

僑務委員會、教育部

Overseas Compatriot Affairs Commission & Ministry of Education

2012 海外華裔青年英語服務營健康證明表

Health Certificate for the Overseas Youth English Teaching Volunteer Service Program

【Valid for Three Months ; Please mail the completed form to the nearby registration office.】

中文姓名 (Name in Chinese) Assigned Volunteer ID No:
Name in English: Home Tel:
性別 Gender: 男 Male 女 Female Passport or SSN ID No:
出生(月日年)Date of Birth : / 國籍 Nationality :
住址(address) :

請黏貼 1.5 吋個人相片
Please attach a recent
1.5- inch photo here

身體檢查 PHYSICAL EXAMINATIONS

A.身高 Height : Ft / In cm D.體重 Weight : Lb Kg
B.脈搏 Pulse : 次 / 分 time / min E.血壓 Blood pressure : / 毫米汞柱 mm Hg
C.心臟 Heart : 正常 Normal 異常 Abnormal
F.體肢運動 Locomotors : 正常 Normal 異常 Abnormal

免疫注射證明 PROOF OF VACCINATIONS

The above named individual has completed each immunization of:

A. a TB Test has been taken within last 2 years. B. Hepatitis B series on
C. DTP on D. MMR on E. Td on
F. Polio on

疾病史 MEDICAL HISTORY

您是否曾經感染下列疾病 Have you ever had the following diseases ?

A.心臟病 Heart disease : Yes No F.癲癇 Epilepsy : Yes No
B.氣喘病 Asthma : Yes No G.腎臟病 Kidney disease : Yes No
C.高血壓 Hypertension : Yes No H.瘧疾 Malaria : Yes No
D.糖尿病 Diabetes : Yes No I.肝病 Liver Disease : Yes No
E.過敏病症 Allergies : Yes No J. She/He is allergic to :

結論：根據以上的檢查結果，他/她 適合 不適合 在缺乏醫療設備的偏遠鄉村工作。

Remarks:

The above named individual is is not recommended for working in a volunteer program at a remote school.

Healthcare Provider's name (print) Clinic's name

Healthcare Provider's signature License Number Issuing State

Located in the county of Tel: Date:(M) / (D) / 2012

I hereby submit this document and agree to participate in the Volunteer Program for assisting students in the remote areas in Taiwan. I have carefully reviewed my summer schedule and give my commitment to this program in the highest priority over any other event.

Volunteer's Signature Date: