

「公務員」健康檢查項目一覽表

| 類別 | 檢查內容 | 3500 | | 6000 | | | | 8000 | | 10000 | | | | 12000 | | 14000 | | | | |
|--|--|--------------------|---|----------|----------|----------|---|------|----------|----------|---|-----|---|----------|----------|----------|---|------|---|---|
| | | | | 專科 | | 防癌 | | | | 消化道 | | 心血管 | | 肺部 | | 無痛腸胃鏡 | | 影像檢查 | | |
| | | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | |
| 一般檢查 (General Examination) | 身高(Body Height) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 體重(Body Weight) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 腰圍(Waistline) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 體脂肪率(Body Fat Percentage) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 理想體重(Ideal Body Weight) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 身體質量指數(Body Mass Index) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 血壓(Blood Pressure(sitting)) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 脈搏(Pulse Rate) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 理學檢查 (Physical Examination) | 身體組成分析 (composition elementary body) 1.肌肉重量 2.皮下&內臟脂肪重量 3.水份重量 4.基礎代謝率 5.肥胖分析 6.水腫評估 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |
| | 理學醫師檢查(Physical Examination) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 肺部檢查 (Lung Examination) | 胸部X光-正面(Chest X-ray, PA view) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 肺功能檢查 (Pulmonary Function (Screening)) 1.用力肺活量(FVC) 2.第一秒呼氣容積(FEV1) 3.FEV1/ FVC 3 4.尖峰呼氣流速(PEF) 5.吐氣中期氣流速(PEF25-75%) | | | | | | | | | | | | | ● | ● | | | ● | ● | |
| | 三酸甘油酯(Triglyceride) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 總膽固醇(Total cholesterol) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 高密度脂蛋白-膽固醇(HDL-C) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 心血管及代謝系統 (Cardiovascular and Metabolic System) | 低密度脂蛋白-膽固醇(LDL-C) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 總/高密度膽固醇比值(Total/HDL Ratio) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 低/高密度膽固醇比值(LDL/HDL ratio) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 空腹血糖(Fasting blood sugar) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 糖化血色素(Hemoglobin A1c) | | | ● | ● | | | ● | ● | | | ● | ● | | | ● | ● | | | |
| | 高敏感性C反應蛋白(hs-CRP) | | | ● | ● | | | ● | ● | | | ● | ● | | | ● | ● | | | |
| | 同型半胱氨酸(Homocysteine) | | | | | | | | | | | | | | | | | ● | ● | |
| | 甲狀腺刺激素(TSH) | | | ● | ● | ● | ● | ● | ● | | | | | | ● | ● | ● | ● | ● | |
| | 甲狀腺超音波(Thyroid ECHO) | | | 自選 項一 | 自選 項一 | ● | ● | | | | | | | | 自選 項一 | 自選 項一 | | | | |
| | 靜式心電圖(Resting EKG) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 心臟超音波(2-D ECHO of Heart) | | | | | | | | | | | | | | | | | | | |
| | 頸動脈超音波 (Extra-Cranial Carotid dopplar scan) | | | | | | | | 自選 項一 | 自選 項一 | | | | 自選 項一 | 自選 項一 | 自選 項二 | ● | | | |
| | 周邊動脈硬化評估 (Assessment of Atherosclerosis) | | | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | DXA全身體脂肪分析 (Whole body Fat, DXA method) | | | | | | | | 自選 項二 | 自選 項二 | | | | | | | | | | |
| | 十年心血管疾病風險評估 (10-year CVD Risk Score) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 消化系統 (Digestive System) | 麩草酸轉胺酶(GOT, AST) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | 麩丙酮酸轉胺酶(GPT, ALT) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | 總蛋白(Total protein) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 白蛋白(Albumin) | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 球蛋白(Globulin) | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 麩胺酸轉胺酶(γ-GT) | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 鹼性磷酸酶(Alkaline phosphatase) | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 總膽紅素(Total bilirubin) | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 直接膽紅素(Direct bilirubin) | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| C型肝炎抗體測定(Anti-HCV) | | | | ● | ● | ● | ● | ● | ● | | | | | | | | | ● | ● | |
| B型肝炎表面抗原(HBsAg) | | | | ● | ● | ● | ● | ● | ● | | | | | | | | | ● | ● | |
| B型肝炎表面抗體(Anti-HBs) | | | | ● | ● | ● | ● | ● | ● | | | | | | | | | ● | ● | |
| 糞便免疫法潛血檢查(OB, EIA) | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 上腹部超音波 (Upper Abdominal Sonography) | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| NBI胃鏡(Panendoscopy) | | | | | | | | | | | | | | | | | | ● | ● | |
| NBI大腸鏡(Colonfibroscopy) ※含低渣檢查餐 | | | | | | | | | | | | | | | | | | ● | ● | |
| 碳-13幽門桿菌呼氣試驗 (13C-urea breath test for H. pylori) | | | | | 自選 項二 | 自選 項二 | | | ● | | | | | | | | | | | |

「公務員」健康檢查項目一覽表

| 類別 | 檢查內容 | 3500 | | 6000 | | | | 8000 | | 10000 | | | | 12000 | | 14000 | | | |
|---------------------------------------|--|----------|----------|---------|----------|----------|---|---------|---|----------|----------|----------|----------|----------|----------|----------|---|----------|----------|
| | | | | 專科 | | 防癌 | | | | 消化道 | | 心血管 | | 肺部 | | 無痛腸胃鏡 | | 影像檢查 | |
| | | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 | 男 | 女 |
| 腎臟泌尿系統 (Kidney and Urology) | 尿素氮(Blood urea nitrogen) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 尿酸(Uric acid) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 肌酸酐(Creatinine) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 腎絲球過濾率(eGFR) ※18歲以下、70歲以上不適用 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 尿液常規檢查(Urine routine examination) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 血液系統 (Hematology) | 血球計數(Complete Blood Counts) 1.白血球 2.紅血球 3.血紅素 4.血球比容 5.平均紅血球容積 6.平均紅血球色素量 7.平均紅血球色素濃度 8.紅血球體積分佈寬度 9.血小板 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 白血球分類(Differential Counts) 1.嗜中性球(Neutrophil) 2.淋巴球(Lymphocyte) 3.單核球(Monocyte) 4.嗜酸性球(Eosinophil) 5.嗜鹼性球(Basophil) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 腫瘤標記 (Tumor Biomarker) | 甲種胎兒蛋白(Alpha-fetoprotein) | 自選 項二 | 自選 項二 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 癌胚抗原(CEA) | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | CA199腫瘤標記(CA19-9) | | | | | | | ● | ● | ● | ● | | | ● | | | | | |
| | 前列腺特異抗原(PSA) | 自選 項二 | | ● | | ● | | ● | | ● | | | | ● | | | | | |
| | 游離前列腺特異抗原(Free PSA) | | | ● | | ● | | | | | | | | | | | | | |
| | CA125腫瘤標記(CA 125) | | 自選 項二 | | ● | | ● | | ● | | ● | | | | ● | | | ● | |
| | CA153腫瘤標記(CA15-3) | | | | ● | | ● | | ● | | ● | | | | ● | | | ● | |
| 婦科醫學 (Female medicine) | EB病毒抗體(E-B VCA IgA Ab) | | | | | ● | | | | | | | | | | | | | |
| | 婦科醫師會診(Gynecology) | | | | | 自選 項三 | | ● | | | | | | | 自選 項二 | | ● | | ● |
| | 子宮頸抹片檢查(Pap smear) | | | | | 自選 項三 | | ● | | | | | | | 自選 項二 | | ● | | ● |
| 女性乳房檢查 (Female Breast Examination) | 婦科超音波(Gynecological ECHO) | | | | | 自選 項三 | | ● | | | | | | | 自選 項二 | | ● | | ● |
| | 自動式全乳房立體超音波 (Automated Breast Volumes Scanner) | | | | | 自選 項四 | | | | ● | | | | | 自選 項三 | | | | ● |
| 神經系統 (Neurology) | 乳房超音波(Breast ECHO) | | | | | | | ● | | | | | | | | | | | ● |
| | HRV自律神經檢查(Heart Rate Variability) | | | | 自選 項三 | | | | | | | | | | ● | | | | ● |
| 脊椎骨骼系統 (Skeletal System) | 腹部&腰薦椎X光 (KUB & LS Spine Lateral View) | | | | | | | ● | ● | | | | | | | | ● | ● | |
| | 頸椎X光(C-spine X-Ray) | | | | ● | ● | | | | ● | ● | | | | | | | | |
| | 左髖關節骨質密度檢查(Left Hip,BMD) | 自選 項二 | 自選 項三 | | | | | | ● | ● | 自選 項一 | 自選 項一 | | | | | ● | ● | ● |
| 眼科檢查 (Eye Examination) | 視力檢查(Visual Acuity) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 辨色力檢查(Ishihara Test for Color vision) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 眼壓檢查(intraocular pressure) | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 耳鼻喉科檢查 (ENT Examination) | 聽力檢查(Hearing Test 500~4000Hz) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 專業諮詢 (Consultation) | 營養諮詢(Nutrition Consultation) | | | | | | | | | 自選 項二 | 自選 項二 | | | | | | | | |
| 影像醫學 (CT/MRI) ※檢查地點為 合作醫療院所 | 低劑量肺部電腦斷層(Low Dose Lung CT) | | | | | | | | | | | | | ● | ● | | | 自選 項一 | 自選 項一 |
| | 冠狀動脈鈣化積分電腦斷層 (Coronary Artery Calcium Scoring) | | | | | | | | | | | | 自選 項二 | 自選 項二 | | | | 自選 項二 | 自選 項二 |
| | 健檢服裝 | | | | | | | | | | | | | ● | ● | ● | ● | ● | ● |
| | 精緻餐點 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 套檢費用(元) | \$3,500 | | \$6,000 | | | | \$8,000 | | \$10,000 | | | | \$12,000 | | \$14,000 | | | |

備註：
 (1) 上述服務除影像醫學檢查外，其餘皆由台南功醫診所提供服務，並保有更改檢查內容、項目、費用等權利，如有變更，請依最新公告為準。
 (2) 上述產品為各檢查項目組合之健檢套餐，若未符合您的需求，歡迎來電諮詢，服務人員將替您量身規劃專屬內容。
 (3) 健檢套餐內各項目不得要求更換或退費。