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| 台北市立聯合醫院logo2醫院代碼：A17 | **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 | 檢查日期 \_\_\_\_/\_\_\_\_/\_\_\_\_(年) (月) (日) \_\_\_\_/\_\_\_\_/\_\_\_\_(YY) (MM) (DD) Date of Examination |

**基 本 資 料 / Basic Data**

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| **姓名**：**Name** | **性別**：□ **男 / M** □ **女 / F****Sex** | **照片****Photo** |
| **身份證字號**：**ID No.** | **護照號碼**：**Passport No.** |
| **出生年月日**：YYYY / MM / DD**Date of Birth** | **國籍**：**Nationality** |
| **年齡**：**Age** | **聯絡電話**：**Phone No.** |

**實 驗 室 檢 查 / Laboratory Examinations**

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| **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：1. □ RPR □ VDRL

□ 陽性 / Positive，效價 / Titers □ 陰性 / Negative，效價 / Titers 1. □ TPHA □ TPPA □ FTA-abs □ TPLA □ EIA □ CIA

□ 陽性 / Positive，效價 / Titers □ 陰性 / Negative，效價 / Titers 1. □ 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：**1. 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 / Equivocal1. 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 ofadministering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least twoweeks 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 Certificate1. □ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

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**漢 生 病 檢 查 / Examinations for Hansen’s Disease**

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| **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○疑似漢生病須進一步檢查 / Hansen’s disease suspect who needs further examinationsa. 病理切片 / Skin Biopsy： b. 皮膚抹片 / Skin Smear：○ 陽性 / Positive ○ 陰性 / Negativec. 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：YYYYM

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_