醫院標誌

## 健康檢查證明應檢查項目表(乙表)

(醫院名稱、地址、電話、傳真機)

Hospital's Logo

ITEMS REQUIRED FOR HEALTH CERTIFICATE (Form B)

(Hospital's Name, Address, Tel, FAX)

検査日期 \_\_\_/\_\_/ (年)(月)(日) (五/\_\_/\_ (M)(D)(Y) Date of Examination

| 技名   大きな     | 基本資料 (BASIC DATA)   |                         |
|--|---|-------------------------|
| Passport   No  |   |                         |
| ## Bate of Birth   | ID No. : Passport :   | 照片                      |
| 情  | 出生年月日 國籍  | Photo                   |
| A. 胸部 X 光檢臺肺結核(Chest X-Ray for Tuberculosis):  |   |                         |
| X 光發現(Findings):    対定(Results):   一合格(Passed)   疑似肺結核(TB Suspect)   無法確認診斷(Pending)   一不合格(Failed) (經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者,得至指定機構複驗;但所在縣市無指定機構者,得至鄰近醫院之胸腔科門診積檢。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)   □孕婦或兒童 12 歲以下免驗 (Not required for pregnant women or children under 12 years of age)   B. 勝內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查)(Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method):   □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)   □兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)   C. 梅毒血清檢查 (Serological Test for Syphilis): 檢驗(Tests): a.□RPR或UVDRL   b.□TPHA/TPPA   c.□其它 (Other)   判定(Results): □合格(Passed)   □不合格(Failed)   □兒童 15 歲以下免驗 (Not required for children under 15 years of age)   2.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 titers or measles and rubella vaccination certificates): a.抗體檢查 (Antibody test)   □除性 Positive   □除性 Negative   □未確定 (Equivocal)   上 表確定 (Equivocal)   上 表述院 measles antibody titers   □陽性 Positive   □除性 Negative   □未確定 (Equivocal)   上 表述院 measles (Equivocal)   上 和 measles (Equivocal)   上 和 measles (Equivocal)   上 和 measles (Equivocal)   上 和 measles (Equivocal)   上 M measles (Equivocal)   上 M measles (Equivocal)   上 M measles (Equivocal)   上 M measles (Equivocal)   L m measles (Equivocal)   L m measles (Equivocal)   L m measles (Equivocal)   L m measles (Equivocal)     | 實驗室檢查(LABORATORY EXAMINATIONS)                                      |                         |
| 判定(Results):   | A. 胸部 X 光檢查肺結核 (Chest X-Ray for Tuberculosis):                      |                         |
| □合格(Passed) □疑似肺結核(TB Suspect) □無法確認診斷(Pending) □不合格(Failed) (經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者,得至指定機構複驗;但所在縣市無指定機構者,得至鄰近醫院之胸腔科門診複檢。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.) □孕婦或兒童 12 歲以下免驗(Not required for pregnant women or children under 12 years of age)  B. 陽內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查) (Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method): □恃性,種名(Positive, Species) □性(Negative) □共他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) □兒童6歲以下或來自特定地區者免驗(Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查 (Serological Test for Syphilis): 檢驗(Tests): a □RPR 或□VDRL □ b.□TPHA/TPPA □ c.□其它(Other) 判定(Results): □合格(Passed) □不合格(Failed) □兒童 15 歲以下免驗(Not required for children under 15 years of age)  2.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 titers or measles and rubella vaccination certificates): a.抗體檢查 (Antibody test) □療性 Positive □陰性 Negative □未確定(Equivocal) b.預防接種證明 Vaccination Certificates (含接種日期,接種院所及疫苗比號;接種日期與出國日期應至少相隔兩週。) (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, the name of administering hospital or clinic and 上海疼預防接種證明 Vaccination Certificates of Measles □機屬疼預防接種證明 Vaccination Certificates of Measles □機屬疼預防接種證明 Vaccination Certificates of Rubella  | X 光發現(Findings):  |                         |
| □合格(Passed) □疑似肺結核(TB Suspect) □無法確認診斷(Pending) □不合格(Failed) (經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者,得至指定機構複驗;但所在縣市無指定機構者,得至鄰近醫院之胸腔科門診複檢。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.) □孕婦或兒童 12 歲以下免驗(Not required for pregnant women or children under 12 years of age)  B. 陽內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查) (Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method): □恃性,種名(Positive, Species) □性(Negative) □共他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) □兒童6歲以下或來自特定地區者免驗(Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查 (Serological Test for Syphilis): 檢驗(Tests): a □RPR 或□VDRL □ b.□TPHA/TPPA □ c.□其它(Other) 判定(Results): □合格(Passed) □不合格(Failed) □兒童 15 歲以下免驗(Not required for children under 15 years of age)  2.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 titers or measles and rubella vaccination certificates): a.抗體檢查 (Antibody test) □療性 Positive □陰性 Negative □未確定(Equivocal) b.預防接種證明 Vaccination Certificates (含接種日期,接種院所及疫苗比號;接種日期與出國日期應至少相隔兩週。) (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, the name of administering hospital or clinic and 上海疼預防接種證明 Vaccination Certificates of Measles □機屬疼預防接種證明 Vaccination Certificates of Measles □機屬疼預防接種證明 Vaccination Certificates of Rubella  | 判定(Results):  |                         |
| (經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者,得至指定機構複驗;但所在縣市無指定機構者,得至鄰近醫院之胸腔科門診複檢。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)  □孕婦或兒童 12 歲以下免驗(Not required for pregnant women or children under 12 years of age)  B. 腸內寄生蟲(含痢疾阿米巴等原蟲)異便檢查(採用離心濃縮法檢查 X Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method):  □陽性,卷名(Positive, Species) □其他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) □兒童 6 歲以下或來自特定地區者免驗(Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查(Serological Test for Syphilis): 檢驗(Tests): a □RPR 或□VDRL   c □其它(Other) 判定(Results): □合格(Passed) □不合格(Failed) □兒童 15 歲以下免驗(Not required for children under 15 years of age)  2.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 titers or measles and rubella vaccination certificates):  a.抗體檢查(Antibody test) 麻疹抗體 measles antibody titers □陽性 Positive □陰性 Negative □未確定(Equivocal) b.預防接種證明 Vaccination Certificates (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相隔兩週。)  (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 going abroad) □麻疹預防接種證明 Vaccination Certificates of Measles □後國麻疹預防接種證明 Vaccination Certificates of Measles   |   | □不合格(Failed)            |
| 構者,得至鄰近醫院之胸腔科門診積檢。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)  □孕婦或兒童 12 歲以下免驗(Not required for pregnant women or children under 12 years of age)  B. 腸內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查 X Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method):  □陽性,種名(Positive, Species)  □其他可不予治療之腸內寄生蟲(Other parasites that do not require treatment)  □兒童 6 歲以下或來自特定地區者免驗(Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查(Serological Test for Syphilis): 檢驗(Tests): a □RPR 或□VDRL  □上其它(Other)  判定(Results):□合格(Passed)  □元合格(Failed)  □免童 15 歲以下免驗(Not required for children under 15 years of age)  2.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 titers or measles and rubella vaccination certificates):  a.抗體檢查(Antibody test)  麻疹抗體 measles antibody titers □陽性 Positive □陰性 Negative □未確定(Equivocal)  b.預防接種證明 Vaccination Certificates (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相隔雨週。)  (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 going abroad)  □麻疹預防接種證明 Vaccination Certificates of Measles  □德國麻疹預防接種證明 Vaccination Certificates of Rubella   |   |                         |
| pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)  □孕婦或兒童 12 歲以下免驗(Not required for pregnant women or children under 12 years of age)  B. 腸內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查)(Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method):  □陽性,種名(Positive, Species)  □其他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) □兒童 6 歲以下或來自特定地區者免驗(Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查(Serological Test for Syphilis): 檢驗(Tests): a .□RPR 或□VDRL   |   |                         |
| evaluation.)  □孕婦或兒童 12 歲以下免驗(Not required for pregnant women or children under 12 years of age)  B.陽內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查 X Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method):  □陽性,種名(Positive, Species) □除性(Negative) □其他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) □兒童 6 歲以下或來自特定地區者免驗(Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查(Serological Test for Syphilis): 檢驗(Tests): a. □RPR 或□VDRL □ b. □TPHA/TPPA □ c. □其它(Other) 判定(Results):□合格(Passed) □不合格(Failed) □兒童 15 歲以下免驗(Not required for children under 15 years of age)  2.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 titers or measles and rubella vaccination certificates): a.抗體檢查(Antibody test) □陽性 Positive □陰性 Negative □未確定(Equivocal) 选阅麻疹抗體 rubella antibody titers □陽性 Positive □陰性 Negative □未確定(Equivocal) b.預防接種證明 Vaccination Certificates (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相隔兩週。) (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 going abroad) □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella  |   |                         |
| □孕婦或兒童 12 歲以下免驗(Not required for pregnant women or children under 12 years of age)  B. 腸內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查)(Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method): □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) □ □ □ 章 6 歲以下或來自特定地區者免驗(Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查(Serological Test for Syphilis): 檢驗(Tests): a.□RPR 或□VDRL □ b.□TPHA/TPPA □ c.□其它(Other) □ 判定(Results): □合格(Passed) □ □ 不合格(Failed) □ 兒童 15 歲以下免驗(Not required for children under 15 years of age)  D.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明(proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates): a.抗體檢查(Antibody test) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  |   | tion for further        |
| B.腸內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查) Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method):  □陽性 (Negative) □其他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) □兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查 (Serological Test for Syphilis): 檢驗(Tests): a.□RPR 或□VDRL b.□TPHA/TPPA c.□其它 (Other) 判定(Results): □合格(Passed) □不合格(Failed) □兒童 15 歲以下免驗 (Not required for children under 15 years of age)  D.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明 (proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates): a.抗體檢查 (Antibody test) 麻疹抗體 measles antibody titers □陽性 Positive □陰性 Negative □未確定 (Equivocal) 德國麻疹抗體 rubella antibody titers □陽性 Positive □陰性 Negative □未確定 (Equivocal) b.預防接種證明 Vaccination Certificates (含接種日期、接種院所及疫苗壯號:接種日期與出國日期應至少相隔兩週。) (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 going abroad) □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella   |   | 10 ()                   |
| includes Entameba histolytica etc.) (centrifugal concentration method):  □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) □兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查 (Serological Test for Syphilis): 檢驗(Tests): a.□RPR 或□VDRL □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  | □ 孕婦或兒童 12 歲以下免驗 (Not required for pregnant women or children under | 12 years of age)        |
| includes Entameba histolytica etc.) (centrifugal concentration method):  □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) □兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查 (Serological Test for Syphilis): 檢驗(Tests): a.□RPR 或□VDRL □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  | B 眼內宏小鸟(合应在阿华巴等历鸟)黄便给杏(採用့ ) 遵統法給杏 Y Stool exam                     | ination 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) □兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查 (Serological Test for Syphilis): 檢驗(Tests): a.□RPR 或□VDRL □ b.□TPHA/TPPA □ c.□其它 (Other) □ 判定(Results): □合格(Passed) □不合格(Failed) □兒童 15 歲以下免驗 (Not required for children under 15 years of age)  ②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 titers or measles and rubella vaccination certificates): a.抗體檢查 (Antibody test) □陽性 Positive □陰性 Negative □未確定 (Equivocal) 應應抗體 measles antibody titers □陽性 Positive □陰性 Negative □未確定 (Equivocal) b.預防接種證明 Vaccination Certificates (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相隔兩週。) (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 going abroad) □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella  |   |                         |
| □其他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) □兒童 6 歲以下或來自特定地區者免驗(Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查(Serological Test for Syphilis): 檢驗(Tests): a .□RPR 或□VDRL   |   | Y                       |
| □兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  C.梅毒血清檢查 (Serological Test for Syphilis): 檢驗(Tests): a.□RPR 或□VDRL  |   |                         |
| C.梅毒血清檢查 (Serological Test for Syphilis):  檢驗(Tests): a. □RPR 或□VDRL b. □TPHA/TPPA   | □其他可不予治療之勝內奇生 垂(Other parasites that do not require treatment)      | fore or emplicants      |
| C.梅毒血清檢查(Serological Test for Syphilis):     檢驗(Tests): a. □ RPR 或□ VDRL   |   | or age or applicants    |
| 檢驗(Tests): a. □RPR 或□VDRL  | from designated areas as described in Note 6)                       |                         |
| 檢驗(Tests): a. □RPR 或□VDRL  | C上車 L 主 L 本 ( Saralagical Tost for Symbilis ):                      |                         |
| C.□其它(Other) 判定(Results):□合格(Passed) □不合格(Failed) □兒童 15 歲以下免驗(Not required for children under 15 years of age)  D.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明(proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates): a.抗體檢查(Antibody test) 麻疹抗體 measles antibody titers □陽性 Positive □陰性 Negative □未確定(Equivocal) 德國麻疹抗體 rubella antibody titers □陽性 Positive □陰性 Negative □未確定(Equivocal) b.預防接種證明 Vaccination Certificates (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相隔兩週。) (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 going abroad) □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella   |   |                         |
| 判定(Results):   |   |                         |
| □兒童 15 歲以下免驗 (Not required for children under 15 years of age)  ②.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 titers or measles and rubella vaccination certificates):  a.抗體檢查 (Antibody test)  麻疹抗體 measles antibody titers □陽性 Positive □陰性 Negative □未確定 (Equivocal) 德國麻疹抗體 rubella antibody titers □陽性 Positive □陰性 Negative □未確定 (Equivocal) b.預防接種證明 Vaccination Certificates (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相隔兩週。)  (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 going abroad)  □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella  |   |                         |
| 2.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 titers or measles and rubella vaccination certificates): a.抗體檢查 (Antibody test) 麻疹抗體 measles antibody titers   |   |                         |
| titers or measles and rubella vaccination certificates):  a.抗體檢查 (Antibody test)  麻疹抗體 measles antibody titers   |   |                         |
| a.抗體檢查(Antibody test) 麻疹抗體 measles antibody titers   |   | and rubella antibody    |
| 麻疹抗體 measles antibody titers   | titers or measles and rubella vaccination certificates):            |                         |
| 德國麻疹抗體 rubella antibody titers □陽性 Positive □陰性 Negative □未確定 (Equivocal) b.預防接種證明 Vaccination Certificates (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相隔兩週。) (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 going abroad) □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella  |   |                         |
| b.預防接種證明 Vaccination Certificates (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相隔兩週。) (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 going abroad)  □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella   | 麻疹抗體 measles antibody titers □陽性 Positive □陰性 Negative □            | ]未確定(Equivocal)         |
| b.預防接種證明 Vaccination Certificates (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相隔兩週。) (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 going abroad)  □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella   | 德國麻疹抗體 rubella antibody titers □陽性 Positive □陰性 Negative □          | 未確定(Equivocal)          |
| (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相隔兩週。) (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 going abroad)  □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella   | b.預防接種證明 Vaccination Certificates                                   |                         |
| (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 going abroad)  □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella   |   | )                       |
| the batch no. of vaccine; the date of vaccination should be at least two weeks prior to going abroad)  □麻疹預防接種證明 Vaccination Certificates of Measles  □德國麻疹預防接種證明 Vaccination Certificates of Rubella  |   |                         |
| □麻疹預防接種證明 Vaccination Certificates of Measles □德國麻疹預防接種證明 Vaccination Certificates of Rubella  |   |                         |
| □德國麻疹預防接種證明 Vaccination Certificates of Rubella  |   | 3 0 ,                   |
| □15 图刷形可用内铁电弧 7 vaccination Commences of Ruberia   |   |                         |
| - 1 Jan 18 III - V Late At Late At Late At Late At Late At Llowing control of the first of the Manual Control of the Control o | □心殿在本山、大拉纸林已生、新丁洛宫拉纸。(Laving contraindications not co               | uitable for vaccination |

| 1   |  |  |  |
|-----|--|--|--|
|     | 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):   |  |  |
|     | ○漢生病(疑似個案須進一步檢查)(Hansen's disease suspect needs further exam)  |  |  |
|     | a.病理切片(Skin Biopsy):   |  |  |
|     | b.皮膚抹片(Skin Smear): ○陽性 (Finding bacilli in affected skin smears)  |  |  |
| - 1 | ○陰性(Negative)  |  |  |
| 1   | 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 ) |  |  |
|     | or enlargement of peripheral nerves ) ○有 (Yes) ○無 (No)<br>判定(Results): □合格(Passed) □不合格(Failed)                        |  |  |
|     | □來自特定地區者免驗 (Not required for applicants from designated areas as described in Note 6)                                  |  |  |
| L   | (Free Free and Free Free and Free Applicants from designated areas as described in Note 0)                             |  |  |
|     | 肯註(Note):  |  |  |
| -   | -、本表供外籍人士、無戶籍國民、大陸地區人民及香港澳門居民申請在臺灣居留或定居時使用。This form   |  |  |
|     | is for residence application.  |  |  |
| Ξ   | -、兒童6歲以下免辦理健康檢查,但須檢具預防接種證明備查(年滿1歲以上者,至少接種1劑麻疹、   |  |  |
|     | 德國麻疹疫苗)。 A child under 6 years old is not necessary to have laboratory examination, but the                            |  |  |
|     | certificate of vaccination is necessary. Child age one and above should get at least one dose of measles and           |  |  |
|     | rubella vaccines.  |  |  |
| Ξ   | 、懷孕婦女及兒童 12 歲以下免接受「胸部 X 光檢查」;懷孕婦女於產後仍應補照胸部 X 光。 Pregnant   |  |  |
|     | women and children under 12 years of age are exempted from chest X-ray examination. Pregnant women                     |  |  |
|     | should undergo chest X-ray after the child's birth.  |  |  |
| P   | 1、申請免除胸部 X 光檢查之適用對象:申請人限來自結核病盛行率低於十萬分之三十的國家,並檢具  |  |  |
|     | 由精神科醫師出具申請人在心理上不適合進行胸部 X 光檢查之診斷證明書,經衛生福利部疾病管制  |  |  |
|     | 署審核通過者,始得免除此項檢測。   |  |  |
| Ŧ   | - 兒童 15 歲以下免接受「梅毒血清檢查」。 A child under 15 years old is not necessary to have Serological                                |  |  |
|     | Test for Syphilis.   |  |  |
| د   |  |  |  |
| ,   | 、申請者來自附錄一所列國家或地區者,以及在臺灣地區之無戶籍國民,得免驗腸內寄生蟲糞便檢查及  |  |  |
|     | 漢生病檢查。Applicants coming from countries or areas listed on Appendix 1 or nationals without registered                   |  |  |
|     | permanent residence in the Taiwan Area are not required to undergo a stool examination for parasites and an            |  |  |
|     | examination for Hansen's disease.  |  |  |
| +   | 、漢生病檢查為全身皮膚檢查,受檢者可穿著內衣內褲,並由親友或女性醫護人員陪同受檢。檢查時逐  |  |  |
|     | 步分部位受檢,避免一次脫光全身衣物,維護受檢者隱私。 Hansen's disease examination refers to careful  |  |  |
|     | examination of the entire body surface, which should be done with courtesy and respect to the applicant's              |  |  |
|     | privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a                    |  |  |
|     | friend or female medical personnel. Hospitals or clinics have the responsibilities to protect the privacy of the       |  |  |
|     | applicant and the examination should be done step by step. Hence, taking off all clothes at the same time              |  |  |
|     | should be avoided.   |  |  |
| 九   | 、根據以上對 先生/女士/小姐之檢查結果為  |  |  |
|     | 、根據以上對   |  |  |
|     | Result: 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 :  |  |  |
| (c  | hief Medical Technologist)   |  |  |
| 負   | 責 醫 師 簽 章 : (Name & Signature)   |  |  |
| ((  | Chief Physician ) (Name & Signature)   |  |  |
| 醫   | 院負責人簽章. (Nama & Signatura)   |  |  |
| ( 5 | 院負責人簽章:<br>uperintendent) (Name & Signature)   |  |  |
| B   | 期 (Date):/   |  |  |
|     | 證明三個月內有效 (Valid for Three Months)  |  |  |
| 4   | 亚71—四月77月XX(valid for fine facilities)   |  |  |