

僑務委員會、教育部、客家委員會、原住民族委員會

OCAC, MOE, HAC, CIP,

2019 年海外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: <input type="checkbox"/> 男 Male <input type="checkbox"/> 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 EXAMINATION

- 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)____/2019

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: _____