**National Taiwan University**

**New Employees Physical Health Questionnaire**

Date of examination（yyyy/mm/DD） / /

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| **1. Basic Information:**  a. Name： b. Gender：□ Male □ Female  c. ID/Passport Number： d. Date of Birth(yyyy/mm/DD)：\_\_\_\_\_/\_\_\_\_/\_\_\_\_  e. Department / Institute：  f. Date of Employment(yyyy/mm/DD)：\_\_\_\_\_/\_\_\_\_/\_\_\_\_ g. Phone：  h. Date of examination(yyyy/mm/DD)：\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_ i. E-mail：  **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 the past 1 month, the average weekly working hours: \_\_\_\_\_\_ hours;  In the past 6 months, the average weekly working hours: \_\_\_\_\_\_ hours.  **3. Reason for Examination:** □ New employees □ Regular Examination  **4.Personal Medical History:**  Have you ever had underlying chronic diseases: (please mark in front of the appropriate items.)  □Hypertension □Diabetes Mellitus □Heart Disease □Cancer □Stroke/CVA □Seizure/Epilepsy □Asthma □Chronic bronchitis、Emphysema □Tuberculosis □Renal Disease □Liver Disease □Anemia  □Cataract □Otitis Media □Hearing Impairment  □Reflux Esophagitis /GERD □Peptic Ulcer 、Gastritis  □Thyroid Disease □Other Chronic Diseases  □Bone Fracture □Operation History □**None** |
| **5. Life Style Habits** |
| a. Have you ever been smoking in last 1 month?  □ Never smoke  □ Occasionally used, not every day  □ 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 every day  □ 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 every day  □ 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 sleep hours: \_\_\_\_ hours. |
| **6. Self-awareness Symptoms:**  In the previous 3 months, have you frequently suffered from any of the symptoms listed below?  (Please mark in front of the appropriate items.)  □Cough □Productive cough/Sputum □Short of breath/Dyspnea □Chest pain □Palpitations □Dizziness □Headache □Tinnitus □Fatigue □Nausea □Abdominal pain □Diarrhea □Constipation □Bloody or tarry stool □Upper back pain □Lower back pain □Numbness in extremities  □Arthralgia □Discomfort while urinating or dysuria □Frequent urination or polyuria  □Weakness of extremities □Body weight loss >3kg □Other discomfort symptoms □**None** |

* 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. For more information about New Employees Physical Health Examination, visit our website at <https://esh.ntu.edu.tw/epc/index.php?id=NTE2#a>
* New Employee Physical Health Examination items should include：

1. Employment history, past medical history, life style habits, and self-aware symptoms.
2. Height, weight, waist circumference, visual acuity, color blindness test, hearing test, blood pressure, and physical examination of each system (head and neck, respiratory system, cardiovascular system, digestive system, nervous system, musculoskeletal system, and skin).
3. Chest X-Ray (in a large film) examination.
4. Urianalysis: urine protein and urine occult blood.
5. Blood tests: Hemoglobin and white blood cell count.
6. Blood biochemical tests: fasting blood glucose, alanine aminotransferase (ALT), creatinine, cholesterol, Triglyceride, High-density lipoprotein cholesterol.

* Caution:

1. Blood test—Please DO NOT eat or drink anything except water and fast for 6 to 8 hours before the test.
2. Urine test—Collect a midstream urine sample on the day of the test and submit it for analysis. For menstruating female patients, please collect the urine sample at least 3 days after menstruation ends.
3. Chest X-ray—Please inform the staff if you are pregnant. Clothing and undergarments that do not contain metal do not need to be removed.

* Submission Methods of Physical Health Examination Report:

New employees need to complete the health examination prior to your first day of work and provide a New Employees Physical Health Questionnaire and copy of your Physical Health Examination report to the Environmental Protection & Occupational Safety & Health Center.