

**臺北市立聯合醫院國外醫事人員(學生)健康調查表**  
**Taipei City Hospital Visiting Scholar/Student Health Status Declaration**

姓名 Name		性別 Gender	<input type="checkbox"/> 男 male <input type="checkbox"/> 女 female	
學校科系 School / Major				
參訪單位 Visiting site		參訪期間 Training interval	自 From	/ /
			至 To	/ /
到職日期 Submit Date		職稱 Title in Hospital		
電話分機 Extension No.		電子信箱 E-mail		
胸部 X 光檢查 Chest X ray	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 不正常 Abnormal _____	A 型肝炎標記 Hepatitis A test	Anti-HAV-IgM <input type="checkbox"/> (+) <input type="checkbox"/> (-)	Anti-HAV-IgG <input type="checkbox"/> (+) <input type="checkbox"/> (-)
B 型肝炎標記 Hepatitis B test	HBsAg <input type="checkbox"/> (+) <input type="checkbox"/> (-) Anti-HBs <input type="checkbox"/> (+) <input type="checkbox"/> (-)	施打 B 肝疫苗情形 Hepatitis B Vaccination	<input type="checkbox"/> 無 No <input type="checkbox"/> 有、日期 Yes, at / /	
麻疹抗體 Measles antibody	<input type="checkbox"/> 陽性 positive <input type="checkbox"/> 陰性 negative	疫苗接種情形	<input type="checkbox"/> 有、日期 Yes, at / /	
	<input type="checkbox"/> 1981 年後出生者若無 5 年內抗體陽性報告，須檢附追加 1 劑疫苗接種證明 If there is no antibody positive report within 5 years for those born after 1981, an additional dose of vaccination certificate must be attached			
水痘抗體 Varicella antibody	<input type="checkbox"/> 陽性 positive <input type="checkbox"/> 陰性 negative	疫苗接種情形	<input type="checkbox"/> 有、日期 Yes, at / /	
	<input type="checkbox"/> 若無 5 年內抗體陽性報告，須檢附追加 1 劑疫苗接種證明 If there is no antibody positive report within 5 years, an additional dose of vaccination certificate must be attached			
◎ 請問您最近是否有下列身體不適狀況 Did you feel physical uncomfortable as following list? <input type="checkbox"/> 沒有 No <input type="checkbox"/> 有，請勾填下表 Yes, please fill in the blanks				
期間 Duration		二週內 in 2 weeks	六個月內 in 6 months	一年內 in one year
		一年以上 more than one year		
發燒五天以上 fever more than 5 days				
咳嗽五天以上 cough more than 5 days				
胸悶五天以上 chest pain more than 5 days				
食慾不振 poor appetite				
夜間盜汗 night sweat				
無原因體重減輕 2 公斤以上 Weight loss more than 2 Kg with unknown reason				
◎ 是否就醫 Did you go to doctors when you had superior problems?				
<input type="checkbox"/> 沒有，未就醫原因說明 No, the reason I did not go to doctors was:		<input type="checkbox"/> 有，就醫次數及醫師診斷為 Yes, my visiting frequency and diagnosis were:		
簽名 Signature	以上所填內容俱屬事實，如有捏造或虛假情事，願負法律責任 I hereby declare that the above particulars are correct and complete. I understand that any false or misleading statement may result in legal sanctions.			
	日期 Date / /			
參訪單位主管簽章處		感控室簽章處		

PS：見實習人員請於到職(報到日)當天填妥本單同體檢報告送交該院區感控室。  
 Please fill in this form and hand in it with your health status report to infection control office.