

06 Tasks Involving Tetra-Alkyl Lead

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. Exposed to tetra-alkyl lead in workplaces, on average, _____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. Cardiovascular system: Ischemic Heart Disease Stroke Hypertension
None
2. Neurological and psychiatric system: Psychiatric disorder Encephalopathy
(Central nervous system diseases) Peripheral nervous system disorders
None
3. Others: Diabetes Mellitus Kidney disease Anemia Gout
Reproductive system 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. Cardiovascular system: Palpitation Chest pain

2. Neurological and psychiatric system: Headache Memory impairment

Insomnia Emotional instability Paresthesia Muscle weakness in limbs

Loss of attention

3. Skin: Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin

4. Others: Fatigue Poor appetite Nausea Vomiting Abdominal pain

Edema _____

5. 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) Cardiovascular system:
- (2) Neurological system:
- (3) Skin:
- (4) Mental status:

3. Urinalysis: Protein: _____, Occult blood: _____

4. Urine lead level: _____

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: _____

Note:

Urine lead examination is only for on-job workers, not for new employees or workers
who change the task.