|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ○○○年○○月**駐院承攬商(暨進駐廠商)新進勞工**體格檢查名冊彙整表**(附件三)**○○○股份有限公司 (全銜) 新進人數:○○人 填表日期：\_\_年\_\_月\_\_\_日

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **編號** | **姓名** | **身分證字號** | **受檢日期** | **到職日期** | **職安室回饋：胸部X光是否正常，無肺結核傳染性疾病?** |
| 1 | 流得滑(範例) | T123456789 | 2016/01/02 | 2016/01/13 | **職安室：**正常 |
| 2 | 林稚菱(範例) | T223456789 | 2016/01/03 | 2016/01/15 | **職安室：**胸部疑似肺結核，建議該員至教學醫院複檢無傳染性疾病之虞，再持診斷書予本室複查。 |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |

**備註:**1.請各承攬商於新進勞工到職前(含實習、試用前)將名冊資料及紀錄表彙整後，於**到職日前一週**交予職安室審視有無肺結核傳染性 疾病之虞，以確保所有工作者健康與安全！2.表格不夠，請自行延伸。 **製表人簽章 業管單位簽章 職業安全衛生室簽章**  |