

National Taiwan Normal University

Program for the Prevention of Illnesses Induced by Excessive Workloads

Last Amended on March 23, 2020

- Article 1. Purpose
National Taiwan Normal University (hereinafter referred to as NTNU) has formulated the *Program for the Prevention of Illnesses Induced by Excessive Workloads* (hereinafter referred to as “the Program”) to provide health management measures as per Article 6, Paragraph 2, Subparagraph 2 of the *Occupational Safety and Health Act*, Article 324-2, Paragraph 2 of the *Rules for Occupational Safety and Health Facilities*, and Article 10 of the *Enforcement Rules of the Occupational Safety and Health Act* for employees at risk of illnesses caused by excessive workloads, irregular/night shifts, or long hours to prevent **cerebrovascular and cardiovascular diseases triggered by overwork, mental/long-term/cumulative stress, and fatigue**, thereby ensuring their overall wellbeing.
- Article 2. Scope
The following assessment shall prevent excessive workload-induced illnesses (**Table 3**):
1. Rotations: irregular working hours including morning, evening, and night shifts that affect the sleep cycle
 2. Night shifts: from 10:00PM to 6:00AM the following day.
 3. Long hours:
 - (1) Strong association:
 - (a) Over 100 hours of overtime the month before onset.
 - (b) Over 80 hours of overtime on average 2 to 6 months before onset.
 - (2) Increased association: over 45 hours of overtime on average over 1 to 6 months before onset.
 4. Employees with $\geq 20\%$ risk of cardiovascular disease within 10 years according to medical exam reports.
 5. Other types: irregular shifts, frequent business trips, or daily work in an environment (e.g., abnormal temperatures, noise, jet lag) mentally taxing, and work-related incidents
- Article 3. Division of Labor
1. Unit Director
 - (1) Promotes and implements the Program
 - (2) Helps assess risks
 - (3) Helps with work adjustment, reassignment, and workplace improvement measures as necessary based on assessment results
 - (4) Cooperates with measures as instructed and advised by onsite physician for maintaining employee health
 2. Environmental and Public Safety Center
 - (1) Helps promote and implement the Program

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- (2) Assesses occupational hazards as part of the Program
- 3. Health Center, Office of Student Affairs
 - (1) Develops and plans the implementation of measures for the Program
 - (2) Helps assess occupational hazards as part of the Program
 - (3) Informs employees of health promotion and related activities
 - (4) Onsite physician and Occupational Health Nurse (OHN):
 - (a) Help plan, promote, and implement the Program
 - (b) Identify employees with $\geq 20\%$ risk of cardiovascular disease within 10 years according to medical exam reports
 - (c) Help assess suitability and recommend health protection measures (printed information on risks, guidance, work adjustment or reassignment, etc.) based on risk assessment results
- 4. Office of Human Resources
 - (1) Helps plan, promote, and implement the Program
 - (2) Helps non-periodically provide attendance records with details of irregularities, unauthorized absences, and leaves
 - (3) Manages hours and identifies employees who worked long hours on a monthly basis
- 5. Employees
 - (1) Cooperate in implementation of and participation in the Program
 - (2) Cooperate with risk assessments as part of the Program
 - (3) Comply with work adjustment, reassignment, and workplace improvement measures as instructed and advised by onsite physician.
 - (4) The Program is for preventive management only. Seek immediate medical attention for symptoms of discomfort.

Article 4. Program content

The work flow for the Program (Figure 1) is as follows:

- 1. Assess needs
 - (1) The Office of Human Resources identifies employees who worked ≥ 45 hours a month on average, reminds them and their unit director that this exceeds stipulated hours (46 hours of overtime in the Labor Standards Act), and then sends a copy of the notice to the Health Center of the Office of Student Affairs.
 - (2) The following employees shall complete the Excessive Workload Checklist (Attachment 2) for a general assessment:
 - (a) Employees identified through regular monthly screening by the Office of Human Resources with ≥ 45 hours of overtime a month.
 - (b) Employees working in rotations, at night, or for long hours, or are subject to other forms of excessive workload with yearly assessment by their unit directors.
 - (c) Employees assessed with $\geq 20\%$ risk of cardiovascular disease within 10 years according to medical exam reports to be identified and notified by health professionals.
 - (d) Those with self-awareness of being at high risk of illness.

2. Assess risks: Employees shall complete the Excessive Workload Checklist, sign and send a printed copy or electronic file to the Health Center of the Office of Student Affairs.
3. Implement hazard control and hierarchy management: **a general risk assessment of cardiovascular disease within 10 years (Table 1), workload (Table 2), work patterns (Table 3), and risks of work-related cerebrovascular or cardiovascular disease among NTNU faculty and staff (Table 4).**

Table 1. Level of risk for cardiovascular disease within 10 years

Risk of Cerebrovascular or Cardiovascular Disease within 10 Years	Risk Level
<10%	Low
10%–20%	Medium
20%–30%	High
>30%	Extremely High

Table 2. Workload

	Personal Fatigue Score	Work-Related Fatigue Score	Monthly Hours of Overtime	Work Situation
Light	<50 points: Mild	<45 points: Mild	<45 hours	0 to 1 items in Table 3
Moderate	50–70 points: Moderate	45–60 points: Moderate	45–80 hours	2 to 3 items in Table 3
Heavy	>70 points: Severe	>60 points: Severe	>80 hours	≥4 items in Table 3

Note: Items associated with severe overwork are selected when workload levels for all 4 items are different.

Table 3. Assessment of working conditions

Work Situation		Points to Consider in Workload Assessment
Irregular work schedules		Work schedules or activities that change frequently, are unpredictable, or often scheduled on an ad hoc basis; e.g., informed at short notice (the day before or on the day of).
Frequent business trips		Frequent business trips that renders recovery from fatigue impossible due to jet lag; the inability to recuperate or find proper accommodations; long-distance driving or commuting, etc.
Worksite Issues	Abnormal temperatures	Working in or with alternating exposure to hot and cold environment, entering or exiting one with significant temperature differences.
	Noise	Intermittent or long-term noise above 80 decibels and use of hearing protection equipment, etc.
	Jet lag	5H+ time differences, frequent movement across

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		time zones, etc.
Mentally taxing work		Stressful work (with dangerous life threats, substances, time-sensitive, major customer conflicts, complex labor disputes, or deployment of support).

Note: Involvement in none or 1 of the above is a light workload; 2 to 3 is a moderately heavy; and 4 or more is heavy.

Table 4. Classification of risks for work-related cerebrovascular or cardiovascular disease

Risks for Work-Related Cerebrovascular or Cardiovascular Disease			Workload		
			Light (0)	Moderate (1)	Heavy (2)
Risk of Cardiovascular Disease within 10 Years	<10%	(0)	0	1	2
	10–20%	(1)	1	2	3
	>20%	(2)	2	3	4

Note: Scores are in parenthesis; 0 is low risk, 1 or 2 is medium, 3 or 4 is high.

4. Provide health tips, education, training, and protection measures
 - (1) These measures shall be provided to employees with general assessment results of a **(potential) high risk of work-related cerebrovascular or cardiovascular disease within 10 years or a heavy workload. Employees at medium risk or subject to a moderately heavy workload shall also be given guidance on health and consultation with a physician as necessary (Table 5). Employees requesting consultation** must first complete an Excessive Workload Assessment Questionnaire (Heavy Workload) (Attachment 2) to facilitate health assessments.

Table 5. Risk classification and recommendation for consultation

Risk Classification and Recommendation for Consultation		Risk of Cerebrovascular or Cardiovascular Diseases		
		Low	Medium	High
Workload	Light	Consultation not required	Consultation not required	Consultation recommended
	Moderate	Consultation not required	Consultation recommended	Consultation required
	Heavy	Consultation recommended	Consultation required	Consultation required

- (2) After consultation, the on-site physician shall complete the Consultation Results and Recommended Measures form (for employees with heavy workloads) (Attachment 3), which provides advice (lifestyle changes, health care, treatment, etc.)

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based on assessment results as well as post-management suggestions for the unit, who shall implement accordingly (Table 6).

Table 6. Health management measures for faculty and staff based on risk of work-related cerebrovascular or cardiovascular disease

Risk of Work-Related Cerebrovascular or Cardiovascular Disease		Health Management Measures
Low Risk	0	No management required, can perform general tasks.
Medium Risk	1	Lifestyle changes advised, monitor hour changes with follow-ups at least annually.
	2	Lifestyle changes are advised, consider medical assistance, work adjustments, and follow-ups at least biannually.
High Risk	3	Medical assistance and lifestyle changes advised, impose work restrictions, and follow-ups at least once every 3 months.
	4	Medical assistance and lifestyle changes advised, impose work restrictions, and follow-ups at least once every 1 to 3 months.

Note: See Table 4 for definition of scores 0–4.

- (3) Health professionals who find health improvements to be slower than expected or has concerns during follow-up care must notify and discuss with the unit director, the employee, and the physician.

- Article 5. Evaluation of Implementation Effectiveness and Improvements
High-risk employees shall regularly complete the Excessive Workload Checklist with the Excessive Workload-Induced Illness Monitoring and Response Record (Attachment 4) as a basis for improvement. The implementation status of this Program shall be regularly reviewed by members of the Environmental Protection and Safety, and Health Committee.
- Article 6. Records of the Program (files and documents) shall be kept for 3 years and confidential.
- Article 7. The Program and any amendments hereto shall be implemented upon passage by the Environmental Protection and Safety and Health Committee Meeting and the President.

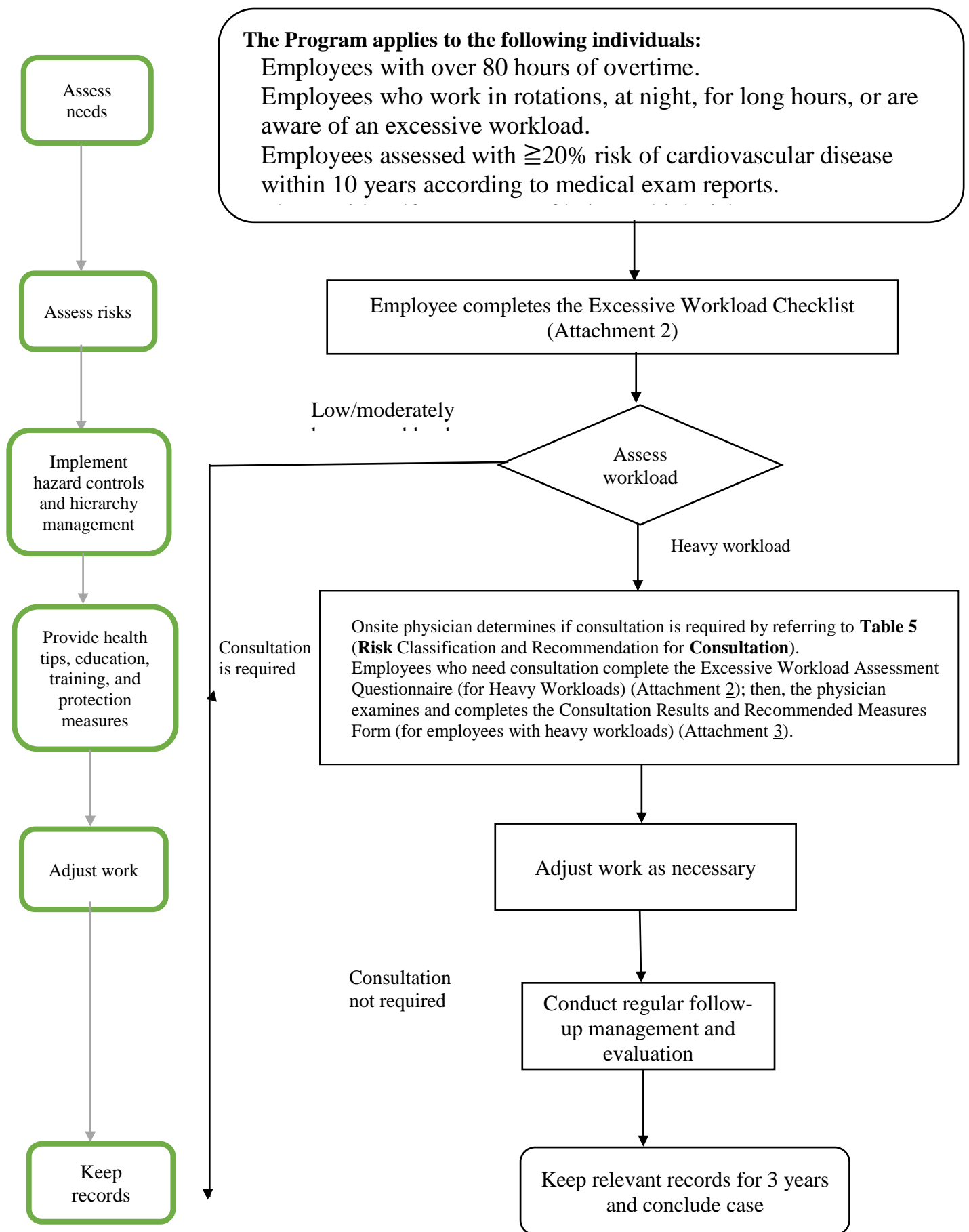


Figure 1. Work flow for Program for the Prevention of Illnesses Induced by Excessive Workloads

National Taiwan Normal University Excessive Workload Checklist

Reason for completing the form:

☐ Long hours ☐ Rotations/night shifts ☐ Risk of cerebrovascular or cardiovascular disease ☐ **Of my own volition**

A. Basic Information		Date: (YYYY/MM/DD)
Unit of employment: _____ Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Years of Service: _____ years Date of Birth (YYYY/MM/DD): _____ Age: _____ Average monthly overtime hours: _____ hours Email: _____ Mobile phone: _____ History of chronic illness: <input type="checkbox"/> None <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Other: _____ Are you a smoker? <input type="checkbox"/> No <input type="checkbox"/> Yes		
B. Workload Self-Assessment		
(1) Personal Fatigue (on a scale of 1–5, with 1-5 representing 100, 75, 50, 25, and 0 respectively)	Sum of Scores for Questions 1–6 divided by 6	
1. Do you feel tired? <input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never 2. Do you feel physically exhausted? <input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never 3. Do you feel emotionally drained? <input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never 4. Do you feel so overwhelmed that you cannot take it anymore? <input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never 5. Do you feel exhausted? <input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never 6. Do you often feel weak, as if you are about to get sick? <input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never		
(2) Work-Related Fatigue (on a scale of 1–5; on questions 1-6, 1-5 represent 100, 75, 50, 25, and 0 respectively; on negatively worded question 7, 1-5 represent 0, 25, 50, 75, and 100 respectively)	Sum of Scores for Questions 1–7 divided by 7	
1. Does your work make you feel emotionally exhausted? <input type="checkbox"/> (1) Extremely (exhausted) <input type="checkbox"/> (2) Very <input type="checkbox"/> (3) Somewhat <input type="checkbox"/> (4) Slightly <input type="checkbox"/> (5) Minimally 2. Does your work make you feel burnt out? <input type="checkbox"/> (1) Extremely (exhausted) <input type="checkbox"/> (2) Very <input type="checkbox"/> (3) Somewhat <input type="checkbox"/> (4) Slightly <input type="checkbox"/> (5) Minimally 3. Does your work make you feel frustrated? <input type="checkbox"/> (1) Extremely (exhausted) <input type="checkbox"/> (2) Very <input type="checkbox"/> (3) Somewhat <input type="checkbox"/> (4) Slightly <input type="checkbox"/> (5) Minimally 4. Do you feel physically exhausted after a day of work? <input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never 5. Do you feel unmotivated by the thought of ‘another whole day of work’? <input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never 6. Do you feel that every single moment at work is unbearable?	Continued on the next page	

<input type="checkbox"/> (1) Always <input type="checkbox"/> (2) Often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Not often <input type="checkbox"/> (5) Never or almost never 7. Do you have the energy to spend time with friends or family outside of work? (negatively worded question) <input type="checkbox"/> (1) Never or almost never <input type="checkbox"/> (2) Not often <input type="checkbox"/> (3) Sometimes <input type="checkbox"/> (4) Often <input type="checkbox"/> (5) Always										
(3) Workload Classification										
Workload	Individual Fatigue (Score)	Work-Related Fatigue (Score)	Average Hours of Overtime a Month							
Light	<50 points: Light <input type="checkbox"/> _____ points	<45 points: Light <input type="checkbox"/> _____ points	<45 hours <input type="checkbox"/> _____ points							
Moderate	50–70 points: Moderately heavy <input type="checkbox"/> _____ points	45–60 points: Moderately heavy <input type="checkbox"/> _____ points	45–80 hours <input type="checkbox"/> _____ points							
Heavy	>70 points: Heavy <input type="checkbox"/> _____ points	>60 points: Heavy <input type="checkbox"/> _____ points	>80 hours <input type="checkbox"/> _____ points							
General assessment (highest of the 3): <input type="checkbox"/> Light <input type="checkbox"/> Moderately Heavy <input type="checkbox"/> Heavy										
C. Risk of Cerebrovascular or Cardiovascular Disease (to be completed by a health professional)										
Was a medical exam report presented: <input type="checkbox"/> No <input type="checkbox"/> Yes Date of the most recent health examination (YYYY/MM/DD): _____ Total cholesterol concentration: _____ mmol/L HDL Cholesterol concentration: _____ mmol/L Blood pressure: _____ mmHg Risk of cerebrovascular or cardiovascular disease within 10 years assessed with Framingham Cardiac Risk Score: <input type="checkbox"/> Low: <10% <input type="checkbox"/> Medium: 10%–20% <input type="checkbox"/> High: 20%–30% <input type="checkbox"/> Extremely high: >30%										
Hazard Classification and Recommendation for Consultation:										
職業促發腦心血管疾病 風險等級		工作負荷		風險分級 與面談建議			腦、心血管疾病風險			
		低負荷 (0)	中負荷 (1)	高負荷 (2)			低	中	高	
10年內 心血管疾 病發病風險	<10%	(0)	0	1	2	工作 負荷 風險	低	不需面談	不需面談	建議面談
	10-20%	(1)	1	2	3		中	不需面談	建議面談	需要面談
	>20%	(2)	2	3	4		高	建議面談	需要面談	需要面談
Note: Scores are presented in parenthesis, where 0 is low risk, 1 or 2 is medium, 3 or 4 is high.										
<u>Signature/Seal of Respondent</u>						OHN				

Respondent must sign and send a printed copy or electronic file to the Health Center, Office of Student Affairs, for assessment (ext. #6449)

National Taiwan Normal University

Excessive Workload Assessment Questionnaire (for Heavy Workloads)

I. Basic Information		Date: (YYYY/MM/DD)	
Name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth		Marital Status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Department		Years of Service	_____ year(s), _____ month(s)
Position		Contact No.	
II. Medical History (as diagnosed by a physician; choose all that apply)			
<input type="checkbox"/> None <input type="checkbox"/> Cardiovascular disease (<input type="checkbox"/> Angina <input type="checkbox"/> Coronary heart disease <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Cardiac catheterization <input type="checkbox"/> Coronary artery bypass surgery <input type="checkbox"/> Drug treatment for coronary artery disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Other _____) <input type="checkbox"/> Stroke <input type="checkbox"/> Abnormal lipid levels in the blood <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Sleep-related breathing disorder (e.g., apnea) <input type="checkbox"/> Central nervous system disease (e.g., epilepsy, spinal cord disorders) <input type="checkbox"/> Peripheral nervous system disorder (e.g., carpal tunnel syndrome) <input type="checkbox"/> Mental or psychological disorder <input type="checkbox"/> Eye disease (excluding correctable nearsightedness or hyperopia) <input type="checkbox"/> Hearing loss <input type="checkbox"/> Cardiovascular disease (e.g., high blood pressure, arrhythmia) <input type="checkbox"/> Upper or lower limb disorder (e.g., symptoms including joint stiffness and weakness) <input type="checkbox"/> Medication for chronic condition, please specify: _____ <input type="checkbox"/> Other: _____			
III. Family History			
<input type="checkbox"/> None <input type="checkbox"/> M and/or F first-degree relatives (parents, grandparents, children) with angina before the age of 55 and 65, respectively <input type="checkbox"/> Stroke <input type="checkbox"/> Other: _____			
IV. Lifestyle			
1. Smoking <input type="checkbox"/> No <input type="checkbox"/> Yes (_____ pack(s) per day for _____ years) <input type="checkbox"/> Have quit smoking for _____ (duration) 2. Betel nut <input type="checkbox"/> No <input type="checkbox"/> Yes (_____ nut(s) per day for _____ years) <input type="checkbox"/> Have quit betel nut for _____ (duration) 3. Alcohol use <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify (Type: _____ Frequency: _____, about _____ ml per drink) 4. Do you follow a normal mealtime routine: <input type="checkbox"/> No <input type="checkbox"/> Yes; Do you eat out frequently? <input type="checkbox"/> No <input type="checkbox"/> 1 meal <input type="checkbox"/> 2 meals <input type="checkbox"/> 3 meals 5. Are you sleep deprived? <input type="checkbox"/> No <input type="checkbox"/> Yes (on average, _____ hours per day on weekdays and _____ hours on weekends) 6. Do you exercise habitually? <input type="checkbox"/> No <input type="checkbox"/> Yes (Frequency per week: _____; Duration per workout: _____) 7. Other: _____			
V. Health Examination			
1. BMI: _____ (Height: _____ cm; weight: _____ kg) 2. Waist circumference: _____ (men: <90 cm; women: <80 cm) 3. Pulse _____ 4. Blood pressure: _____ (systolic: 120 mmHg/diastolic: 80 mmHg) 5. Total cholesterol: _____ (<200mg/dL)			

6. LDL: _____ (<100 mg/dL)
7. HDL: _____ (men: ≥ 40 mg/dL; women: ≥ 50 mg/dL)
8. Triglycerides: _____ (<150 mg/dL)
9. Fasting blood sugar: _____ (< 100 mg/dL)
10. Proteinuria: _____(negative)
11. Occult blood in urine: _____ (negative)
VI. Work-Related Factors
1. Work hours: _____ hours on average per day, _____ hours on average per week; _____ hours of overtime on average per month
2. Shift(s): <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Rotation (<input type="checkbox"/> Regularly <input type="checkbox"/> As needed; Specify: _____)
3. Work environment (choose all that apply): <input type="checkbox"/> None <input type="checkbox"/> Noise (_____dB) <input type="checkbox"/> Extreme temperatures (high: _____ °C; low: _____ °C) <input type="checkbox"/> Poor ventilation <input type="checkbox"/> Poor ergonomic design (e.g., chair, vibration, carrying loads, etc.)
4. Mentally taxing work (choose all that apply)
<input type="checkbox"/> None
<input type="checkbox"/> Dangerous life threats and threats to the property of others
<input type="checkbox"/> Requires averting danger
<input type="checkbox"/> Life-or-death situations or a job that poses a significant impact on the life of others.
<input type="checkbox"/> Dangerous substances.
<input type="checkbox"/> Significant loss to society.
<input type="checkbox"/> Tight or impossible deadlines
<input type="checkbox"/> Time-sensitive job
<input type="checkbox"/> Internal/major external conflicts or complex labor disputes
<input type="checkbox"/> Difficult solo work with neither support nor understanding from others
<input type="checkbox"/> Complex business development or reconstruction
5. Have you experienced an unexpected work-related incident? (e.g., a recent automobile accident or breakdown while driving, etc.)
<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify: _____)
6. Are there any problems in the workplace (e.g., with the organizational culture, injustice, interpersonal conflicts, poor communication within the department)?
<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify: _____)
7. Does your work schedule or activities change frequently, are unpredictable, or often on an ad hoc basis?
<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify: _____)
8. Do your frequent business trips render recovery from fatigue impossible due to jet lag, unable to recuperate or find proper accommodations, long-distance driving or commuting, etc.
<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify: _____)
VI. Non-Work-Related Factors
1. Family problems <input type="checkbox"/> None <input type="checkbox"/> Yes (Specify: _____)
2. Financial problems <input type="checkbox"/> None <input type="checkbox"/> Yes (Specify: _____)
VIII. Workload Assessment
1. Risk of cardiovascular disease: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extremely High <input type="checkbox"/> Other: _____
2. Workload: <input type="checkbox"/> Light <input type="checkbox"/> Moderately Heavy <input type="checkbox"/> Heavy <input type="checkbox"/> Other: _____
3. General assessment of overwork: <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Other: _____

Position/Signature of Assessor: _____ Assessed on (YYYY/MM/DD): _____
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National Taiwan Normal University Consultation Results and Recommended Measures for Employees with Heavy Workloads

1. Consultation / Guidance Results				
Name:		Unit:		
National ID No.:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	
Fatigue		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		Comment:
Physical/Mental conditions of concern		<input type="checkbox"/> None <input type="checkbox"/> Yes		
Conclusion	Diagnosis	<input type="checkbox"/> No abnormalities <input type="checkbox"/> Observation required <input type="checkbox"/> Treatment required		Is adoption of subsequent related measures necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify recommended measures)
	Work	<input type="checkbox"/> Work as usual <input type="checkbox"/> Impose restrictions <input type="checkbox"/> Leave of absence required		
	Guidance	<input type="checkbox"/> Guidance not required <input type="checkbox"/> Health guidance required <input type="checkbox"/> Medical care required		

Name of physician: _____

Date of implementation: _____ (YYYY/MM/DD)

2. Recommended Measures				
W o r k M e a s u r e s	Adjust working hours	<input type="checkbox"/> Limit overtime to max. of _____ hours per month	<input type="checkbox"/> Reduce frequency of rotations	
		<input type="checkbox"/> Overtime not advised	<input type="checkbox"/> Continuation with work not advised (leave to recuperate instructed)	
		<input type="checkbox"/> Limit work hours, specify: _____	<input type="checkbox"/> Other	
	Change work practices	<input type="checkbox"/> Transfer to another workplace (Specify: _____)		
		<input type="checkbox"/> Transfer to another post (Specify: _____)		
		<input type="checkbox"/> Reduce night shifts (Specify: _____)		
		<input type="checkbox"/> Switch to daytime work (Specify: _____)		
		<input type="checkbox"/> Other (Specify: _____)		
	Duration	_____ day(s), _____ week(s), _____ month(s) (next consultation is scheduled for _____)		
	Medical Attention Recommended			
Comments				

Name of physician: _____

Date of implementation: _____ (YYYY/MM/DD)

National Taiwan Normal University

Excessive Workload-Induced Illness Monitoring and Response Record

Data collected in _____ (month), _____ (year)		
Item	Implementation Results (Number or Percentage of employees)	Comments
High-Risk Group Identification and Assessment	Number of employees identified/assessed as being at risk of excessive workload-induced illness: _____	
Physician Consultation and Health Guidance Arrangements	1. Number of employees requiring consultation with physician: _____ 1.1 Number of employees requiring observation or follow-up exam: _____ 1.2 Number of employees requiring medical treatment: _____ 2. Number of employees requiring health guidance: _____, of whom _____ employee(s) received health guidance	
Work Hour Adjustments (shortened) and Reassignment	1. Number of employees whose working hours were adjusted or shortened: _____ 2. Number of employees requiring transfer to another post: _____	
Implementation of Health Examinations, Health Management, and Health Promotion	1. Number of employees eligible for medical exam: _____ 1.1 Number of employees who underwent medical exam: _____ 1.2 Number of employees with abnormal test results: _____ 1.3 Number of employees requiring re-examination: _____ 2. Number of employees eligible for regular follow-up management: _____ 3. Number of employees who participated in health-promoting activities: _____	
Assessment of Implementation Effectiveness and Improvements	1. _____ % of employees underwent medical exam 2. _____ % of employees improved their health 3. _____ % more/fewer employees received medical exam results that is abnormal than the previous 4. Status of environmental improvements: _____ (environmental monitoring results)	
Other matters		

Occupational Health Nurse: _____

Unit director: _____