



臺北市立聯合醫院
TAIPEI City United Hospital

醫院代碼：A08

受聘僱外國人健康檢查項目表

臺北市立聯合醫院忠孝院區

院區住址：臺北市南港區同德路87號
院區電話：02-2786-1288轉8153；傳真：02-2651-5064

Health Certificate for Employed Aliens

Taipei City Hospital, Zhong Xiao Branch

Address：87 Tung-Teh Rd, Nan-Kang, Taipei City
Phone No.: 02-2786-1288 ext. 8153；FAX：02-2651-5064

檢查日期 ____/____/____
(年)(月)(日)
____/____/____
(YY)(MM)(DD)
Date of Examination

類別 Category 第二類 Category 2 Alien 第三類 Category 3 Alien

基本資料/Basic Data

姓名： Name	性別： <input type="checkbox"/> 男/M <input type="checkbox"/> 女/F Sex	照片 Photo
護照號碼： Passport No.	國籍： Nationality	
居留證號： ARC No.	出生年月日： Date of Birth	
工作縣市別 City/County (Workplace in R.O.C.)	手機： (Mobile Phone) 住家： (Home Phone)	
在中華民國健檢種類 / Type of health examination done in the Republic of China (Taiwan): <input type="checkbox"/> 入國後3日內 / Within 3 days of arrival <input type="checkbox"/> 境內聘僱 / Employment in the territory of the ROC <input type="checkbox"/> 補充 / Supplementary <input type="checkbox"/> 定期(6、18、30個月) / Periodic (6, 18, 30 months)		

病史/Medical History

曾罹患的疾病 / Prior illnesses: _____

身體檢查/Physical Examination

身高/Height: _____ cms	頭頸部/Head and neck: <input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal _____
體重/Weight: _____ kgs	胸部/Thorax: <input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal _____
血壓/Blood pressure: _____ / _____ mmHg	心臟聽診/Heart auscultation: <input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal _____
脈搏/Pulse: _____ beats/min	腹部/Abdomen: <input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal _____
體溫/Body temperature: _____ °C	體肢運動/Locomotion: <input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal _____
視力/Vision: 右/Right _____ 左/Left _____	精神狀態/Mental status: <input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Abnormal _____
其他/Others: _____	

實驗室檢查/Laboratory Examinations

A. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis:
 X 光發現 / Findings: _____
 判定 / Result:
 合格 / Passed 疑似肺結核 / TB suspect 無法確認診斷 / Pending 不合格 / Failed

B. 梅毒血清檢查 / Serological Tests for Syphilis:
 檢驗 / Tests:
 a. RPR VDRL
 陽性 / Positive, 效價 / Titers _____ 陰性 / Negative, 效價 / Titers _____
 b. TPHA TPPA FTA-abs TPLA EIA CIA
 陽性 / Positive, 效價 / Titers _____ 陰性 / Negative, 效價 / Titers _____
 c. other _____ 陽性 / Positive, 效價 / Titers _____ 陰性 / Negative, 效價 / Titers _____
 判定 / Result: 合格 / Passed 不合格 / Failed

C. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites :

- 陽性，種名 / Positive, Species _____
 陰性 / Negative

判定 / Result : 合格 / Passed 不合格 / Failed

- 第三類外國人來自中央衛生主管機關公告之特定國家、地區得免驗 / Not required for Category 3 Aliens from countries/areas announced by the central competent health authority

D. 麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates :

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody 陽性 / Positive 陰性 / Negative 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody 陽性 / Positive 陰性 / Negative 未確定 / Equivocal

- b. 預防接種證明 / Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少間隔兩週 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to traveling overseas.)

麻疹預防接種證明 / Measles Vaccination Certificate

德國麻疹預防接種證明 / Rubella Vaccination Certificate

- c. 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

- d. 入國後3日內、定期健檢及補充健檢免驗 / Not required for within-3-day-of-arrival, periodic, and supplementary health examination

漢生病檢查 / Examination for Hansen's disease

全身皮膚視診結果 / Skin Examination

正常 / Normal

異常 / Abnormal : 非漢生病 / Not related to Hansen's disease : _____

疑似漢生病須進一步檢查 / Hansen's disease suspect who needs further examinations

a. 病理切片 / Skin Biopsy : _____

b. 皮膚抹片 / Skin Smear : 陽性 / Positive 陰性 / Negative

c. 皮膚病灶合併感覺喪失或神經腫大 / Skin lesions combined with sensory loss or enlargement of peripheral nerves : 有 / Yes 無 / No

判定 / Result :

合格 / Passed 須進一步檢查 / Needs further examinations 不合格 / Failed

第三類外國人來自中央衛生主管機關公告之特定國家、地區得免驗 / Not required for Category 3 Aliens from countries/areas announced by the central competent health authority

健康檢查總結果 / The final result of health examination :

合格 / Passed 須進一步檢查 / Need further examinations 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist : _____

負責醫師簽章 / Signature of Chief Physician : _____

醫院負責人簽章 / Signature of Superintendent : _____

日期 / Date : YYYY / MM / DD : _____

備註 / Note : 本證明三個月內有效。 / The certificate is valid for three months.

提醒一 / Notice 1 :

入國後3日內健檢、境內聘僱健檢、定期健檢及補充健檢結果為須進一步檢查或不合格者，得依「受聘僱外國人健康檢查管理辦法」第7條至第9條規定治療或再檢查；未依規定者，將因健檢不合格，廢止其聘僱許可。 If the results of your health examination performed within 3 days of arrival, for employment in the territory of the ROC, or periodic or supplementary health examination show that you require further examinations or you have failed the examination, you have to comply with Article 7 through Article 9 of the "Regulations Governing Management of the Health Examination of Employed Aliens". Failing to pass the health examination will render your work permit terminated.

提醒二 / Notice 2 :

入國後3日內健檢、境內聘僱健檢、定期健檢及補充健檢之健康檢查證明之正本應由受聘僱外國人本人留存。 The original copy of the health certificate of the health examination performed within 3 days of arrival, for employment in the territory of the ROC, or periodic or supplementary health examination should be kept by the person who undertook the health examination.