platelet count _____ Hematocrit _____
White blood cell count _____ White blood cell differential 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: _____

Note:

The Chest X-ray examination is only for new employees or workers who change the
task, not for on-job workers.