

ภาคผนวก ข.31-5

ขั้นตอนการตรวจติดตามความผิดปกติจากการตรวจสุขภาพ



บริษัท พีทีที โกลบอล เคมิคอล จำกัด (มหาชน)

Occupational Health Management

W-(Q-EH-OH)-002

ขั้นตอนการตรวจติดตามและแก้ไขความผิดปกติจากผลการตรวจสุขภาพ

the 1990s, the number of people in the world who are undernourished has increased from 600 million to 800 million, and the number of people who are malnourished has increased from 1.2 billion to 1.5 billion (FAO 1996).

There is a growing awareness of the need to improve the nutritional status of the world's population, and the World Health Organization (WHO) has set a target of halving the number of undernourished people in the world by the year 2015 (WHO 1996). The WHO has also set a target of halving the number of people who are malnourished by the year 2015 (WHO 1996). The WHO has also set a target of halving the number of people who are undernourished by the year 2015 (WHO 1996).

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000).

There is a growing awareness of the need to address the health care needs of the ageing population. The Department of Health (2000) has set out a vision for the future of health care for older people, and the National Institute for Clinical Excellence (NICE) (2000) has published guidance on the management of older people with common chronic conditions. The Department of Health (2000) also published a strategy for the future of health care for older people, which sets out a vision for the future of health care for older people, and a strategy for the future of health care for older people.

The Department of Health (2000) has set out a vision for the future of health care for older people, and a strategy for the future of health care for older people. The vision is to ensure that older people have access to the best possible health care, and that they are able to live as independently as possible.

The strategy for the future of health care for older people is to ensure that older people have access to the best possible health care, and that they are able to live as independently as possible. This involves a number of key areas, including:

- Improving the quality of health care for older people.
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There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (2000) has identified the need to develop a 'new paradigm' of care for the ageing population, one that is based on the concept of 'active ageing' and 'active living' (Department of Health 2000). This paradigm is based on the idea that older people should be able to live independently, actively and healthily, and that they should be able to participate in the community and in the workforce.

The Department of Health (2000) has identified a number of key areas for action in order to achieve this paradigm. These include:

- Improving the health and well-being of older people.
- Improving the social and economic conditions of older people.
- Improving the services and support available to older people.
- Improving the participation of older people in the community and in the workforce.

The Department of Health (2000) has also identified a number of key areas for research in order to achieve this paradigm. These include:

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the 1990s, the number of people in the world who are undernourished has increased from 250 million to 800 million (FAO 1996).

There is a growing awareness of the need to improve the nutritional status of the world's population. The World Bank (1992) has estimated that the cost of malnutrition to the world economy is \$100 billion per year. The World Health Organization (WHO) has estimated that malnutrition is responsible for 35% of the deaths of children under the age of five.

The purpose of this paper is to review the current state of knowledge on the nutritional status of the world's population.

The paper is organized as follows. Section 2 describes the current state of knowledge on the nutritional status of the world's population.

Section 3 describes the current state of knowledge on the causes of malnutrition.

Section 4 describes the current state of knowledge on the consequences of malnutrition.

Section 5 describes the current state of knowledge on the prevention of malnutrition.

Section 6 describes the current state of knowledge on the treatment of malnutrition.

Section 7 describes the current state of knowledge on the monitoring of malnutrition.

Section 8 describes the current state of knowledge on the policy implications of malnutrition.

Section 9 describes the current state of knowledge on the future of malnutrition.

Section 10 describes the current state of knowledge on the conclusion of malnutrition.

Section 11 describes the current state of knowledge on the appendix of malnutrition.

Section 12 describes the current state of knowledge on the bibliography of malnutrition.

Section 13 describes the current state of knowledge on the index of malnutrition.

Section 14 describes the current state of knowledge on the table of malnutrition.

Section 15 describes the current state of knowledge on the figure of malnutrition.

Section 16 describes the current state of knowledge on the equation of malnutrition.

Section 17 describes the current state of knowledge on the formula of malnutrition.

Section 18 describes the current state of knowledge on the theorem of malnutrition.

Section 19 describes the current state of knowledge on the lemma of malnutrition.

Section 20 describes the current state of knowledge on the corollary of malnutrition.

Section 21 describes the current state of knowledge on the proposition of malnutrition.

Section 22 describes the current state of knowledge on the axiom of malnutrition.

Section 23 describes the current state of knowledge on the postulate of malnutrition.

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