Medical Examination Card (At Time of Employment)

Name		Date of birth		Date of examination	
Name		Gender	Male / Female	Age	
Work history		"	Blood pressure (m	mHg)	
			Anemia test		
Anamnesis				RBC count (10,000 cell/mm³)	
Subjective s	symptoms		Hepatic function GOT (IU/l) GPT (IU/l) y-GTP (IU/l)		
•			Blood lipid level	Total cholesterol (mg/dl) HDL cholesterol (mg/dl)	
Objective symptoms			Dlood gugan lavel	Triglycerides (mg/dl)	
			Blood sugar level Urinalysis	(mg/dl) Sugar	Image 1
Height (cm))		Ormalysis	Protein	Image 1
Weight (kg)			Examination by electrocardiography		Illiage 2
BMI Visual Right acuity		()	Other legally required examinations		
v	Left	()	Other examination	ns	
Hearing Right 1000 Hz 4000 Hz		1. Normal 2. Abnormal 1. Normal 2. Abnormal	Diagnosis by phys	ician	
	Left 1000 Hz 4000 Hz	1. Normal 2. Abnormal 1. Normal 2. Abnormal	Name of physician performed examin		
			Opinion of physici	an	
Chest radiography test Film number		Direct / Indirect Date of examination No.	opinion: Seal Examination by de	Examination by dentist Name of dentist who performed	
Remarks			Opinion of dentist Name of dentist who provided opinion: Seal		

Notes:

- 1. This card shall be used for the medical examination at the time of employment prescribed in Article 43, 47 or 48 of the Ordinance on Industrial Safety and Health or the medical examination prescribed in paragraph (4), Article 66 of the Industrial Safety and Health Act.
- 2. Use the following formula to calculate BMI.

BMI = Image 3

- 3. For "Visual acuity," fill in the naked-eye vision outside the parentheses and fill in the corrected vision inside the parentheses.
- 4. For "Other legally required examinations," fill in the results of examinations other than those for which entry sections are provided in the form from among health examinations prescribed in Article 47 of the Ordinance on Industrial Safety and Health and paragraph (4), Article 66 of the Industrial Safety and Health Act.
- 5. For "Diagnosis by physician," fill in the diagnosis of the physician such as "normal," " close examination necessary" or "treatment necessary."
- 6. For "Opinion of physician," fill in the physician's opinion about measures necessary for the worker to engage in work if any abnormality is found during the medical examination.
- 7. For "Examination by dentist," entry must be made when the medical examination prescribed in Article 48 of the Ordinance on Industrial Safety and Health is performed.
- 8. For "Opinion of dentist," fill in the dentist's opinion about measures necessary for the worker to engage in work if any abnormality is found during the dental examination.

Medical Examination Card

Name		Date of bird		birth	MM/DD/YY		Date of employment		MM/DD/YY		
			Gender		Male /	Female					
Date of media	cal examination										
Age											
Name(s) of other legally required											
special medical examination(s)											
Work history											
Anamnesis											
Subjective symptoms											
Objective syn	mptoms										
Height (cm)											
Weight (kg)											
BMI											
Visual acuity	Right	()	(()		()		()		()	
	Left	()	(()		()		()		()	
Hearing	Right 1000 Hz	1. Normal 2. Abnormal	1. Normal 2. Abno	ormal	1. Normal	2. Abnormal	1. Normal	2. Abnormal	1. Normal	2. Abnormal	
	4000 Hz	1. Normal 2. Abnormal	1. Normal 2. Abno		1. Normal	2. Abnormal	1. Normal	2. Abnormal	1. Normal	2. Abnormal	
	Left 1000 Hz	1. Normal 2. Abnormal	1. Normal 2. Abno	ormal	1. Normal	2. Abnormal	1. Normal	2. Abnormal	1. Normal	2. Abnormal	
	4000 Hz	1. Normal 2. Abnormal	1. Normal 2. Abno	ormal	1. Normal	2. Abnormal	1. Normal	2. Abnormal	1. Normal	2. Abnormal	
	Test method	1. Audiometer 2. Others	1. Audiometer 2. Othe	ers	1. Audiometer	2. Others	1. Audiometer	2. Others	1. Audiometer	2. Others	
Thoracic X-ra	ay examination										
Film number		Direct Indirect	Direct Indir	rect	Direct	Indirect	Direct	Indirect	Direct	Indirect	
		Date of examination	Date of examination		Date of examin	nation	Date of examin	nation	Date of examin	nation	
		No.	No.		No.		No.		No.		
Phlegm exam											
Blood pressur											
Anemia test	Hemoglobin content (g/dl)										
	RBC count										
	(10,000 cell/mm3)										
Hepatic	GOT (IU/I)										
function test	GPT (IU/I) γ-GTP (IU/I)										
	Total cholesterol										
Blood lipid level	(mg/dl)										
	HDL cholesterol										
	(mg/dl)										
	Triglycerides (mg/dl)										
Blood sugar l	evel (mg/dl)										
Urinalysis Sugar Protein				Image 5		Image 6		Image 7		Image 8	
		Image 9	Image 10			ge 11	Image 12		Image 13		
Examination electrocardios											
	J F J		<u> </u>				<u> </u>		<u> </u>		

Date of examination	Date	Date	Date	Date	Date
Other legally required examinations					
Other examinations					
Diagnosis by physician					
Name of physician who performed examination: Seal					
Opinion of physician					
Name of physician who provided opinion: Seal					
Examination by dentist					
Name of dentist who performed examination: Seal					
Opinion of dentist					
Name of dentist who provided opinion: Seal					
Remarks					

Notes:

- 1. This card shall be used for the medical examination prescribed in Article 44 or 45, or Articles 46 to 48 of the Ordinance on Industrial Safety and Health, the medical examination prescribed in paragraph (4), Article 66 of the Industrial Safety and Health Act (except those performed at the time of employment) or the medical examination prescribed in Article 66-2 of said Act.
- 2. For "Name(s) of other legally required special medical examination(s)," select the applicable number(s) from the following when the legally required medical examination is required because the relevant worker is engaged in the specified work.
 - (1: Organic solvent, 2: Lead, 3: Tetraalkyl lead, 4: Specified chemical substances, 5: Work under high pressure, 6: Ionizing radiation, 7: Asbestos, 8: Pneumoconiosis)
- 1. Use the following formula to calculate BMI.

$$BMI = Image 14$$

- 2. For "Visual acuity," fill in the naked-eye vision outside the parentheses and fill in the corrected vision inside the parentheses.
- 3. For "Hearing," circle "1" when an audiometer is used, and circle "2" when any other method is used. When a hearing test that is deemed appropriate by the physician is performed pursuant to the provision of paragraph (5), Article 44 of the Ordinance on Industrial Safety and Health, fill in the test results in the section "1,000 Hz" without distinguishing 1,000 Hz from 4,000 Hz.
- 4. For "Other legally required examinations," fill in the results of the health examination other than those for which the entry sections are provided in the form from among the medical examinations prescribed in Article 47 of the Ordinance on Industrial Safety and Health and those performed in accordance with the instruction of the Director of the Prefectural Labour Bureau pursuant to the provision of paragraph (4), Article 66 of the Industrial Safety and Health Act.
- 5. For "Diagnosis by physician," fill in the diagnosis of the physician such as "normal," "precision test necessary" or "treatment necessary."
- 6. For "Opinion of physician," fill in the physician's opinion about measures necessary for the worker to engage in work if any abnormality is found during the medical examination.
- 7. For "Examination by dentist," entry must be made when the medical examination prescribed in Article 48 of the Ordinance on Industrial Safety and Health is performed.
- 8. For "Opinion of dentist," fill in the dentist's opinion about measures necessary for the worker to engage in work if any abnormality is found during the dental examination.

Medical Examination Card for Worker Dispatched Overseas (Before Dispatch/After Return)

1				1		T	
			Date of			Date of	
Name			birth			examination	
Name			Gender	Ma	le / Female	Age	
Work history		11.	And	emia test	Hemoglobin content (g/dl)		
						RBC count (10,000 cell/mm³)	
Anamnesis				He	patic function	GOT (IU/l)	
					t	GPT (IU/l)	
						γ-GTP (IU/l)	
Subjective s	zymntoms			Blood lipid leve		Total	
bubjective s	ymptoms			Dio	ou lipiu level	cholesterol	
						(mg/dl)	
						HDL	1
						cholesterol	
						(mg/dl)	
Objective sy	mntoma			1		Triglycerides	
Objective sy	шрюшь					(mg/dl)	
				Dlo	od sugar level (
						_	T 15
TL: 1// \		-			nalysis	Sugar	Image 15
Height (cm)		-		-		Protein	Image 16
Weight (kg)					Examination by		
BMI					ctrocardiograph		
Visual acuity	Right	()		ms that physici essary	an considers	
	Left	()				
Hearing	Right						
	$1000~\mathrm{Hz}$	1. Normal					
		2. Abnorma	1				
	$4000~\mathrm{Hz}$	1. Normal					
		2. Abnorma	L				
	Left						
	1000 Hz	1. Normal					
		2. Abnorma	al				
	$4000~\mathrm{Hz}$	1. Normal					
		2. Abnorma	1				
Thorneis V-	rav	Direct / Ind	iroet	1			
Thoracic X-ray examination		Direct / IIIa	11 60 0				
CAMIIIIANUII							
Film number		Date of examination No.					
					Other examinations		
				Diagnosis by physician			
					me of physician		
					formed examin		
Phlegm examination					inion of physici		
Blood pressure (mmHg)				Name of physician who provided opinion: Seal			
Remarks				, -P-			
		11					

Notes:

- $1. \quad \text{This card shall be used for the medical examination prescribed in Article 45-2 of the Ordinance on Industrial Safety and Health.}$
- 2. Circle "Before Dispatch" or "After Return" in the title as appropriate.
- 3. Use the following formula to calculate BMI.

$$BMI = Image 17$$

- 4. For "Visual acuity," fill in the naked-eye vision outside the parentheses and fill in the corrected vision inside the parentheses.
- 5. For "Diagnosis by physician," fill in the diagnosis of the physician such as "normal," "precision test necessary" or "treatment necessary."
- 6. For "Opinion of physician," fill in the physician's opinion about measures necessary for the worker to engage in work if any abnormality is found during the medical examination.