

外國語文教師健康檢查表驗證應檢具文件說明

Health Certificate for Foreign Language Teacher

應備文件 Required Documents :

1. 申請人所持有效僑居國護照影本乙份。Applicant's valid passport/resident card copy.
2. 詳填及親簽「文件證明申請表」乙份。Complete and sign "Application for Authentication".
3. 外國語文教師健康檢查項目表「正本」乙份。Applicant's original Health Certificate for Foreign Language Teacher.

費用 Fee :

1. 每份美金15元。Each certificate is \$15.
2. 本處僅接受美金匯票、Cashier's Check 或現金（僅限親自來處辦理）、私人或公司支票一概不受理。受款人請填**Taipei Economic and Cultural Office in Miami**。We accept money order, Cashier's check or cash (in person ONLY), make payable to **Taipei Economic and Cultural Office in Miami**.

辦理方式及作業時間 How to Apply & Process Time :

一般案件於文件備齊後 3-5 個工作天後核發或拒件。Document process time is 3-5 business days.

1. **本人親自至辦事處申請**：申請人應出示有效身分證件正本及影本一份。**In Person**: Applicant is required to bring valid passport and a copy.
2. **以郵寄方式申請**：申請人應出示有效身分證件影本一份。所檢附健康檢查表須先經有效之佛州公證人 (Florida Notary Public) 公證，並附註公證人聯絡電話及傳真號碼。郵寄辦理請自行提供足夠回郵郵費及回郵信封，限代寄美國郵局或 FedEx。**By Mail**: Applicant is required to mail in "Required Documents". The health certificate is required to be signed and stamped by a Florida Notary Public, also enclosed notary's contact information. Applicant shall provide sufficient postage or label. Our office provides services by USPS or FedEx only.

注意事項 Reminders :

1. 本處受理範圍為佛羅里達州、波多黎各、美屬維京群島、巴哈馬、百慕達、英屬土克凱可群島及多明尼加，其他地區請參閱 <http://www.boca.gov.tw/>，洽所屬地區駐外館處辦理。This office can only authenticate documents from the consular jurisdiction of Florida, Puerto Rico, US Virgin Islands, Bahamas, Bermuda, Turks and Caicos Islands and Dominican Republic. Other jurisdiction, please use the link provided <http://www.boca.gov.tw/>.
2. 本處提供之文件證明服務，係應我國內要證機關需要所作之配合行為，非屬強制性質，故各類文件持回我國使用前，當事人應先向要證機關查詢確認其文件需送經駐外館處驗證，再向管轄該文書作成地之我國駐外館處申辦。This office is authorized to issue legalization requested by other ROC agencies, however, it is the applicant's responsibility to confirm the document is current and correct before applying with our office.
3. 為避免申請案件延誤，請附足夠郵資、詳填申請表及繳齊應備文件。本處透過美國郵局或 FedEx 交寄，寄件後即不負責郵件延誤或遺失之責任。To avoid delay, please make sure the application is complete and the return postage is sufficient. Our office is not responsible for late or lost mail or package.

駐邁阿密台北經濟文化辦事處

Taipei Economic and Cultural Office in Miami

2333 Ponce de Leon Blvd, Suite 610, Coral Gables, FL 33134

Office: 305-443-8917 E-Mail: tecomia@mofa.gov.tw

Office Hour: 9:00AM-4:00PM <http://www.taiwanembassy.org/USMIA>

文件證明申請表
APPLICATION FORM FOR AUTHENTICATION

受理機關填註/FOR OFFICIAL USE ONLY

公/驗證編號：

簽發日期：

簽發人：

1. 申請人姓名或名稱/代表人或負責人姓名：
(Applicant's Name/ Head of Organization)：

中文 (in Chinese)：_____

外文 (in Foreign Language)：_____

2. 護照、其他身分證明文件號碼或法人營利事業登記證號
(Passport /ID No. or Company Registration No.)：

3. 電話(Tel No.)：

4. 出生日期(Date of Birth)：

5. 性別(Sex)：

男 (M) 女 (F)

6. 地址(Address)：

7. 電子郵件信箱 (E-mail)：

8. 申請文件證明用途(Purpose of Authentication):

9. 所繳文件 (Document(s) or Certificate(s) Attached to the Application Form):

10. 申請人簽名：

Signature：_____

11. 申請日期：

Date of Application：_____

如非本人申請，受委託代理申請者請填寫下列資料(Please fill in following information, if applied by an agent.)

1. 代理人姓名 (Agent's Name)：

中文 (in Chinese)：_____ 外文(in Foreign Language)：_____

2. 護照或其他身分證明文件號碼(Passport /ID No.)：

3. 與申請人關係 (Relation to Applicant)：

4. 電話 (Tel. No.)：

5. 地址 (Address)：

6. 電子郵件信箱 (E-mail)：

7. 代理人簽名 (Agent's Signature)：

8. 申請日期 (Date of Application)：

注意：申請表內各項資料，務請逐項據實詳細填寫，並請繳驗身分證明文件，其透過代理人申請者，並應繳交經公證人或公務機證授權人簽字屬實之授權書，否則將被拒絕受理；所填寫內容倘有不實，申請人及代理人將可能觸犯中華民國刑法之偽造文書罪。

Attention:

Applicants must complete all sections of this form truthfully and in full. The relevant ID documents must be submitted together with the form. **If the application is submitted through an agent, power of attorney authenticated by a notary public or the appropriate authorities must be attached, or the application may be refused.** Should any false or misleading information be willfully entered on this form, this will constitute an act of forgery according to the Criminal Code of the Republic of China.

醫院標誌

Hospital Logo

外國語文教師健康檢查項目表

Health Certificate for Foreign Language Teacher

(國名、醫院名稱、地址、電話、傳真)

檢查日期 / Date of Examination

(Country Name, Hospital Name, Address, Tel, Fax)

YYYY / MM / DD

基本資料 / Basic Data

姓名 : Name	性別 : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F Sex	<div style="border: 2px solid black; width: 100px; height: 100px; margin: 0 auto;"> <p>照片 Photo</p> </div>
護照號碼 : Passport No.	國籍 : Nationality	
居留證號 : ARC No.	出生年月日 : Date of Birth : YYYY / MM / DD	
工作縣市別 : City/County (Workplace : in R.O.C.)	手機 : _____ (Mobile Phone) 住家 : _____ (Home Phone)	

病史 / Medical History

曾罹患的疾病 / Prior illnesses : _____

身體檢查 / Physical Examination

身高 / Height : _____ cms	頭頸部 / Head and neck : <input type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal _____
體重 / Weight : _____ kgs	胸部 / Thorax : <input type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal _____
血壓 / Blood pressure : ___ / ___ mmHg	心臟聽診 / Heart auscultation : <input type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal _____
脈搏 / Pulse : _____ beats/min	腹部 / Abdomen : <input type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal _____
體溫 / Body temperature : _____ °C	體肢運動 / Locomotion : <input type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal _____
視力 / Vision : 右 / Right ___ 左 / Left ___	精神狀態 / Mental status : <input type="checkbox"/> 正常 / Normal <input type="checkbox"/> 異常 / Abnormal _____
其他 / Others : _____	

實驗室檢查 / Laboratory Examinations

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

B. 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

C. 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 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 / 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.)

麻疹預防接種證明 / Measles Vaccination Certificate

德國麻疹預防接種證明 / Rubella Vaccination Certificate

- c. 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination
- d. 申請展延聘僱許可，得免驗 / Not required for the application for extension of the employment permit

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.

附錄 愛滋篩檢與治療費用通知書

(請健檢醫院將此通知書併同健康檢查證明發給受檢者)

- 一、中華民國政府已修改法規，取消非本國籍人類免疫缺乏病毒(HIV)感染者之入境、停留及居留限制，也取消此項健康檢查項目。
- 二、由於非本國籍人士在中華民國治療 HIV 感染之費用，中華民國政府不提供補助，每年治療費用約為新臺幣三十萬元(約美金一萬元)，建議非本國籍人士先於母國接受 HIV 篩檢，了解自身健康狀況；如為 HIV 感染者，建議留在母國接受治療。欲來中華民國工作者，請先行購買醫療保險，以免造成個人財務負擔。
- 三、外籍人士進入中華民國後，可自行至醫院進行 HIV 篩檢，了解自身感染狀況，傳染病諮詢電話為 0800-001922。

Appendix Notice for HIV Screening and Treatment Costs

(Health examination hospitals shall issue this notice and health certificate to the examinee)

1. The Government of Republic of China (Taiwan) has revised its laws to lift restrictions on entry, stay and residence of non-ROC nationals infected with human immunodeficiency virus (HIV) in addition to removing this item from health examination.
2. The Government of Republic of China (Taiwan) does not offer subsidies to non-ROC nationals infected with HIV infection for treatment in Taiwan. The annual treatment costs for HIV is NTD\$300,000 (approximately USD\$10,000). It is strongly advised that non-ROC nationals to undergo HIV screening in their homeland prior to visiting Taiwan in order to understand their own health conditions. Persons infected with HIV are strongly advised to stay in their homeland for treatment. Persons intending to work in Taiwan are advised to purchase medical health insurance in advance to avoid financial burdens.
3. Upon entry into the Republic of China (Taiwan), foreigners may undergo HIV screening at a hospital to determine their infection status. The consultation hotline for infectious diseases is 0800-001922.

Phu lục Giấy thông báo chi phí xét nghiệm và điều trị HIV

(Đề nghị bệnh viện khi cấp Báo cáo khám sức khỏe thì cấp kèm Giấy thông báo này)

1. Chính phủ Đài Loan đã sửa đổi pháp lệnh, hủy bỏ quy định hạn chế nhập cảnh, tạm trú và cư trú đối với người nước ngoài bị Hội chứng suy giảm miễn dịch mắc phải (HIV), và cũng hủy bỏ hạng mục xét nghiệm này trong quy định khám sức khỏe.
2. Do Chính phủ Đài Loan không trợ cấp chi phí điều trị HIV tại Đài Loan cho người nước ngoài, mà chi phí điều trị mỗi năm khoảng 300 ngàn Đài tệ (khoảng 10 ngàn Đô la Mỹ), nên kiến nghị người nước ngoài, trước khi đến Đài Loan hãy tiến hành xét nghiệm HIV ở nước mình để nắm bắt tình hình sức khỏe của bản thân; nếu bị nhiễm HIV, kiến nghị hãy ở lại nước mình để điều trị. Đối với người dự định đến Đài Loan làm việc, kiến nghị hãy mua Bảo hiểm Sức khỏe trước, nhằm tránh gánh nặng tài chính cho bản thân.
3. Người nước ngoài sau khi đến Đài Loan có thể tự đến bệnh viện xét nghiệm HIV để nắm bắt tình hình nhiễm bệnh của mình, số điện thoại tư vấn bệnh truyền nhiễm tại địa bàn Đài Loan là: 0800-001922.

ภาคผนวก ใบแจ้งค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์
(ให้โรงพยาบาลที่รับการตรวจแนบใบแจ้งนี้พร้อมกับใบตรวจสุขภาพให้กับเจ้าตัว)

1. รัฐบาลไต้หวันได้ยกเลิกคำสั่งห้ามชาวต่างชาติที่ติดโรคเอดส์ (HIV) เข้าประเทศ
หยุดแวะและอยู่อาศัยในไต้หวัน รวมทั้งการตรวจสุขภาพในรายการนี้ด้วย
2. เนื่องจากรัฐบาลไต้หวันไม่ออกค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์ให้กับบุคคลที่ไม่ใช่สัญชาติไต้หวัน
ค่ารักษาพยาบาลโรคเอดส์ตักประมาณปีละ NT\$ 300,000 (หรือประมาณ US\$ 10,000)
จึงขอแนะนำชาวต่างชาติให้ตรวจโรคเอดส์ (HIV) ในประเทศของตนก่อนเดินทางมาไต้หวัน
หากป่วยเป็นโรคเอดส์ให้รับการรักษาในประเทศของตนเสียก่อน
ผู้ที่ประสงค์จะมาทำงานในไต้หวันให้ซื้อประกันการรักษาพยาบาลล่วงหน้า
เพื่อป้องกันภาระที่อาจเกิดขึ้นในภายหลัง
3. ชาวต่างชาติเมื่อเดินทางเข้ามาไต้หวันสามารถขอตรวจโรคเอดส์ (HIV) จากโรงพยาบาลได้ด้วยตนเอง
เพื่อรับรู้สภาพร่างกายตนเอง หรือติดต่อสอบถามได้ที่ศูนย์ให้คำปรึกษาโรคติดต่อ 0800-001922

Lampiran Surat Pemberitahuan Seleksi AIDS dan Biaya Pengobatan

(Mohon rumah sakit yang mengadakan pemeriksaan menyampaikan surat pemberitahuan ini beserta dengan surat keterangan pemeriksaan kesehatan kepada orang yang melakukan pemeriksaan)

1. Pemerintah Taiwan telah mengubah peraturan , dimana telah membatalkan non warga negara Taiwan yang terjangkit virus (HIV) masuk ke negara ini , menetap dalam jangka waktu pendek atau menetap dalam jangka waktu yang lama yang dibatasi waktunya dan juga telah membatalkan item ini dari pemeriksaan kesehatan .
2. Mengenai biaya pengobatan dari non warga negara Taiwan yang terjangkit virus (HIV) di Taiwan tidak ditanggung oleh pemerintah Taiwan lagi , pemerintah Taiwan tidak akan memberikan subsidi , setiap tahun biaya pengobatan kira-kira sebesar tiga ratus ribu NT\$ (kira-kira sepuluh ribu US \$) , sarankan sebelum non warga negara Taiwan datang ke Taiwan , terlebih dahulu mengadakan pemeriksaan HIV di negara asal , dan untuk mengetahui kondisi kesehatan badan sendiri ; bila telah terjangkit HIV , sarankan mengadakan pengobatan di negara asal terlebih dahulu . Bagi yang hendak bekerja di Taiwan mohon terlebih dahulu membeli asuransi pengobatan , demi untuk menghindari terjadinya beban keuangan secara pribadi .
3. Setelah pendatang asing masuk ke Taiwan , dapat melakukan pemeriksaan seleksi HIV ke rumah sakit dengan sendiri , demi untuk lebih jelas tentang kondisi terjangkit virus ini , boleh telpon ke nomor telepon konseling penyakit menular di wilayah Taiwan adalah : 0800-001922 .