

## 新進人員一般體格檢查注意事項

### 一、新進人員體格檢查相關法規如下:

1. 依職業安全衛生法中第 20 條規定，雇主於僱用勞工時，應施行體格檢查，勞工對於第一項之檢查，有接受之義務。
2. 違反第 20 條之規定者，處新臺幣三千元以下罰鍰。
3. 職業安全衛生法規範雇主與勞工雙方有關勞工體格檢查之義務，目的係為識別勞工工作適性，評估其是否適合從事該作業，避免因工作造成勞工健康之威脅或傷害，因此，體格檢查應於勞工實際從事作業前完成，方能符合該目的。

### 二、新進人員**報到前**，需自行至勞動部會商衛生福利部認可之勞工體格與健康檢查醫療機構進行一般體格檢查，並持完成之**報告正本**於報到當日**繳交至人事室**(各醫院體檢作業皆須 7-30 個工作日，敬請提早作業時間，以免影響當日報到完成之權益)。如已經報到才知道要辦身體檢查，必須在到職後一個月內完成體檢，並繳交體檢報告。

### 三、請至勞動部會商衛生福利部認可之勞工體格與健康檢查醫療機構進行體格檢查，校外勞動部許可的醫療機構網址(<https://hrpts.osha.gov.tw/asshp/hrpml055.aspx>)查詢，健檢類別項目-請選擇“一般健檢”。

### 四、本校接受有效之體格檢查報告為**報到前三個月內之報告**，且體格檢查項目必須包含本校新進人員健康檢查資料卡所載項目，缺少者必須補檢，相關新進人員體格檢查項目及其表格，可於人事室網頁〈[人事室/表單下載/專兼任行政\(研究\)助理本校相關規定表格/國立清華大學新進人員健康資料卡](#)〉或至衛保組網頁〈[衛保組/新進人員體檢專區/表單下載/國立清華大學新進人員健康資料卡](#)〉。

### 五、報到後請至〈[校務資訊系統/校內其他系統/健康照護系統/問卷調查/勞工一般體格及健康檢查問卷](#)〉填寫健康資料，身體有任何特殊疾病或異常者，務請據實填寫，以利在校生活及過勞評估之協助與輔導。

### 六、報到時無法完成體格檢查者，導致無法完成報到程序者，須自負相關之責。

### 七、如有新進人員體格檢查相關問題，請來電至衛保組03-5731054或來信至

clinic@my.nthu.edu.tw

## New Staff Health Examination Important Notes

- 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 **employees** at the time of employment. The **employees** 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 NT\$3000.
- 二、
  1. 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 the Office of Personnel on the date of employment (the health examination process for medical centers take from 7-30 working days, it is recommended to complete the health exam in advance).
  2. If the new staff only learns of the need for health exam on the first day, the health exam must be completed **within one month** after the date of employment and the health exam report submitted.
- 三、 Go to: <https://hrpts.osha.gov.tw/asshp/hrpml055.aspx> to search for medical centers approved by the Ministry of Health and Welfare to complete your new staff health exam.
- 四、 NTHU accepts health exam reports that are within 3 months before the date of employment. The inspection categories must include all the categories from NTHU's new staff health exam form. New staff health exam inspection categories and forms can be found on the website of the Office of Personnel.
- 五、 After registration, please go to the [Academic Information System/Other Services in Campus/Health care\(personal health examination report/Questionnaire/ Employee Physical and Medical Check-up Questionnaire-1](#) to fill up your health information, 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 Division of Health Service before 6/30/2016. If you have any questions, please contact us by email: [clinic@my.nthu.edu.tw](mailto:clinic@my.nthu.edu.tw) OR by phone: +886-3-5731054. We will contact you as soon as possible.

# 國立清華大學新進人員健康問卷

## NTHU New Staff Physical Checkup Questionnaire

【所有從你處收集的資料是絕對保密的。只提供異常工作負荷評估，不作其他用途使用，我們將不會揭露你

的個人資料予他人(包含主管)】

【All information and data collected from you are strictly confidential. It will only be used on the Assessment of Abnormal Workload, the information will not be made known to others (including your supervisors)】

### 一、基本資料 Basic Information

1. 姓名 Name :
2. 性別 Gender : ☐男 M ☐女 F
3. 員工編號 Employee Number:
4. 出生日期 Date of birth \_\_\_\_\_ 年 yy \_\_\_\_\_ 月 mm \_\_\_\_\_ 日 dd
5. 檢查日期 Checkup Date \_\_\_\_\_ 年 yy \_\_\_\_\_ 月 mm \_\_\_\_\_ 日 dd
6. 是否有輪值夜班 Do you have night shift? ☐是 Yes ☐否 No

### 二、作業經歷 Work History

1. 平均每週工時為 Working hour/ week :

請問您的身分是 What is your occupation?

☐教師 Professor

我目前的教學時數約 I currently teach about \_\_\_\_\_ 小時/每周 hours/week。

我目前指導學生的時數約 I currently instruct my students \_\_\_\_\_ 小時/每周 hours/week。

我目前研究的工作時數約 I currently work on my research \_\_\_\_\_ 小時/每周 hours/week。

我目前是否身兼行政工作 I currently also have an administrating role? ☐無 No ☐有 Yes，職稱  
Position title \_\_\_\_\_。

我的行政工作時數約 My administration work is about \_\_\_\_\_ 小時/每周 hours/week。

我目前服務和輔導的工作時數約 My service and counselling hours are about \_\_\_\_\_ 小時/每周  
hours/week。

我每周工作總時數約 My total working hour is about \_\_\_\_\_ 小時/每周 hour/week；平均每天的工作  
時數約 average working hour everyday is \_\_\_\_\_ 小時 hours。

☐非教師 Non Professors

過去 1 個月，平均每週工時為 Average working hour per week for past month : \_\_\_\_\_ 小時 hr;

過去 6 個月，平均每週工時為 Average working hour per week for past six months : \_\_\_\_\_ 小時 hr。

### 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 )

☐高血壓 Hypertension ☐糖尿病 Diabetes ☐心臟病 Heart disease ☐癌症

Cancer\_\_\_\_\_ ☐白內障 Cataracts ☐中風 Stroke ☐癲癇 Epilepsy  
☐氣喘 Asthma ☐慢性氣管炎 Chronic bronchitis、肺氣腫 Emphysema ☐肺結核 Pulmonary tuberculosis ☐腎臟病 Renal disease ☐肝病 Hepatitis ☐貧血 Anemia  
☐中耳炎 Otitis ☐聽力障礙 Hearing impairment ☐甲狀腺疾病 Thyroid disease ☐逆流性食道炎 Gastroesophageal reflux disease 、胃炎 Gastritis ☐骨折 Fracture \_\_\_\_\_ ☐手術開刀 Surgery \_\_\_\_\_ ☐其他慢性病 Others \_\_\_\_\_ ☐以上皆無 None of the above

#### 四、生活習慣

1.請問您過去一個月內是否有吸菸？Have you been smoking for the past month？

- ☐從未吸菸 Never ☐偶爾吸 Sometimes (不是天天 Not everyday)  
☐（幾乎）每天吸 Everyday，平均每天吸 Average everyday smoke \_\_\_\_\_支 cigarettes，已吸菸 Have been smoking for \_\_\_\_\_年 years  
☐已經戒菸 Quit，戒了 Quit \_\_\_\_\_年 Year \_\_\_\_\_個月 Months。

2.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？

- ☐從未嚼食檳榔 Never ☐偶爾嚼 Sometimes (不是天天 Not everyday)  
☐（幾乎）每天嚼 Everyday，平均每天嚼 Average chew \_\_\_\_\_顆 nuts，已嚼 Chewed \_\_\_\_\_年 years  
☐已經戒食 Quit，戒了 Quit \_\_\_\_\_年 Year \_\_\_\_\_個月 Months。

3.請問您過去一個月內是否有喝酒？Did you drink alcohol during last month？

- ☐從未喝酒 Never ☐偶爾喝 Sometimes (不是天天 Not everyday)  
☐（幾乎）每天喝 Everyday，平均每週喝 Average everyweek drink \_\_\_\_\_次，最常喝 Usually drink \_\_\_\_\_酒 type of drink，每次 Everytime \_\_\_\_\_瓶 bottles  
☐已經戒酒 Quit，戒了 Quit \_\_\_\_\_年 Year \_\_\_\_\_個月 Months。

4.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)

- ☐咳嗽 Coughing ☐咳痰 To cough up phlegm ☐呼吸困難 Breathing difficulty ☐胸痛 chest pain ☐心悸 palpitation ☐頭暈 Dizziness ☐頭痛 Headache ☐耳鳴 Tinnitus ☐倦怠 Fatigue ☐噁心 Nausea ☐腹痛 Abdominal pain ☐便秘 constipation ☐腹瀉 diarrhea ☐血便 Bloody stool  
☐上背痛 Upper back pain ☐下背痛 Lower back pain ☐手腳麻痛 Limb numbness ☐關節疼痛 Joint pain ☐排尿不適 Dysuria ☐多尿、頻尿 Urinary frequency ☐手腳肌肉無力 Muscle weakness  
☐體重減輕 3 公斤以上 Loss of weight for more than 3Kg ☐其他症狀 Other symptoms - \_\_\_\_\_  
☐以上皆無 None of the above

## 國立清華大學新進人員健康資料卡

National Tsing Hua University

檢查日期 Date:    /    /

員工編號 Employee Number					姓名 Name				
單位 Department									
檢查項目 Item			檢查結果 Result of Exam						
General Exam 一般檢查	體格 Build		身高 Height		cm	體重 Weight	kg	腰圍 Waist	cm
	血壓 Blood Pressure		/		mmHg	心跳 Pulse Rate			次/分
	視力 Vision		裸視 Naked eye	右/R		矯正 Corrected	右/R		
			左/L		左/L				
辨色力 Color Blindness		<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal			聽力 Hearing Test	右/R <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal 左/L <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal			
Bio Exam 理學檢查	頭頸部 Head & Neck	淋巴腺 Lymph Node	<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 其他 Other						
		甲狀腺 Thyroid Gland	<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 其他 Other						
		其 他 Other	<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 其他 Other						
	胸部 Chest	心 臟 Heart	<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 心律不整 Arrhythmia <input type="checkbox"/> 心雜音 Heart murmur						
		肺 臟 Lung	<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 氣喘 Asthma <input type="checkbox"/> 其他 Other						
	腹 部 Abdomen		<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 肝脾腫大 Splenohepatomegaly <input type="checkbox"/> 其他 Other						
	神經系統 nervous system		<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 其他 Other						
	肌肉骨關節 Muscle & joint		<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 其他 Other						
	皮 膚 Skin		<input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 其他 Other						
	其 他 Other								
Urinalysis 尿液檢查	尿蛋白 protein		生化檢查 Blood biochemical	空腹血糖 AC Sugar	mg/dl	血液檢查 Blood test			
				SGPT	U/L	白血球 WBC /ul			
	尿潛血 O.B			肌肝酸 Creatinine	mg/dl	血色素 Hb g/dl			
				膽固醇 Cholesterol Total	mg/dl	體格缺點及建議 Physical defects and suggestions			
	三酸甘油酯 Triglyceride	mg/dl							
				高密度脂蛋白 膽固醇 HDL	mg/dl				
				胸部 X 光攝影 Chest Radiograph					
編號									

醫師簽章 Doctor's Signature	
矯治追蹤記錄 Records of treatment	
特 殊 記 載 Remarks	