

國立中山大學新進人員體格檢查檢核表

NSYSU New Employee Work Content Checklist

一、基本資料 Basic Information

姓名 Name	身分證字號 ARC or ID No.	E-mail :	
職稱 Position	出生日期 Date of Birth	年(Y) 月(M) 日(D)	校內分機 Ext : 手機 Phone No. :
服務單位 Department	聘僱期間 Date of Employment	開始日 Start Date : 結束日 End Date :	年(Y) 月(M) 日(D) 年(Y) 月(M) 日(D)

二、新進人員作業內容 Work Content Of New Employee

1. 一般作業 General Work

新進人員類別 New staff categories	一般體格檢查報告 Physical examination report
<input type="checkbox"/> 教職員工 Faculty and staff	<input type="checkbox"/> 已繳交 Submitted <input type="checkbox"/> 未繳交，於二週內完成 Not yet submitted, will be completed within 2 weeks
<input type="checkbox"/> 學生身分之勞僱型兼任助理 NSYSU student assistant	<input type="checkbox"/> 本人確認已於_____年參加本校新生健康檢查 I have participated in the health examination for new students of NSYSU in year_____.
<input type="checkbox"/> 非繼續性之臨時性或短期性工作，其工作期間在 6 個月以內者 Temporary short-term employees, whose working period is less than six months	<input type="checkbox"/> 免繳交一般體格檢查報告 No need to submit the physical examination report

2. 特別危害健康作業 Tasks With Special Health Hazardous

新進員工若無從事特別危害健康作業免勾選，若有從事特別危害健康作業項目請主管勾選，若有 2 項以上作業請一併勾選

If the new employee does not engage in health-hazardous work, please ignore. If do engage, please tick the relevant checkboxes below. For more than two assignments, tick all that apply.

1 高溫作業 Tasks Involving High-Temperature	2 噪音作業 Tasks Involving Noise	3 游離輻射作業 Tasks Involving Ionizing Radiation
4 異常氣壓作業 Tasks Involving Abnormal Air Pressure	5 鉛作業 Tasks Involving Lead	6 四烷基鉛作業 Tasks Involving Tetra Alkyl Lead
7 1,1,2,2-四氯乙烷作業 Tasks Involving 1,1,2,2 Tetrachloroethane	8 四氯化碳作業 Tasks Involving Carbon Tetrachloride	9 二硫化碳作業 Tasks Involving Carbon Disulfide
10 三氯乙烯、四氯乙烯作業 Tasks Involving Trichloroethylene Or Tetrachloroethylene	11 二甲基甲醯胺作業 Tasks Involving Dimethylformamide	12 正己烷作業 Tasks Involving N Hexane
13 聯苯胺及其鹽類、4-胺基聯苯及其鹽類、4-硝基聯苯及其鹽類、β-萘胺及其鹽類、二氯聯苯胺及其鹽類、α-萘胺及其鹽類作業 Tasks Involving Benzidine And Its Salts (Benzidine and Its Salts, 4-Aminobiphenyls and Its Salts, 4-Nitrobiphenyls and Its Salts, β-Naphthylamine and Its Salts, Dichlorobenzidine and Its Salts, α-Naphthylamine and Its Salts)	15 氯乙烯作業 Tasks Involving Vinyl Chloride	16 苯作業 Tasks Involving Benzene
14 鉍及其化合物作業 Tasks Involving Beryllium And Its Compounds	17 2,4-二異氰酸或 2,6-二異氰酸甲苯、4,4'-二異氰酸二苯甲烷、二異氰酸異佛爾酮作業 Tasks Involving 2,4 Toluene Diisocyanate (2,4-Toluene Diisocyanate or 2,6-Toluene Diisocyanate, 4,4'-Methylene Bisphenyl Diisocyanate Isophorone Diisocyanate)	20 錳及其化合物(一氧化錳及三氧化錳除外)作業 Tasks Involving Manganese And Its Compounds
18 石棉作業 Tasks Involving Asbestos	19 砷及其化合物作業 Tasks Involving Arsenic And Its Compounds	21 粉塵作業 Tasks Involving Dust
21 黃磷作業 Tasks Involving Phosphorus	22 聯吡啶或巴拉刈作業 Tasks Involving Bipyridine Or Paraquat	23 鎳及其化合物作業 Tasks Involving Nickel And Its Compounds
24 鉻酸及其鹽類或重鉻酸及其鹽類作業 Tasks Involving Chromic Acid And Its Salts	25 鎘及其化合物作業 Tasks Involving Cadmium And Its Compounds	26 1,3-丁二烯作業 Tasks Involving 1,3 Butadiene
27 乙基汞化合物作業 Tasks Involving Ethylmercury Compound	28 溴丙烷作業 Tasks Involving Bromopropane	29 汞及其無機化合物作業 Tasks Involving Mercury And Its Inorganic Compounds
30 甲醛作業 Tasks Involving Formaldehyde	31 銻及其化合物作業 Tasks Involving Antimony And Its Compounds	

單位承辦人/計畫主持人 Case Officer / Project Manager	單位主管 Heads of Department	學務處諮商與健康促進組 Health Service Division
	(請加註簽章日期) Stamp & Date	(請加註簽章日期) Stamp & Date

-----分隔線 separate line -----

國立中山大學新進人員體格檢查同意書 NSYSU New Employee Physical Examination Consent Form

※本人於_____年_____月_____日到校任職，為符合「職業安全衛生法」及「勞工健康保護規則」，同意將本人之體格檢查報告提供本校學務處諮商與健康促進組辦理健康管理業務之用。若檢查結果有校園傳染病安全之虞，願遵照學務處諮商與健康促進組建議，做進一步檢查或就醫，並配合後續追蹤事宜。

※I started to work in National Sun Yat-sen University on _____ mm _____ dd _____ yyyy. In order to comply with the 「Occupational Safety and Health Act」 and 「Labor Health Protection Rules」, I agree to submit my physical examination report to the NSYSU's Health Service Division. If there is a risk of campus infectious disease, I will follow the recommendation of the NSYSU's Health Service Division for further examination or medical treatment, and cooperate with follow-up matters.

立同意書人簽名 Signature for Consent : _____, 中華民國_____年(Y)_____月(M)_____日(D)

國立中山大學健康評估調查表

NSYSU New staff Physical Checkup Questionnaire

一、基本資料 Basic Information

姓名 Name		身分證字號 ID No.	
服務單位 Department		是否有輪值夜班 Do you have night shift?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

二、作業經歷 Work History

曾經從事 Before work		起始日期 Start date	年(Y) 月(M)	截止日期 End date	年(Y) 月(M)
目前從事 Now work		起始日期 Start date	年(Y) 月(M)	截止日期 End date	年(Y) 月(M)
平均每週工時為 Working hour/ week (未有工作經歷者免填 If not has work experiences. , don't need write)					
過去 1 個月，平均每週工時為 Average working hour per week for past month				小時/每週 hours/week	
過去 6 個月，平均每週工時為 Average working hour per week for past six months				小時/每週 hours/week	

三、既往病史 Medical History

您是否曾患有下列慢性疾病 Do you have/had the following diseases : (請在適當項目前打勾 Please check the appropriate item)					
<input type="checkbox"/> 以下皆無 None of the above	<input type="checkbox"/> 高血壓 Hypertension	<input type="checkbox"/> 糖尿病 Diabetes			
<input type="checkbox"/> 心臟病 Heart disease	<input type="checkbox"/> 白內障 Cataracts	<input type="checkbox"/> 中風 Stroke			
<input type="checkbox"/> 癲癇 Epilepsy	<input type="checkbox"/> 氣喘 Asthma	<input type="checkbox"/> 慢性氣管炎 Chronic bronchitis			
<input type="checkbox"/> 肺氣腫 Emphysema	<input type="checkbox"/> 肺結核 Pulmonary tuberculosis	<input type="checkbox"/> 腎臟病 Renal disease			
<input type="checkbox"/> 肝病 Hepatitis	<input type="checkbox"/> 貧血 Anemia	<input type="checkbox"/> 中耳炎 Otitis			
<input type="checkbox"/> 聽力障礙 Hearing impairment	<input type="checkbox"/> 甲狀腺疾病 Thyroid disease	<input type="checkbox"/> 逆流性食道炎 Gastroesophageal reflux disease			
<input type="checkbox"/> 胃炎 Gastritis	<input type="checkbox"/> 骨折 Fracture	<input type="checkbox"/> 手術開刀 Surgery			
<input type="checkbox"/> 癌症 Cancer	<input type="checkbox"/> 其他慢性病 Others				

四、生活習慣 Life Style

請問您過去一個月內是否有吸菸？ Have you been smoking for the past month ?	
<input type="checkbox"/> 從未吸菸 Never <input type="checkbox"/> 偶爾吸 Sometimes (不是天天 Not everyday) <input type="checkbox"/> 每天吸 Everyday，平均每天吸 Average everyday smoke ___ 支 cigarettes，已吸菸 Have been smoking for ___ 年 years <input type="checkbox"/> 已經戒菸 Quit，戒了 Quit ___ 年 Year ___ 個月 Months	
請問您最近六個月內是否有嚼食檳榔？ Have you been chewing betel nuts during the past six months ?	
<input type="checkbox"/> 從未嚼食檳榔 Never <input type="checkbox"/> 偶爾嚼 Sometimes (不是天天 Not everyday) <input type="checkbox"/> 每天嚼 Everyday，平均每天嚼 Average chew ___ 顆 nuts，已嚼 Chewed ___ 年 years <input type="checkbox"/> 已經戒食 Quit，戒了 Quit ___ 年 Year ___ 個月 Months	
請問您過去一個月內是否有喝酒？ Did you drink alcohol during last month ?	
<input type="checkbox"/> 從未喝酒 Never <input type="checkbox"/> 偶爾喝 Sometimes (不是天天 Not everyday) <input type="checkbox"/> 每天喝 Everyday，平均每週喝 Average everyweek drink ___ 次 times，最常喝 Usually drink ___ 酒 type of drink，每次 Everytime ___ 瓶 bottles <input type="checkbox"/> 已經戒酒 Quit，戒了 Quit ___ 年 Year ___ 個月 Months	
請問您於工作日期間，平均每天睡眠時間為？ Averagely how many hours do you sleep during working days ___ 小時 hours	

五、自覺症狀 Symptoms

您最近三個月是否常有下列症狀 Do you have any of these symptoms during the past three months : (請在適當項目前打勾 Please check the suitable item)			
<input type="checkbox"/> 以下皆無 None of the above	<input type="checkbox"/> 咳嗽 Coughing	<input type="checkbox"/> 咳痰 To cough up phlegm	
<input type="checkbox"/> 呼吸困難 Breathing difficulty	<input type="checkbox"/> 胸痛 chest pain	<input type="checkbox"/> 心悸 palpitation	
<input type="checkbox"/> 頭暈 Dizziness	<input type="checkbox"/> 頭痛 Headache	<input type="checkbox"/> 耳鳴 Tinnitus	
<input type="checkbox"/> 倦怠 Fatigue	<input type="checkbox"/> 噁心 Nausea	<input type="checkbox"/> 腹痛 Abdominal pain	
<input type="checkbox"/> 便秘 constipation	<input type="checkbox"/> 腹瀉 diarrhea	<input type="checkbox"/> 血便 Bloody stool	
<input type="checkbox"/> 上背痛 Upper back pain	<input type="checkbox"/> 下背痛 Lower back pain	<input type="checkbox"/> 手腳麻痛 Limb numbness	
<input type="checkbox"/> 關節疼痛 Joint pain	<input type="checkbox"/> 排尿不適 Dysuria	<input type="checkbox"/> 多尿、頻尿 Urinary frequency	
<input type="checkbox"/> 手腳肌肉無力 Muscle weakness	<input type="checkbox"/> 體重少 >3Kg Loss of weight for more than 3Kg	<input type="checkbox"/> 其他症狀 Other	