

健康檢查證明應檢查項目表 (丙表)
ITEMS REQUIRED FOR HEALTH CERTIFICATE (Form C)
(參考用)(for Reference Only)

檢查日期 _____/_____/_____
(年)(月)(日)
Date of Examination _____/_____/_____
(M)(D)(Y)

基本資料 (BASIC DATA)

姓名 Name	:	_____	性別 Sex	:	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
身份證字號 ID No.	:	_____	護照號碼 Passport No.	:	_____	
出生年月日 Date of Birth	:	____/____/____	國籍 Nationality	:	_____	

實驗室檢查 (LABORATORY EXAMINATIONS)

A. 麻疹及德國麻疹(風疹)之抗體陽性檢驗報告或預防接種證明 (Proof of Positive Measles and Rubella Antibody Titers or Measles and Rubella Immunization Certificates):

a. 抗體檢查 Antibody Tests

麻疹抗體 Measles antibody titers 陽性 Positive 陰性 Negative 未確定 (Equivocal)
德國麻疹(風疹)抗體 Rubella antibody titers 陽性 Positive 陰性 Negative 未確定 (Equivocal)

b. 預防接種證明 Vaccination Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。如檢附幼時接種紀錄，其接種年齡必須大於1歲；如檢附近期接種紀錄，接種日期與出國日期至少相隔2週以上。)

(The certificate should include the date of vaccination, and the name of the hospital or clinic administering the vaccine or the signature of the physician administering the vaccine. If the childhood immunization record is submitted, it is important to include the record of the vaccination administered at least one year of age. In addition, if the recent immunization record is submitted, it is important to note that the date of vaccination should be at least two weeks prior to traveling abroad.)

麻疹預防接種證明 Measles Immunization Certificates

德國麻疹(風疹)預防接種證明 Rubella Immunization Certificates

c. 經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

B. 胸部 X 光檢查肺結核 (Chest X-Ray for Tuberculosis):

X 光發現(X-ray Findings): _____

判定(Results):

合格(Passed) 疑似肺結核(TB Suspect) 無法確認診斷(Pending) 不合格(Failed)

備註(Note):

一、本表為外籍學生、大陸及港澳地區學生來臺停留研修之健康檢查項目表。本表僅供參考用，學生可分別檢具預防接種證明及胸部 X 光檢查報告。This form lists the medical examination items for students applying for short-term study in Taiwan. This form is only used for reference. Students can submit immunization certificates and chest X-ray report instead of this form.

二、結核病高風險地區或國家者如附錄。Countries or areas at high risk for tuberculosis are listed in the Appendix.

三、根據以上對_____先生/女士/小姐之檢查結果為

合格 不合格 須進一步檢查

Results: According to the above medical report of Mr./Mrs./Ms. _____, he/she

has passed the examination has failed the examination needs further examination.

負責醫檢師簽章: _____ (Name & Signature)
(Chief Medical Technologist)

負責醫師簽章: _____ (Name & Signature)
(Chief Physician)

醫院負責人簽章: _____ (Name & Signature)
(Superintendent)

日期 (Date): _____/_____/_____ 本證明三個月內有效 (Valid for Three Months)