

Declaration to Collect, Process, and Use Personal Information

The Center of Environmental Protection and Occupational Safety & Health of Tunghai University (hereafter the Center) is collecting your personal health information as is appropriately regulated in Article 8 of the Personal Data Protection Act. Please read the following carefully and grant us your approval. If you are under 20 of age, please have your legal representative read, understand, and agree on the content.

Checking "agree" means you agree on the content of this form and modification.

I. Purpose of Collection: In accordance with the "Labor Health Protection Regulations" and the "Occupational Safety and Health Act," general and special health examinations are implemented to improve the health management of Tunghai students and faculty.

II. Personal Data Categories.

(1) Basic personal information: including student/work number, department of study, workplace, name, date of birth, gender, ID card number (or residence permit number), contact phone number, email address, type of insurance, and date of arrival.

(2) Basic health information: including career experience, past medical history, current symptoms, special diseases or health precautions, hereditary medical history, etc.

(3) Daily Habits

(4) Self Health Evaluation

(5) Health Check Items:

i. Physical examination (parts or whole): height, weight, waist circumference, visual acuity, color discrimination, hearing, blood pressure, etc.

ii. Laboratory tests: urine, blood routine, blood glucose, serum prolaminotransferase (alt), creatinine, cholesterol. Triglycerides, HDL cholesterol, and LDL cholesterol.

iii. Chest x-ray (large film)

iv. Other examinations designated by the central authorities concerned.

v. Special physical examinations should be conducted according to the type of work that is particularly hazardous to health, as determined by law.

III. Period, area, target, and method of using personal information.

(1) Period: During the period of study and employment, and in accordance with the retention period of reports stipulated in the Labor-Health Protection Regulations.

(2) Area: Taiwan (including Penghu, Kinmen, and Matsu areas) or areas authorized for use by students and faculty.

(3) Target: The related units as stipulated by law.

(4) Method: In accordance with the legal provisions.

IV. In accordance with Article 3 of the Personal Data Protection Act, you may exercise the following rights with respect to your personal information held by the University.

(1) Inquiries, requests for access, or requests for copies.

(2) Request a supplement or correction, but you are required by law to provide an explanation.

(3) Request to stop collecting, processing, using, or deletion. (Except for the part required to be retained by law)

V. You are free to choose whether or not to provide the relevant personal information.

You are free to choose whether or not to provide your personal information. However, if you refuse or provide incomplete information, the University will not be able to render full care and health management for you. The University reserves the right to deny the application in accordance with the provisions of the Personal Data Protection Act; if your rights are fringed as a result of your exercising such rights, the University will not be held liable.

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The University has informed me of the above, and I understand clearly the purpose and use of my personal data as to how they are collected, processed, or used by the University.

I have read and consented to the content of the form.

Signature: _____

Month Date, Year: _____

Signature of Legal Representative: _____

Month Date, Year: _____

Medical Examination Form for New Recruits to Tunghai University

I. Basic Information

1. Name: _____
2. Gender: Male Female
3. I.D. Number (or passport number): _____
4. Date of Birth: _____
5. Starting Date of Employment: _____
6. Date of Health Examination: _____
7. Workplace: _____
8. Contact Number: _____
9. Email: _____

II. Past Employment: _____

1. Used to work at/as _____

Starting Date: _____ (MM/DD/Yr.)

Ending Date: _____ (MM/DD/Yr.)

2. Current Employment at/as _____

Starting Date: _____ (MM/DD/Yr.)

Ending Date: _____ (MM/DD/Yr.)

3. In the past 1 month, the average weekly working hours were: _____ hours;

In the past 6 months, the average weekly working hours were: _____ hours

III. Time of Health Check (Reason):

- Recruit upon hiring
- Regular health check

IV. Medical History

Did you have the following chronic diseases (please check)

- hypertension diabetes heart disease
- cancer _____ cataracts stroke epilepsy
- asthma chronic bronchitis, emphysema tuberculosis kidney disease liver disease anemia
- Otitis media Hearing impairment Thyroid disease Peptic ulcer, gastritis Reflux esophagitis
- Fracture Surgical operation Other chronic diseases None of the above

V. Daily Habits

1. Did you smoke in the past month?

- Never Sometimes (not every day)
- (nearly) Every day: _____ cigarettes per day on the average for _____ years
- Already quit for _____ year(s) _____ months

2. Have you chewed betel nut in the last 6 months?

- Never chewed betel nut Occasionally (not daily)
- (nearly) Every day: _____ betel nuts per day on the average for _____ years
- Already quit for _____ year(s) _____ months

3. Did you drink wine in the past month?

- Never Sometimes (not every day)

(nearly) Every day: _____ times per week on the average. Most frequently what kind of wine: _____; and (how many) _____ bottles each time?

Already quit for _____ year(s) _____ months

4. How many hours do you sleep per day on average during the weekdays? _____

VI. Self-perceived symptoms: Have you had any of the following symptoms in the last three months: (Please check the appropriate box)

cough sputum dyspnea chest pain palpitations dizziness headache tinnitus

lethargy nausea abdominal pain constipation diarrhea bloody stool upper back pain lower back pain

Numbness and pain in hands and feet Pain in joints Discomfort in urination Polyuria, frequent urination Muscle weakness in hands and feet

Weight loss of more than 3 kg Other symptoms None of the above

Important Notice:

1. New faculty members are requested to fill out the above form with basic information, career experience, examination period, medical history, living habits, and self-reported symptoms.

2. In accordance with Article 20 of the Occupational Safety and Health Law, employers shall conduct physical examinations when employing workers; the following health examinations shall be conducted for in-service workers.

(1) Regular Health Check

(2) Special health examination for those engaged in special health hazard operations.

(3) Designated by the central authority concerned as a specific target and specific items of health examination.

3. In accordance with Article 14 of the Labor-Health Protection Regulations, when an employer employs a worker, in addition to the inspection items outlined in the attached Table 8, the employer shall implement special physical examinations in accordance with the types of careers and the health check items outlined in Table 9. However, the following circumstances can be exempted from the preceding general physical examination.

(1) Temporary or short-term jobs not of a continuous nature and less than six months.

(2) Health examination requirements have been regulated elsewhere.

(3) Other announcements designated by the central authority concerned.

This physical examination and subsequent health examination data will provide the University with important reference information for occupational safety and health management.

4. Failing to participate in the medical examination for new employees without any reason will lead to a fine of up to NT\$3,000 according to Article 46 of the Occupational Safety and Health Law. The employer shall keep the relevant examination records for 7~30 years.

*** I have read and understood the relevant instructions and the information provided is factual.**

Signature (please print):

Service Unit:

Date: _____ (Month) _____ (Date), _____ (Year)

==== [The following is to be completed by medical personnel. Or you may provide a medical report of an accredited institution for medical examination within the valid date] ====

If you are under 40 years of age, please provide a physical (health) examination report within the last 5 years; 40 years of age or older but under 65, within the last 3 years; 65 years of age or older, within the last 1 year. If you were previously engaged in special hazardous health operations (as in Attachment I), you must also provide a special health examination report for the most recent year.

Check Date: _____ Name: _____

VII. Check Items:

1. Height: _____	2. Weight: ___ kg/ Waistline: _____ cm
3. Blood Pressure: _____ mmHg	4. Visual acuity (correction): Left___ Right___ Color discrimination test: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
5. Hearing: <input type="checkbox"/> normal <input type="checkbox"/> abnormal	
6. Physical examination and consultation of various system parts	
(1) Head and neck (conjunctiva, lymph glands, thyroid gland)	
(2) Respiratory	
(3) Cardiovascular system (heart rhythm, heart murmur)	
(4) Digestive system (jaundice, liver, abdomen)	
(5) Nervous system (sensory)	
(6) Musculoskeletal system (extremities)	
(7) Skin	
(8) Consultation (self-conscious symptoms and sleep quality, etc.)	
7. Chest X-Ray	
8. urine examination: urine protein urine blood	9. Blood tests: hematocrit, white blood cells
10. Biochemical blood tests: blood glucose serum prolamine transaminase (Alt) creatinine cholesterol triglycerides high-density lipoprotein cholesterol (HDL)	
11. Other inspections required by the central authorities concerned	

VIII. Handling and attention (you may tick more than one)

1. The results are generally normal, please have regular health checkups.
2. Results are partially abnormal. Be advised to go to the _____ department of a medical institution within (_____) for follow-ups.
3. The inspection result is abnormal and it is recommended not to engage in _____ operation. (Please state the reason: _____)
4. The inspection result is abnormal, and it is recommended to adjust the work (you may tick more than one).

- Shorten the work time (please explain)
- Change your work content (please explain)
- Change your worksite (please explain)
- Others (please explain)

5. Other alternatives:

Name, telephone number, and address of the health inspection organization.

Name of the medical examiner (signature) and certificate number.