

**National Taiwan University of Science and Technology**  
**New Staff(About staff / postdoctoral fellow / teacher)**  
**General Physical Examination Instruction**

**The general physical examination is mandatory and required by law for every new staff . Before you go to work, please complete the medical examination and provide a copy of the report to the Environment and Safety office in room IB-1121.**

If you can not give a physical examination report before working, you can submit an English questionnaires to the staff office. But you still will need to give the physical examination report to the environmental and safety office within 2 weeks.

Our school has a Cooperative hospital(啟新 clinic) that it can do physical examination , and the cost of NT \$ 600, please make an appointment or call to ask the Internet.

啟新 clinic website: <http://www.ch.com.tw/> ; TEL: 02-25070723 ; contact Mail:doctors@mail.ch.com.tw

Physical examination report content should include height, weight, waist circumference, urine analysis, blood test, and x-ray.

Note:

1. If you have any medical information problem, you can contact your medical examination unit.
2. The physical examination report collected question, contact: Miss Yu, mail:amandayu@mail.ntust.edu.tw
3. Other issues can go to the NTUST OES website / safety and health group / health check page. (<http://www.she.ntust.edu.tw/files/11-1010-6296.php?Lang=en-us>)

# The Physical and Mental Health Questionnaire of the Family Medicine Department

Based on the revised labor health protection rules in 2014, 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. 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 Seizure/Epilepsy Asthma  
Chronic bronchitis 、Emphysema Tuberculosis Renal Disease\_\_\_\_\_ Liver Disease\_\_\_\_\_  
Anemia\_\_\_\_\_  
Cataract Otitis Media Hearing Impairment  
Reflux Esophagitis 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 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  Already quitted for \_\_\_\_ years \_\_\_\_ months.  
 Almost every day used , drink \_\_\_\_ times **per week** with mostly \_\_\_\_\_ for \_\_\_\_ bottles each time
- 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 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 >3kg Other discomfort symptoms\_\_\_\_\_ None