**南投縣鹿谷鄉衛生所**

**食品從業人員健康檢查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 檢查日期： | 年 月 日 | | | | | | | | | | | | | 鹿衛食檢字第 號 | | | | |
| 姓名 | |  | | | | | | | | | | | | | | 照 片 黏 貼 處  (加蓋騎縫章) | | |
| 性別 | | □男 | | | | | □女 | | | | | | | | |
| 出生 | |  | 年 | |  | | | 月 | |  | | | 日 | | |
| 身份證字號 | |  | | | | | | | | | | | | | |
| 電話 | |  | | | | | | | | | | | | | |
| 住址 | |  | | | | | | | | | | | | | |
| 檢查紀錄 | | | | | | | | | | | | | | | | | | |
| 身 高 | |  | | 公分 | | | | | 體 重 | | | | | |  | | | 公斤 |
| 手部皮膚病 | |  | | | | | | | | | | | | | | | | |
| 出疹膿瘡 | |  | | | | | | | | | | | | | | | | |
| 結核病(X光) | |  | | | | | | | | | | | | | | | | |
| 糞便傷寒檢查 | |  | | | | | | | | | | | | | | | | |
| A型肝炎 | | IgM抗體**：** | | | |  | | | | | | IgG抗體**：** | | | | |  | |
| 梅毒檢查 | |  | | | | | | | | | | | | | | | | |
| 愛滋病篩檢 | |  | | | | | | | | | | | | | | | | |
| 醫師簽章及證書字號 | |  | | | | | | | | | 醫字第18412號 | | | | | | | |
| 醫療機構地址及電話 | | 南投縣鹿谷鄉中正路二段20號 049-2752002 | | | | | | | | | | | | | | | | |

註：

1. 如提具A型肝炎免疫力證明者，得免驗該項。
2. IgM抗體陽性表A型肝炎急性期，具感染力，不得從事與食品接觸之工作。
3. IgG抗體陽性表曾感染過，已具免疫力。
4. IgM抗體和IgG抗體皆陰性表未曾感染，建議施打疫苗。
5. 梅毒檢查與愛滋病篩檢較費時，迨報告驗出，若陽性屬第三類法定傳染病，會自動列入通報。

(蓋關防處)