UCMG 聯康醫療
UCMG Management Limited

Expatriate Preemployment Medical Check Up Requirement
外地雇員雇用前的體格檢查要求

Non-Food Handling Staff 非處理食物之職員	Food Handling Staff 處理食物之職員
Medical Questionnaires 體格問卷 Blood Pressure & Pulse 血壓 & 脈搏 Body Weight 體重 Body Height 身高 Visual Acuity & Color Vision 視力 & 辨色 Current Medications 使用藥物情況 Back / Lifting Problems 背 / 拿重物情況 **Lab Report:** **化驗室報告** Chest X-Ray 肺部X-Ray Hemoglobin 血紅素 Urinalysis for Glucose and Albumen 尿液測試尿糖和尿蛋白	Medical Questionnaires 體格問卷 Blood Pressure & Pulse 血壓 & 脈搏 Body Weight 體重 Body Height 身高 Visual Acuity & Color Vision 視力 & 辨色 Current Medications 使用藥物情況 Back / Lifting Problems 背 / 拿重物情況 **Lab Report:** **化驗室報告** Chest X-Ray 肺部X-Ray Hemoglobin 血紅素 Urinalysis for Glucose and Albumen 尿液測試尿糖和尿蛋白 Hepatitis Bs antigen _ HbsAg 乙型肝炎表面抗原 (Ps. If HbsAg positive, HbeAg is requested) (備註.若表面抗原陽性則須驗e抗原) Stool examination for parasites/ ova 大便檢驗寄生蟲 / 蟲卵

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Personal Particulars 個人資料

姓名 Name 中文 _____ English _____ 護照號碼 Passport No. _____

公司 Company _____ 性別/年齡 Sex / Age _____ / _____ 婚姻狀況 Marital Status _____

電話 Telephone 住宅 Res. _____ 公司 Office _____ 手提 Mobile _____

通訊地址 Corresponding Address _____

_____

平均體重 Average Weight: _____ 磅 lbs 平均身高 Average Height: _____ 厘米 cm

For pre-employment check up 只供入職前檢查

Position 職位: _____ ☐ Outdoor 室外 ☐ Indoor 室內

Job Nature 工作性質: ☐ Clerical 文書 ☐ Management 管理 ☐ Vigorous 勞動性 ☐ Machine handling 須操作機器

**The following information including self declaration, medical examination, physician's comment and laboratory results will not be disclosed to any 3rd party unless it is authorized or consented by the examinee.

**有關以上之個人資料、病歷、醫生評估及化驗報告，除得到檢查者之受權外，將不會透露予第三者。

Please (✓) the appropriate box 請 (✓) 適合的方格

1. Family History 家人的病歷

(including Father, Mother, Brother/s and Sister/s 包括父親、母親及兄弟姊妹) Yes 有 ☐ No 無 ☐

Heart Disease/s 心臟病	☐	Hypertension 高血壓	☐	Stroke 中風	☐
Diabetes 糖尿病	☐	Kidney Disease/s 腎病	☐	High Cholesterol 高膽固醇	☐
Cancer 癌病	☐	Lung Disease/s 肺病	☐	Thalassemia 地中海貧血病	☐

2. Habits of Alcoholic Drinking and/or Smoking 飲酒及吸煙的習慣 Yes 有 ☐ No 無 ☐

Alcoholic Drinking 飲酒 ☐ Years 飲酒的年數: _____ Occasional 間中 ☐ Quite frequent 經常 ☐

Smoking 吸煙 ☐ Years 吸煙的年數: _____ ___ piece/ day 每天 _____ 枝

3. Habit of physical exercises 運動的習慣

No exercise 從不運動 ☐

Occasional 間中運動 ☐ ____ / week 每週次數 _____ 次

Quite frequent 經常運動 ☐ ____ / week 每週次數 _____ 次

What sort of sport/ exercise 那類運動: _____

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4. Sleeping Habit 睡眠的習慣

Good
經常保持良好的睡眠 ☐

Sleeping: not sufficient
睡眠不足 ☐

Not Asleep-Occasional or quite frequent
間中或經常失眠 ☐

5. Eating habit 飲食的習慣

	Y有	N否		Y有	N否
a. Daily habit with breakfast, lunch and dinner 有定時每天吃早、午、晚三餐的習慣	☐	☐	b. breakfast everyday 吃早餐的習慣	☐	☐
c. Habitual late supper before sleeping 吃宵夜的習慣	☐	☐	d. habitual snack 吃零食的習慣	☐	☐

Medical History 過往病歷

So far as you know have you ever had or been treated for or been told you had any disease or disturbance of :
就閣下所知曾否患有以下疾病或機能失調及/或因此接受治療 :

	Yes 是	No 否
1. Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack, shortness of breath, poor circulation or other disorder of the heart? 胸痛、心悸、高血壓、風濕性熱、心雜音、心臟病發、呼吸困難、血液循環不良或其他心臟疾病?	☐	☐
2. Respiratory disorder, shortness of breath, blood spitting, persistent hoarseness or cough, bronchitis, pleurisy, asthma, emphysema or tuberculosis? 呼吸器官疾病、呼吸困難、吐血、持久沙啞或咳嗽、支氣管炎、胸膜炎、哮喘、肺氣腫或肺結核?	☐	☐
3. Jaundice, hepatitis, ulcer, colitis, gallstones, diverticulitis, recurrent indigestion or other disorder of the stomach, intestines, liver or gallbladder? 黃膽病、肝炎、潰瘍、結腸炎、膽石、憩室炎、經常消化不良或其他胃、腸、肝或膽的疾病?	☐	☐
4. Sugar, albumin, blood or pus in urine, stone or other disorder of kidney, bladder, prostate or reproductive organs? 尿中有糖、蛋白、血或膿、腎、膀胱、前列腺或生殖器官結石或其他疾病?	☐	☐
5. Disorder of eye or ear, dizziness, convulsions, epilepsy, headaches, speech defect, paralysis or stroke? 眼或耳的疾病、暈眩、痙攣、癲癇、頭痛、語言缺陷、癱瘓或中風?	☐	☐
6. Any history of Mental / Psychological problem 曾患有精神病?	☐	☐
If "yes", the diagnosis is 若"是", 診斷爲: _____		
a. Recovered, no follow-up 已痊癒, 不用覆診	☐	☐
b. Recovered, with regular follow-up 已痊癒, 須定期覆診	☐	☐
c. On medication with regular follow-up 須定期服藥及覆診	☐	☐
Please list the name of medication(s) 請填寫所服藥物之名稱: _____		
7. Diabetes, thyroid or other endocrine (glandular) disorder? 糖尿、甲狀腺或其他腺系統的疾病?	☐	☐
8. Deformity, lameness or amputation, disorder of the spine, back, neck joints, muscles, bone, nerves including neuritis, sciatica, rheumatism, arthritis or gout? 畸形、跛或斷肢、脊椎骨、背部、頸、關節、肌肉、骨、神經系統的疾病包括神經炎、坐骨神經痛、風濕、關節炎或痛風?	☐	☐
9. Cancer, tumor, cyst or disorder of the skin or lymph gland? 癌症、腫瘤、囊腫或皮膚或淋巴腺的疾病	☐	☐

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	Yes 是	No 否
10. Congenital disorder, allergies, anemia, leukemia or other disorder of blood? 先天性的疾病、敏感、貧血、壞血病或其他血的疾病?	☐	☐
11. Alcoholism or drug abuse?酗酒或濫用藥物?	☐	☐
12. Venereal disease, AIDS, AIDS-related complex or AIDS-related conditions? Have you had any blood test for the HIV virus? 性病、愛滋病、與愛滋病有關的併發症或狀況? 你曾否接受愛滋病病毒的測驗?	☐	☐
13. Autoimmune disorder, lupus erythematosis or rheumatoid arthritis? 免疫系統疾病、紅斑狼瘡或類風濕關節炎?	☐	☐
14. Within the past five years have you had any operations, hospital care, medical tests (including mammogram, ultrasound or biopsies), X-ray, medical treatment or any other treatment or examination not mentioned above (exclude consultations for minor complaints, such as flu, cold, as well as pre-employment medical examination which did not lead to any further investigation or treatment) ? 在過去五年內你曾否接受手術、入院療養、X光檢驗、內科治療、體格檢驗 (包括乳X-光、超聲波或活體檢視) 或以上未提及的治療 (普通病症如傷風、感冒及受聘前的健康檢查而不需要額外檢驗和治療者除外)?	☐	☐
15. Any drug sensitive or food sensitive 曾否有藥物或任何食物敏感	☐	☐
16. Are you currently taking any medication? 你目前是否接受治療或服用藥物?	☐	☐

If the above is 'yes', please describe in detail (please list the name of medication)
如答案爲『有』請詳細說明 (請列明藥物名稱) :

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17. Any vaccination for Hepatitis A or/and Hepatitis B 曾否接受甲/乙型肝炎預防針	☐	☐
18. Has your weight changed more than 10 lbs in the past year? 過去一年內，體重曾否有十磅以上增減	☐	☐
19. Any Neck, Back or Spinal injury 曾否頸、背或脊骨受傷	☐	☐
20. A Hepatitis B Carrier 是否乙型肝炎帶菌者	☐	☐
21. Any chronic illness requiring long term medication 現在或過去曾否有慢性疾病需接受長期藥物治療	☐	☐
22. Within last 12 months, is there any bodily change significant of the followings 最近之一年內身體有否以下之徵狀:		
a. Blood in bowel or dark black stool 大便出血或排出黑色大便	☐	☐
b. Any unexpected change in bowel habit 大便的習慣無故改變	☐	☐
c. Any unexpected change in urination 小便的習慣無故改變	☐	☐
d. Unhealed wound/ Increased/enlarged Nevus or skin problem 傷口不能復原/皮膚痣明顯加多	☐	☐

If the above is 'yes', please describe in detail 如答案爲『有』請詳細說明 :

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	Yes 是	No 否
23. Gynecological questions 婦科問題 (For ladies only 女性須回答以下問題)		
a. Last menstruation 上次月經日期 (____year 年 ____month 月 _____day 日)		
b. Are you pregnant now 閣下現在是否懷孕？	☐	☐
c. Any change in menstrual cycle 月經週期有否改變？	☐	☐
d. Any contraception 有否採用任何的避孕方法？	☐	☐
e. Any Period Pain (Dysmenorrhoea) 是否有經痛現象？	☐	☐
f. Any gynecological problems in the past 過往曾否患有婦科病？	☐	☐

If the above is 'yes', please describe in detail 如答案爲『有』請詳細說明：

_____

Declaration 聲明

I authorize doctor/s and laboratory to release the results to UCMG for the medical evaluation, and to the employer.
本人就此授權醫生及化驗室可將有關本人體格檢查之結果交予 UCMG 及僱主。

Signature 簽名：_____ **Date 日期：**_____