義守大學 新進教職員工健康檢查紀錄表(一般教職員工適用)

I-SHOU University New Staff Health Exam Form

姓 名 Full name		單位		職 號 Staff no.			
身分證字號		出生日期		性別			
(ID or Passport no.)		Date of Birth		Sex			
地 址 Address				行動電話 Cell phone no.			
Address		·····································	lical history	cen phone no.			
以往病史 Past medical history	•	<i>7</i> (7) =	<u>y</u>				
自覺症狀 Subjective symptoms							
作業經歷 Work/Study Experier	nce:						
		一般檢查 Ge	neral inspection				
體格 Physique	身高(Height):	cm	體重(Weight)	: kg	腰圍(Waist):_	cm	
血壓 Blood Pressure ;	ム原(DD):	/	mmHg	· 账 插(D)		-tr/min	
脈搏 Pulse Rate	亚/坠(DP)·	/	minng	,	·	_ 火/ IIIII	
視力 Vision	裸視	右/R:		矯正	右/R:		
かしり Vision	Uncorrected	左/L:		Corrected	左/L:		
辨色力 Color Vision	□正常(Norn	nal)	□異常(Abnormal)	:			
聽力 Hearing	右/R:□正常	(Normal)	」異常(Abnormal)	:			
no// Hearing	左/L:□正常	(Normal)]異常(Abnormal):	<u> </u>			
		理學檢查 Phys	ical examinations				
皮膚Skin :			頭頸部 Head & N	Veck:			
胸部 Chest:			肺部Lungs:				
腹部 Abdomen:			心臓 Heart:				
口腔 Oral Cavity:	其他 Others:						
肌肉、骨、關節 Muscles/Bon							
	實易		ratory Examinatio				
白血球 WBC				高密度脂蛋白膽固醇 HDL-C		mg/dL	
血色素 Hb			肌酸酐 Creatinine			mg/dL	
空腹血糖 AC sugar			尿酸 Uric acid			mg/dL	
總膽固醇 T-cholestero(CHOL)			肝功能 SGPT			U/L	
三酸甘油酯 Triglyceride(TG)		mg/dI					
尿液 Urine: 尿蛋白 Protein		尿潛血 Occ	eult Blood ()				
胸部 X 光 Chest X-Ray(大片)):						
總評建議 Comments and Suggestions							
醫師簽章Doctor's Signature 證書字號Identification num			_	日期Date:_			

請務必加蓋機關印章,否則視同無效。Not valid if without the institution's seal.

生活型態 Lifestyle				
	請勾選最合適的選項 Tick the box that best describes your lifestyle:			
1.	過去7天內(不含假日),睡眠習慣:			
	How much did you sleep during the past 7 days (not including weekends, or days off)?			
	□①每日睡足7小時; ≥7 hours a day □②不足7小時; <7 hours a day			
	□③時常失眠;I suffer from insomnia			
2.	過去7天內(不含假日),早餐習慣:			
	How many days did you eat breakfast during the past 7 days (not including weekends, or			
	days off)?			
	□①都不吃; Never □②有時吃; Seldom, 天 days			
	□③每天吃,幾點吃?點; Every day at (time)?			
3.	過去一個月內(不含假日及寒暑假),若以每週至少運動3次,每次至少30分鐘為			
	基準,心跳達每分鐘 130下,您做到了嗎? During the past month (not including			
	weekends, days off, or winter or summer vacation), have you exercised three times a week,			
	for at least 30 minutes each time, and achieving a heartbeat rate of 130 bpm each time? :			
	□①有;Yes □②沒有;No			
4.	過去一個月內,吸菸行為 During the past month, did you smoke?:			
	□①不吸菸;No □②時常吸菸;Often □③每天吸菸,支/天;Every day:			
	#cigarettes per day			
5.	過去一個月內,喝酒行為 During the past month, did you drink alcohol?:			
	□①不喝酒;No □②時常喝酒;Often □③每天喝酒,杯/天;Every day:			
	#glasses per day			
	□④已戒除;Quit			
	(1 杯的定義:啤酒 330 m1、葡萄酒 120 m1、烈酒 45 m1)			
	(Note for ③: please say how many glasses, 'one glass' means: beer 330 ml, wine 120 ml,			
	liquor 45 ml)			
6.	常覺得焦慮、憂鬱嗎 Do you feel worried or depressed?			
	□①沒有;No □②很少;Seldom □③時常;Often			
7.	常覺得胸悶嗎 Do you regularly feel chest discomfort?			
	□①沒有; No □②很少; Seldom □③時常; Often			
8.	常覺得胃痛嗎 Do you regularly feel stomach discomfort?			
_	□①沒有; No □②很少; Seldom □③時常; Often			
9.	常覺得頭痛嗎 Do you regularly have headaches?			
_	□①沒有; No □②很少; Seldom □③時常; Often			