

## 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](mailto:shrpine@ntnu.edu.tw) OR by phone: +886 2 77495754 /+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)

- |   |  |  |                                      |                                       |
|---|--|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Heart Disease                 | <input type="checkbox"/> Cancer_____ | <input type="checkbox"/> Stroke       |
| <input type="checkbox"/> Seizure/Epilepsy     | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Chronic bronchitis 、Emphysema |                                      | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Renal Disease_____   |  | <input type="checkbox"/> Liver Disease_____            | <input type="checkbox"/> Anemia_____ |                                       |
| <input type="checkbox"/> Cataract             | <input type="checkbox"/> Otitis Media      | <input type="checkbox"/> Hearing Impairment            |                                      |                                       |
| <input type="checkbox"/> Reflux Esophagitis   |  | <input type="checkbox"/> Peptic Ulcer_____ 、Gastritis  |                                      |                                       |
| <input type="checkbox"/> Thyroid Disease_____ |  | <input type="checkbox"/> Other Chronic Diseases_____   |                                      |                                       |
| <input type="checkbox"/> Bone Fracture_____   |  | <input type="checkbox"/> Operation History_____        | <input type="checkbox"/> 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: |                  |            |                |                         |    |

