



醫院代碼:F01

居留或定居健康檢查項目表
Health Certificate for Residence Application
國立成功大學醫學院附設醫院健康檢查證明
National Cheng Kung University Hospital Health Certificate
台灣台南市(704)北區勝利路138號 電話: 06-2092592
138, Sheng Li Road, Tainan (704), Taiwan Tel: 06-2092592

檢查日期
/Date of Examination

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
身份證字號 : ID No. :	護照號碼 : Passport No. :	
出生年月日 : Date of Birth :	國 籍 : Nationality :	
年齡 : Age :	聯絡電話 : Phone No. :	

實驗室檢查 / Laboratory Examinations

<p>A. 胸部X光肺結核檢查 / Chest X-ray for Tuberculosis : X光發現 / Findings : 判定 / Result : <input type="checkbox"/>合格/Passed <input type="checkbox"/>疑似肺結核/TB Suspect <input type="checkbox"/>無法確認診斷/Pending <input type="checkbox"/>不合格/Failed <input type="checkbox"/>孕婦或兒童12歲以下免驗/Not required for pregnant women or children under 12 years of age</p> <p>B. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites : <input type="checkbox"/>陽性, 種名/ Positive, Species <input type="checkbox"/>陰性/Negative <input type="checkbox"/>其他可不予治療之腸內寄生蟲/Other parasites that do not require treatment <input type="checkbox"/>來自附錄三之國家/地區者免驗/Not required for applicants from countries/areas listed in Appendix 3</p> <p>C. 梅毒血清檢查 / Serological Test for Syphilis : 檢驗/Tests : a. <input type="checkbox"/> RPR <input type="checkbox"/> VDRL <input type="checkbox"/> 陽性 / Positive, 效價 / Titers _____ <input type="checkbox"/> 陰性 / Negative, 效價 / Titers _____ b. <input type="checkbox"/> TPHA <input type="checkbox"/> TPPA <input type="checkbox"/> FTA-abs <input type="checkbox"/> TPLA <input type="checkbox"/> EIA <input type="checkbox"/> CIA <input type="checkbox"/> 陽性 / Positive, 效價 / Titers _____ <input type="checkbox"/> 陰性 / Negative, 效價 / Titers _____ c. <input type="checkbox"/> Other <input type="checkbox"/> 陽性 / Positive, 效價 / Titers _____ <input type="checkbox"/> 陰性 / Negative, 效價 / Titers _____ 判定/Results : <input type="checkbox"/>合格/Passed <input type="checkbox"/>不合格/Failed <input type="checkbox"/>兒童15歲以下免驗/Not required for children under 15 years of age</p> <p>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 test 麻疹抗體/Measles Antibody <input type="checkbox"/>陽性/Positive <input type="checkbox"/>陰性/Negative <input type="checkbox"/>未確定/Equivocal 德國麻疹抗體/Rubella Antibody <input type="checkbox"/>陽性/Positive <input type="checkbox"/>陰性/Negative <input type="checkbox"/>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.) <input type="checkbox"/>麻疹預防接種證明/Measles Vaccination Certificate <input type="checkbox"/>德國麻疹預防接種證明/Rubella Vaccination Certificate c. <input type="checkbox"/>有接種禁忌, 暫不適宜預防接種 / Having contraindications, not suitable for vaccination</p>	
--	--

漢生病檢查 / Examinations 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/Results :

☐ 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.