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| ○○○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** |