

醫院代碼：A17	<p style="text-align: center;"> 居留或定居健康檢查項目表 臺北市立聯合醫院中興院區 院區住址：臺北市大同區鄭州路145號 院區電話：02-2552-3234 轉 6246；傳真：02-2550-4445 Health Certificate for Residence Application Taipei City Hospital, Zhongxing Branch Address：No.145,Zhengzhou Rd.,Datong Dist.,Taipei City10341,Taiwan(R.O.C.) TEL:02-2552-3234 ext.6246; FAX:02-2550-4445 </p>	檢查日期 ____/____/____ (年)(月)(日) ____ ____/____/____ (YY)(MM)(DD) Date of Examination
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基本資料 / Basic Data

姓名： Name	性別： <input type="checkbox"/> 男 / <input checked="" type="checkbox"/> M <input type="checkbox"/> 女 / <input type="checkbox"/> F Sex	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>照片 Photo</p> </div>
身份證字號： ID No.	護照號碼： Passport No.	
出生年月日： <u>YYYY</u> / <u>MM</u> / <u>DD</u> Date of Birth	國籍： Nationality	
年齡： Age	聯絡電話： Phone No.	

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
 孕婦或 12 歲以下兒童免驗 / Not required for pregnant women or children under 12 years of age

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

- 陽性，種名 / Positive, Species _____ 陰性 / Negative
 其他可不予治療之腸內寄生蟲 / Other parasites that do not require treatment _____
 來自附錄三之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 3

C. 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

- 15 歲以下兒童免驗 / Not required for children under 15 years of age

D. 麻疹及德國麻疹之抗體陽性檢查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

漢生病檢查 / Examinations for Hansen's Disease

106 (宏埭) CC04111220 中興版

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
 來自附錄四之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 4

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 : _____

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

同意書

院方已告知本人相關規範，本人已充分了解同意接受體檢，若後續需要重新檢驗或補作項目，願意配合本院區之相關規定與領件時程並自行負擔相關費用，且了解報告內容及體檢日期不得更改；本人已確認辦理健檢之證件非冒用他人資料，本人願負完全之責任，所有後果由本人自行承擔，概與貴院無關。

I agree and admit to undergoing the health check. If there is anything that needs to be done after today, I am willing to cooperate with the hospital and pay for any extra fees. Also, I understand that the information within the report cannot be changed. Finally, I declare that all of the identification documents that I provided are authentic, and am willing to take responsibility for the results. The hospital will not take responsibility.

授權者 Name: _____

授權者地址 Address: _____

連絡電話 phone No: _____

護照號碼 Passport No: _____

簽名 Signature: _____