

02 Tasks Involving Noise

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. (1) The average weekly working days 6 5.5 5 4.5 4 Other __ days.
(2) The average daily working hours 12 10 8 6 4 Other __ hours.
(3) The average daily working hours in a noisy environment
12 10 8 6 4 Other __ hours.
4. Have you been in a noisy environment within 14 hours before this hearing test?
Yes No
- 5.1 What is the job you ever had?
Textile, Mining, Shipbuilding, Heavy Industry, Road Construction,
Artilleryman, shooting team, aircraft ground handling You need to raise your
voice to speak to someone in your workplace
None of the above.
- 5.2 If you used to work in any of the jobs above:
 - (1) Does the workplace have hearing protectors? Yes No
 - (2) Do you wear hearing protectors? Yes No
 - (3) If so, what type of hearing protectors did you wear? (Multiple choice)
Earmuffs Earplugs others
 - (4) How long did you wear it during work?
Wear it all time Half of the working time Never

III. Reason for Examination:

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

IV. Past Medical History

Please mark

1. Have you ever had a follow-up test or medical treatment for hearing problems? Yes No
2. Have you ever encountered these situations before?
 - (1) Exposed to very loud noise, such as an explosion. Yes No
 - (2) Frequently exposed to the actual sound of shooting a gun. Yes No
 - (3) Frequently exposed to loud music. Yes No
3. Have you ever experienced any of the following situations?
 - (1) Ear surgery, ear trauma, or tympanic membrane perforation Yes No
 - (2) Ear infection Yes No

If the answer to the above question is yes,

- Left ear Right ear
Uncertain Bilaterally
- (3) Family history of inherited hearing impairment Yes No
 - (4) Tuberculosis Yes No
 - (5) Use aspirin, streptomycin, or other drugs that may affect hearing Yes No
 - (6) Meningitis, concussion, or coma Yes No

V. Lifestyle Habits

1. Do you have any of the following hobbies?
 - Go to a disco, karaoke, or pop concert Racing (Race or Watch)
 - Play in a brass, orchestra, or pop band Frequent use of electric hand tools such as chainsaws, drills, etc.
 - Garden maintenance with machinery Shooting
 - Listen to music with a Walkman or similar device
 - None of the above
2. 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.
3. 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.
4. 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 (Pre-employment examination please answer Q1; periodic examination please answer Q2~4)

1. Do you have any of the following symptoms?

(1) Hearing difficulties Yes No

(2) Tinnitus Yes No

(3) Vertigo Yes No

If yes, do you know what could be causing it?

Please describe in detail _____

2. Since your last hearing exam, your hearing is

No change Better Worse

3. Since your last hearing exam (last year to date), have you

(1) Exposed to explosions? Yes No

(2) Exposed to loud sounds? Yes No

(3) Exposed to the actual sound of shooting a gun? Yes No

(4) Exposed to loud music such as Walkman or hit music? Yes No

(5) Ever gone to the hospital for a specialist to check your ears or hearing? Yes No

(6) Do you mostly use earplugs or earmuffs when are you exposed to noise hazards in the workplace? Yes No

4. Since your last hearing test, have you ever had any of the following?

(1) Ear injury Yes No

(2) Ear surgery Yes No

(3) Ear pus or liquid discharge/ear infection Yes No

(4) Tinnitus Yes No

(5) Tympanic membrane perforation Yes No

(6) Ear pain caused by blasting Yes No

(7) Use of ototoxic drugs Yes No

(8) Meningitis Yes No

(9) Tuberculosis Yes No

(10) Concussion or coma Yes No

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. Pure Tone Audiometry

(Pure tone audiometry thresholds at frequencies 500, 1000, 2000, 3000, 4000, 6000, and 8000 Hz should be obtained. The audiogram and the measured value of the background noise of each audio during the test should also be recorded.)

3. Systemic physical check-up

(1) Ear canal

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: _____