

## 08 Tasks Involving Carbon Tetrachloride

### 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 carbon tetrachloride in workplaces, on average, \_\_\_\_\_ hours per day.

#### III. Reason for Examination:

- New Employee  Change of Work  Regular Check-up  
 Health Tracking Examination

#### IV. Past Medical History

Do you have any chronic diseases? (Please mark the appropriate items)

1. Neurological system:  Central nervous system diseases  Peripheral nervous system disorders  Others \_\_\_\_\_  None
2. Hepatic disease:  HBV infection  HCV infection  Fatty liver  Alcoholic hepatitis  Drug-induced liver injury  None
3. Renal system:  Nephritis  Chronic kidney disease  None
4. Skin:  Irritant dermatitis  Allergic dermatitis  Chemical burn  None
5. Others:  Hypertension  Heart disease  Diabetes Mellitus  Respiratory system disease  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 nut 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. Neurological system:  Dizziness  Headache  Drowsiness  
 Loss of attention  Memory impairment
2. Urinary system:  Low output of urine  Swelling of eyelids or lower limb
3. Digestive system:  Poor appetite  Nausea  Fatigue  Abdominal pain  
 Body weight loss >3 kg
4. Skin:  Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin
5. Respiratory system:  Chest tightness  Cough  Breathing difficulties
6. Others:  Irritation of the eyes or throat  \_\_\_\_\_
7.  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. Biochemistry Examination of blood: Alanine transaminase (ALT): \_\_\_\_\_,

γ-glutamyl transferase (γ-GT): \_\_\_\_\_

3. Urinalysis: Protein: \_\_\_\_\_, Occult blood: \_\_\_\_\_

4. Systemic physical check-up

(1) Renal system:

(2) Hepatic system:

(3) 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: \_\_\_\_\_