

16 Tasks Involving Benzene

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 Benzene 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. Hematological diseases: Anemia Leukemia, Thrombocytopenia None
2. Liver diseases: Hepatitis B Hepatitis C Fatty liver Alcoholic hepatitis
 Drug-induced hepatitis None
3. Long-term use of prescription medications _____ None
4. Others: Kidney disease Chemotherapy _____ 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 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. Hematological system: Shortness of breath on exertion Hard to stop a wound from bleeding Heavy menstrual bleeding Ecchymosis Bleeding gums
 Bone pain
2. Nervous system: Loss of balance Dizziness Fatigue
3. Skin: Redness, swelling, blisters, dryness, tingling, or peeling of the exposed part of the skin Dryness, pain, or irritation in the eyes or throat
4. Others: _____
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) Hematological system (splenomegaly)
- (2) Skin
- (3) Mucosa (including oral cavity and nasal cavity)
- (4) Conjunctiva

3. Hematological tests:

Red blood cell count ____ Hemoglobin ____ Hematocrit _____ Mean corpuscular volume ____ Mean corpuscular hemoglobin ____ Mean corpuscular hemoglobin concentration _____ White blood cell count _____ Platelet count _____ Differential white blood count _____

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:

1. Mean corpuscular volume, mean corpuscular hemoglobin, mean corpuscular hemoglobin concentration and differential white blood count of hematological tests are only for on-job workers, not for new employees.
2. Differential white blood count of the hematological tests is not required for workers who change the task.