**居留或定居健康檢查項目表**

附件B

**Health Certificate for Residence Application**

(醫院名稱、地址、電話、傳真)

檢查日期/Date of Examination

YYYY/MM/DD

(Hospital’s Name, Address, Tel, Fax)

**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：a. □ RPR □ VDRL□陽性 / Positive，效價 / Titers □陰性 / Negative，效價 / Titers b. □TPHA □ TPPA □ FTA-abs□ TPLA□ EIA □ CIA□陽性 / Positive，效價 / Titers □陰性 / Negative，效價 / Titers c. □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：**a. 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 / Equivocalb. 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 orclinic 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 Certificatec. □ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination |

**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 suspectwho 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：YYYY/MM/DD

備註 / Note：本證明三個月內有效。 / The certificate is valid for three months.