New Staff Health Examination

一、 New staff to complete the health examination prior to their first day of work :

1. According to Article 20 of the Occupational Safety and Health Act, the employers shall conduct pre-employment physical examinations for laborers at the time of employment. The laborers are obligated to accept the examinations.
2. By the Occupational Safety and Health Act, it is mandatory that the employee take the health examination to determine their suitability for the job and to prevent work related threats or injuries. Thus, the health examination must be completed before the date of employment.
3. Violation of Article 20 of the Occupational Safety and Health Act will result in a fine of no more than NTD 3,000.

二、 Prior to the first day of work, new staff are required to complete the health examination at a medical center approved by the Ministry of Health and Welfare. The original copy of the health report should be submitted to Health Center on the date of employment (the health examination process for medical centers take from 7~ 14 working days, so it is recommended to complete the health exam in advance).

三、 Go to: https://hrpts.osha.gov.tw/Home/CertifiedHospInfoSearch search for medical centers approved by the Ministry of Health and Welfare to complete your new staff health exam.

四、 NTNU accepts health exam reports that are within the validity period before the date of employment. The inspection categories must include all the categories from NTNU's new staff health exam form. New staff health exam inspection categories and form can be found on the website of Health center (https://health.sa.ntnu.edu.tw/category/item/body-checkup/) .

五、 If there are any diseases or abnormal health conditions, please fill in accordingly to have a better assessment on overwork support and consultations.

六、 Inability to complete the health examination on date of employment, and cannot complete the registration process is your own responsibility

七、 If you have done your New Staff Health Examination, please take your health report to Health Center. If you have any questions, please contact us by email: shrpine@ntnu.edu.tw OR by phone: +886 2 77496448

/+886 2 77496449. We will contact you as soon as possible.

National Taiwan Normal University
Foreign New Staff General Health Exam Form

The Physical and Mental Health Questionnaire of the Family Medicine Department

Based on the revised labor health protection rules in 2022, examining subjects must fulfill six categories questionnaire including basic information, past employment experience, reason for examination, personal medical history, life style habits, and self-awareness symptoms before the examination. After completing the questionnaire, examining subjects must hand over to the medical staff for effectively screening possible diseases.

Date of Examination (yyyy/mm/dd)_____/____/____

1. Basic Information:

a. Name：_____ b. Gender：☐ Male ☐ Female

c. ID/Passport Number：_____ d. Date of Birth (yyyy/mm/dd)：_____/____/____

e. Date of Employment (yyyy/mm/dd)：_____/____/____

f. Date of Examination (yyyy/mm/dd)：_____/____/____

2. Past Employment Experience:

a. Used to work as _____，Started from (yyyy/mm) _____/____，
Ended on (yyyy/mm) _____/____，
In total for ____ years ____ months

b. Current work as _____，Started from (yyyy/mm) _____/____，
Ended on (yyyy/mm) _____/____，
In total for ____ years ____ months

c. In past 1 month, the average weekly working hours: _____ hours;
In past 6 months, the average weekly working hours: _____ hours

3.Personal Medical History:

Have you ever had underlying chronic diseases: (please mark in front of the appropriate items)

☐Hypertension ☐Diabetes Mellitus ☐Heart Disease ☐Cancer_____ ☐Stroke
☐Seizure/Epilepsy ☐Asthma ☐Chronic bronchitis、Emphysema ☐Tuberculosis
☐Renal Disease_____ ☐Liver Disease_____ ☐Anemia_____
☐Cataract ☐Otitis Media ☐Hearing Impairment
☐Reflux Esophagitis ☐Peptic Ulcer_____、Gastritis
☐Thyroid Disease_____ ☐Other Chronic Diseases_____
☐Bone Fracture_____ ☐Operation History_____ ☐**None**

4. Life Style Habits

a. Have you ever been smoking in last 1 month?

☐ Never smoke
☐ Occasionally used, not everyday
☐ Almost every day used，____ cigarettes per day for ____ years.

☐ Already quitted for ____ years____ months.

b. Have you ever been using betel nuts in recent 6 months?

☐ Never use

☐ Occasionally used, not everyday

☐ Almost every day used，____ betel nuts per day for ____ years.

☐ Already quitted for ____ years____ months.

c. Have you ever been drinking in last 1 month?

☐ Never drink

☐ Occasionally used, not everyday

☐ Almost every day used，

drink ____ times **per week** with mostly _____for____bottles each time

(alcohol brand or name)

☐ Already quitted for ____ years____ months.

d. On working days, your average daily sleeping hours：____ hours.

5. Self-awareness Symptoms:

In the previous 3 months, have you frequently suffered from any of the symptoms listed as the bellow? (please mark in front of the appropriate items)

☐Cough ☐Sputum ☐Short of breath ☐Chest pain ☐Palpitations ☐Dizziness ☐Headache

☐Tinnitus ☐Fatigue ☐Nausea ☐Abdominal pain ☐Diarrhea ☐Constipation

☐Bloody or tarry stool ☐Upper backache ☐Lower backache ☐Numbness in extremities

☐Arthralgia ☐Discomfort while urinating or dysuria ☐Frequent urination or polyuria

☐Weakness of extremities ☐Body weight loss >3 kg ☐Other discomfort symptoms_____

☐**None**

==========**【The following information is filled in by the medical personnel】**==========

身高 Height: cm 體重 Weight: kg 腰圍 Wrist circumference: cm	
血壓 Blood Pressure: ／ mmHg 脈搏 Pulse Rate: /min	
皮膚 Skin:	頭頸部 Head & Neck:
胸部 Chest:	肺部 Lungs:
腹部 Abdomen:	心臟 Heart:
口腔 Oral Cavity:	其他 Others:

肌肉、骨、關節 Muscles/Bones/Joints:
自覺症狀與睡眠概況 Self–state symptoms and sleep status:
視力 Visual Acuity: 裸視 Uncorrected （R: L: ） 矯正 Corrected （R: L: ）
辨色力 Color Differentiation: □無異常 Normal □異常 Abnormal

實驗室檢查 Laboratory Examinations

肝功能(Liver Function Test) - SGPT (Serum Glutamic-Pyruvic Transaminase) : U/L	空腹血糖 Fasting Plasma Glucose : mg/dL
血紅素 Hemoglobin: g/dL	白血球數 WBC: K/μL
總膽固醇 Total -Cholesterol: g/dL	肌酸酐 Creatinine: mg/dL
三酸甘油脂 Triglyceride: mg/dL	高密度脂蛋白膽固醇 HDL-Cholesterol; HDL-C：mg/dL

尿液 Urine:尿蛋白 Urine Protein_____ 尿潛血 Urine Occult Blood_____

胸部Ｘ光 Chest X-Ray Finding：

總評及建議 Comments and Suggestions: (If the comments / Suggestion and the Doctor’s signature is not available, please provide the formal examination report as the attached.)

醫師簽章 Doctor’s signature:_____證書字號 Identification number:_____

檢查日期 Date of health exam:_____體檢醫療院所名稱 Name of the medical institution for the health exam:**請務必加蓋機關印章，否則視同無效。**Not valid if without the institution's seal.