

## 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.