**國立台東專科學校**

**勞工一般體格及健康檢查紀錄**

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| **一、基本資料** | | | | | | | | | | | | | | | | | | | |
| 1.姓名： | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | 2.性別： | | | □男 □女 | | |
| 3.身分證字號(護照號碼)： | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 4.出生日期： | | | 民國\_\_\_\_\_\_年\_\_\_\_\_\_月\_\_\_\_\_\_日 | | | | | | | | | | | | | | | |
| 5.受僱日期： | | | 民國\_\_\_\_\_\_年\_\_\_\_\_\_月\_\_\_\_\_\_日 | | | | | | | | | | | | | | | |
| 6.填寫日期： | | | 民國\_\_\_\_\_\_年\_\_\_\_\_\_月\_\_\_\_\_\_日 | | | | | | | | | | | | | | | |
| **二、作業經歷** | | | | | | | | | | | | | | | | | | | |
| 1.曾經從事 | \_\_\_\_\_\_\_\_\_\_\_\_\_，起始日期：\_\_\_\_\_年\_\_\_\_\_月，  　　　　　　　 截止日期：\_\_\_\_\_年\_\_\_\_\_月，共\_\_\_\_\_年\_\_\_\_\_月 | | | | | | | | | | | | | | | | | |
| 2.目前從事 | \_\_\_\_\_\_\_\_\_\_\_\_\_，起始日期：\_\_\_\_\_年\_\_\_\_\_月，  　　　　　　　 截止日期：\_\_\_\_\_年\_\_\_\_\_月，共\_\_\_\_\_年\_\_\_\_\_月 | | | | | | | | | | | | | | | | | |
| 3.過去1個月，平均每週工時為：\_\_\_\_\_小時； 過去6個月，平均每週工時為：\_\_\_\_\_小時 | | | | | | | | | | | | | | | | | | |
| **三、既往病史** | | | | | | | | | | | | | | | | | | | |
| 您是否曾患有下列慢性疾病：（請在適當項目前打勾） | | | | | | | | | | | | | | | | | | |
| □高血壓 | | | | | | □糖尿病 | | | | □心臟病 | | | | | □癌症\_\_\_\_ | | | □白內障 |
| □中風 | | | | | | □癲癇 | | | | □氣喘 | | | | | □慢性氣管炎、肺氣腫 | | | □肺結核 |
| □腎臟病 | | | | | | □肝病 | | | | □貧血 | | | | | □中耳炎 | | | □聽力障礙 |
| □甲狀腺疾病 | | | | | | □消化性潰瘍、胃炎 | | | | | | | | | □逆流性食道炎 | | | □骨折\_\_\_ |
| □手術開刀\_\_\_ | | | | | | □其他慢性病\_\_\_ | | | | | | | | | □以上皆無 | | |  |
| **四、生活習慣** | | | | | | | | | | | | | | | | | | | |
| 1.請問您過去一個月內是否有吸菸？ | | | | | | | | | | | | | | | | | | |
| □從未吸菸 | | | | | | | | | | | □偶爾吸(不是天天) | | | | | | | |
| □已經戒菸，戒了\_\_\_\_\_年\_\_\_\_\_個月 | | | | | | | | | | | | | | | | | | |
| □（幾乎）每天吸，平均每天吸\_\_\_\_\_支，已吸菸\_\_\_\_\_年 | | | | | | | | | | | | | | | | | | |
| 2.請問您最近六個月內是否有嚼食檳榔？ | | | | | | | | | | | | | | | | | | |
| □從未嚼食檳榔 | | | | | | | | | | | | □偶爾嚼(不是天天) | | | | | | |
| □已經戒食，戒了\_\_\_\_\_年\_\_\_\_\_個月 | | | | | | | | | | | | | | | | | | |
| □（幾乎）每天嚼，平均每天嚼\_\_\_\_\_顆，已嚼\_\_\_\_\_年 | | | | | | | | | | | | | | | | | | |
| 3.請問您過去一個月內是否有喝酒？ | | | | | | | | | | | | | | | | | | |
| □從未喝酒 | | | | | | | | | | | | □偶爾喝(不是天天) | | | | | | |
| □（幾乎）每天喝，平均每週喝\_\_\_\_\_次，最常喝\_\_\_\_\_酒，每次\_\_\_\_\_瓶 | | | | | | | | | | | | | | | | | | |
| □已經戒酒，戒了\_\_\_\_\_年\_\_\_\_\_個月 | | | | | | | | | | | | | | | | | | |
| 4.請問您於工作日期間，平均每天睡眠時間為：\_\_\_\_\_小時。 | | | | | | | | | | | | | | | | | | |
| **五、自覺症狀：**  您最近三個月是否常有下列症狀：（請在適當項目前打勾） | | | | | | | | | | | | | | | | | | | |
| □咳嗽痛 | | | □咳痰 | | | | | | □呼吸困難 | | | | | | □胸痛 | | | □心悸 | |
| □頭暈 | | | □頭痛 | | | | | | □耳鳴 | | | | | | □倦怠 | | | □噁心 | |
| □腹痛 | | | □便秘 | | | | | | □腹瀉 | | | | | | □血便 | | | □上背痛 | |
| □下背痛 | | | □手腳麻 | | | | | | □關節疼痛 | | | | | | □排尿不適 | | | □多尿、頻尿 | |
| □體重減輕3公斤以上 | | | | | | □手腳肌肉無力 | | | | □其他症狀\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | □以上皆無 | |
| 填表說明  一、 請受檢員工於勞工健檢前，填妥基本資料、作業經歷、檢查時期、既往病史、生活習慣及自覺症狀六大項，再交由醫護人員作確認，以有效篩檢出疾病；若事業單位已提供受檢員工基本資料及作業經歷電子檔給認可醫療機構，可不必請受檢員工重複填寫。  二、 自覺症狀乙項，請受檢者依自身實際症狀勾選。 | | | | | | | | | | | | | | | | | | | |