

Appendix 1 Occupational Disease Written Appraisal Opinion Form of the Ministry of Labor

☐Group1 ☐Group2 ☐Group3 (☐group appraisal ☐joint appraisal)

1. Name of application for appraisal case:		
2. In order to maintain the rigor and impartiality of the appraisal, the members of the appraisal committee shall, in accordance with the provisions of Articles 32, 33 and 47 of the Administrative Procedure Act, abide by the principle of interest avoidance, and prohibit contact outside the appraisal procedure. Members are requested to review (<input type="checkbox"/>Yes <input type="checkbox"/>No) the above status of the listing. If yes, please do not fill in the appraisal opinion.		
3. Appraisal opinion:		
Appraisal Disease Name	Opinion Options (Please tick; Tick one)	Reason or description
	<u>Diseases listed in the occupational disease category table of occupational accident insurance</u> <input type="checkbox"/> Occupational Disease <input type="checkbox"/> None-Occupational Disease <input type="checkbox"/> Based on current data, unable to determine, need more data	
	<u>Cerebrovascular and heart disease and mental disease</u> <input type="checkbox"/> Work-related Disease <input type="checkbox"/> None work-related Disease <input type="checkbox"/> Based on current data, unable to determine, need more data	
	<u>Diseases other than Paragraph 1 of Article 10</u> <input type="checkbox"/> Occupational Disease <input type="checkbox"/> Work-related Disease <input type="checkbox"/> Diseases that are none of the above <input type="checkbox"/> Based on current data, unable to determine, need more data	

Appraisal committee member: (Signature)

Year Month Day