

醫院標誌  
Hospital's Logo

## 居留或定居健康檢查項目表

### Health Certificate for Residence Application

(醫院名稱、地址、電話、傳真)  
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination  
YYYY / MM / DD

#### 基本資料 / Basic Data

|                        |   |            |
|------------------------|---|------------|
| 姓名 :<br>Name :         | 性別 : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F<br>Sex : | 照片 / Photo |
| 身份證字號 :<br>ID No. :    | 護照號碼 :<br>Passport No. :  |            |
| 出生年月日 : YYYY / MM / DD | 國籍 :<br>Nationality :   |            |
| 年齡 :<br>Age :          | 聯絡電話 :<br>Phone No. :   |            |

You can visit your family doctor to order the 2 exams and the vaccination certificates

#### 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  
☐ 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: Not required for applicants from Canada~~

- ☐ 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 / 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

漢生病檢查 / Examinations for Hansen's Disease

全身皮膚視診結果 / Skin Examination

**Not required for applicants from Canada**

☐ 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 / 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.

**This field requires:**

**Stamped by the medical office with contact information/Doctor's name/Telephone/Fax**