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) 檢查日期 / Date of Examination

(Hospital's Name, Address, Tel, Fax)

基本資料/Basic Data			
姓名: Name	性別: □男/M □女/F Sex		
身份證字號 ID No.	照片 / Photo		
出生年月日: Date of Birth: ———年——月——日	Passport No. 日		
年齡 Age	聯絡電話 Phone No.		
實驗室	檢 查 / Laboratory Examinations	檢查醫院印	
□ 孕婦或 12 歲以下兒童免驗 / Not red B. 腸內寄生蟲糞便檢查 / Stool Exami □ 陽性,種名 / Positive, Species □ 其他可不予治療之腸內寄生蟲 / Ot	B suspect	12 years of age	
b. □ TPHA □ TPPA □ FTA-abs □ 陽性 / Positive,效價 / Titers □ c. □ other □ 陽 □ 陰 □	□ 陰性 / Negative,效價 / □ TPLA □ EIA □ CIA □ 陰性 / Negative,效價 / 性 / Positive,效價 / Titers □ 性 / Negative,效價 / Titers □	Titers	
Antibody or Measles and Rubella Va. 抗體檢查 / Antibody Tests 麻疹抗體 / Measles Antibody □ 陽性 德國麻疹抗體 / Rubella Antibody □ b. 預防接種證明 / Vaccination Certifica 與出國日期應至少間隔兩週 / The administering hospital or clinic and the tweeks prior to traveling overseas.) □ 麻疹預防接種證明 / Measles Vac □ 德國麻疹預防接種證明 / Rubella	E / Positive □ 陰性 / Negative □ 未確陽性 / Positive □ 陰性 / Negative □ tes (證明應包含接種日期、接種院所及测定ertificate should include the date of vaccipatch no. of vaccine; the date of vaccination eccination Certificate	定 / Equivocal 未確定 / Equivocal 变苗批號;接種日期 cination, the name of should be at least two	

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 suspect examinations	who needs further		
a. 病理切片 / Skin Biopsy: b. 皮膚抹片 / Skin Smear: ○ 陽性 / Positive c. 皮膚病灶合併感覺喪失或神經腫大 / Skin lesi loss or enlargement of peripheral nerves: ○ 有	ons combined with sensory		
判定 / Result:	7 103 0 5 7110		
□ 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			
建康檢查總結果 / The final result of health examination: □ 合格 / Passed □ 須進一步檢查 / Need further examinations □	不合格 / Failed		
□ 合格 / Passed □ 須進一步檢查 / Need further examinations □ 負責醫檢師簽章 / Signature & Seal of Chief Medical Technologist:			
□ 合格 / Passed □ 須進一步檢查 / Need further examinations □ 負責醫檢師簽章 / Signature & Seal of Chief Medical Technologist: □ し 会査医師の署名及び捺印 自責醫師簽章 / Signature & Seal of Chief Physician: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
合格 / Passed □ 須進一步檢查 / Need further examinations □ 責務檢師簽章 / Signature & Seal of Chief Medical Technologist:	ΕP		
合格 / Passed 須進一步檢查 / Need further examinations 直責醫檢師簽章 / Signature & Seal of Chief Medical Technologist: 直責醫師簽章 / Signature & Seal of Chief Physician: 旦当医師の署名及び捺印 B院負責人簽章 / Signature & Seal of Superintendent: 医院の責任者署名及び捺印 期 / Date:年月日	ΕP		
合格 / Passed □ 須進一歩檢查 / Need further examinations □ 負責醫檢師簽章 / Signature & Seal of Chief Medical Technologist: □ 負責醫師簽章 / Signature & Seal of Chief Physician: □ 当医師の署名及び捺印 B院負責人簽章 / Signature & Seal of Superintendent: □ 医院の責任者署名及び捺印 B期 / Date: □ 年 月 日	ΕP		

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

附錄一 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 1 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.

Phụ lục 1 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.

附錄二 辦理居留或定居健康檢查補充說明事項

Appendix 2 Additional instructions of health examination for residence application

- 一、6 歲以下兒童免辦理健康檢查,但須檢具預防接種證明備查(年滿 1 歲以上者,至少接種 1 劑麻疹、德國麻疹疫苗)。Children under 6 years of age are exempt from health examination, but the certificate of vaccination is necessary. (Child age one and above should get at least one dose of measles and rubella vaccines).
- 二、懷孕婦女及 12 歲以下兒童免驗胸部 X 光檢查;懷孕婦女於產後應補辦理胸部 X 光檢查。 Pregnant women and children under 12 years of age are exempt from chest X-ray examination; Pregnant women should undergo chest X-ray examination after the child's birth.
- 三、得申請免驗胸部 X 光檢查之資格:來自結核病盛行率低於十萬分之三十的國家,並檢具由精神科醫師出具申請人在心理上不適合進行胸部 X 光檢查之診斷證明書,經衛生福利部疾病管制署審核通過者,始得免除此項檢查。Qualifications for applying exemption from chest X-ray examination: People who are from countries with a tuberculosis prevalence rate of under 30/100,000 and who have received the physical examination certificate that deemed the individual as being unsuitable to undergo chest X-ray examination, which is verified by CDC, are exempt from the examination.
- 四、腸道寄生蟲糞便檢查採離心濃縮法。Stool examination for parasites should be done with centrifugal concentration.
- 五、15 歲以下兒童免驗梅毒血清檢查。 Children under 15 years of age are exempt from serological test for syphilis.
- 六、漢生病檢查為全身皮膚檢查,受檢者可穿著內衣內褲,並由親友或女性醫護人員陪同受檢。 檢查時逐步分部位受檢,避免一次脫光全身衣物,維護受檢者隱私。Hansen's disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant's privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibility to protect the privacy of the applicant, and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

附錄三 免驗腸內寄生蟲糞便檢查之國家/地區表

Appendix 3 List of countries/areas not required to undergo stool examination for parasites

西太平洋區 Western Pacific Region			
澳洲 Australia	汶萊 Brunei Darussalam		
香港 Hong Kong	日本 Japan		
澳門 Macao	紐西蘭 New Zealand		
韓國 Republic of Korea	新加坡 Singapore		
臺灣之無戶籍國民 nationals without registered per			
東地中海區 Eastern Mediterranean Region			
巴林 Bahrain	科威特 Kuwait		
卡達 Qatar	沙烏地阿拉伯 Saudi Arabia		
阿拉伯聯合大公國 United Arab Emirates			
美洲區 Region of the Americas			
阿根廷 Argentina	加拿大 Canada		
智利 Chile	美國 United States of America		
歐洲區 European Region			
阿爾巴尼亞 Albania	安道爾 Andorra		
亞美尼亞 Armenia	奥地利 Austria		
白俄羅斯 Belarus	比利時 Belgium		
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria		
克羅埃西亞 Croatia	賽普勒斯 Cyprus		
捷克 Czech Republic	丹麥 Denmark		
愛沙尼亞 Estonia	芬蘭 Finland		
法國 France	喬治亞 Georgia		
德國 Germany	希臘 Greece		
匈牙利 Hungary	冰島 Iceland		
愛爾蘭 Ireland	以色列 Israel		
義大利 Italy	哈薩克 Kazakhstan		
拉脫維雅 Latvia	立陶宛 Lithuania		
盧森堡 Luxembourg	馬爾他 Malta		
摩納哥 Monaco	蒙特內哥羅 Montenegro		
荷蘭 Netherlands	挪威 Norway		
波蘭 Poland	葡萄牙 Portugal		
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania		
俄羅斯 Russian Federation	聖馬利諾 San Marino		
塞爾維亞 Serbia	斯洛伐克 Slovakia		
斯洛維尼亞 Slovenia	西班牙 Spain		
瑞典 Sweden	瑞士 Switzerland		
馬其頓 The former Yugoslav Republic of	土耳其 Turkey		
Macedonia			
土庫曼 Turkmenistan	烏克蘭 Ukraine		
英國 United Kingdom			

附錄四 免驗漢生病檢查之國家/地區表

Appendix 4 List of countries/areas not required to undergo examination for Hansen's disease

西太平洋區 Western Pacific Region			
澳洲 Australia	汶萊 Brunei Darussalam		
香港 Hong Kong	日本 Japan		
澳門 Macao	紐西蘭 New Zealand		
韓國 Republic of Korea	新加坡 Singapore		
臺灣之無戶籍國民 nationals without registered per	manent residence in Taiwan		
美洲區 Region of the Americas			
加拿大 Canada	智利 Chile		
美國 United States of America			
歐洲區 European Region			
阿爾巴尼亞 Albania	安道爾 Andorra		
亞美尼亞 Armenia	奥地利 Austria		
白俄羅斯 Belarus	比利時 Belgium		
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria		
克羅埃西亞 Croatia	賽普勒斯 Cyprus		
捷克 Czech Republic	丹麥 Denmark		
爱沙尼亞 Estonia	芬蘭 Finland		
法國 France	喬治亞 Georgia		
德國 Germany	希臘 Greece		
匈牙利 Hungary	冰島 Iceland		
愛爾蘭 Ireland	以色列 Israel		
義大利 Italy	哈薩克 Kazakhstan		
拉脫維雅 Latvia	立陶宛 Lithuania		
盧森堡 Luxembourg	馬爾他 Malta		
摩納哥 Monaco	蒙特內哥羅 Montenegro		
荷蘭 Netherlands	挪威 Norway		
波蘭 Poland	葡萄牙 Portugal		
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania		
俄羅斯 Russian Federation	聖馬利諾 San Marino		
塞爾維亞 Serbia	斯洛伐克 Slovakia		
斯洛維尼亞 Slovenia	西班牙 Spain		
瑞典 Sweden	瑞士 Switzerland		
馬其頓 The former Yugoslav Republic of	土耳其 Turkey		
Macedonia			
土庫曼 Turkmenistan	烏克蘭 Ukraine		
英國 United Kingdom			

附錄五:健康檢查不合格之認定及處理原則

檢查項目	不合格之認定及處理原則
胸部X光	一、活動性肺結核或結核性肋膜炎視為不合格。
肺結核檢查	二、非活動性肺結核視為合格,包括下列診斷情形:纖維化(鈣化)肺結核、纖維化
	(鈣化)病灶及肋膜增厚。
	三、經診斷為「疑似肺結核」或「無法確認診斷」者,請攜帶體檢報告、胸部 X 光片
	至指定機構再檢查;所在縣市無指定機構者,得至鄰近醫院之胸腔科門診再檢查。
	四、不合格者得留臺治療後重新體檢,但時間依其停留簽證或入出境許可證之效期為
	限。
腸內寄生蟲	一、經顯微鏡檢查結果為腸道蠕蟲蟲卵或其他原蟲類如:痢疾阿米巴原蟲
糞便檢查	(Entamoeba histolytica)、鞭毛原蟲類,纖毛原蟲類及孢子蟲類者為不合格。
	二、經顯微鏡檢查結果為人芽囊原蟲及阿米巴原蟲類,如:哈氏阿米巴(Entamoeba
	hartmanni)、大腸阿米巴 (Entamoeba coli)、微小阿米巴 (Endolimax nana)、
	嗜碘阿米巴 (Iodamoeba butschlii)、雙核阿米巴 (Dientamoeba fragilis)、唇形
	鞭毛蟲(Chilomastix mesnili)等,可不予治療,視為「合格」。
	三、不合格者得接受治療,檢具複檢陰性證明者,視為合格。
	四、妊娠孕婦如為寄生蟲檢查陽性者,視為合格;請於分娩後,進行治療。
梅毒血清	一、具下列任一條件,視為不合格:
檢查	(一)未曾接受梅毒治療或病史不清楚者,其血清非特異性梅毒螺旋體試驗及特
	異性梅毒螺旋體試驗陽性。
	(二)曾經接受梅毒治療者,其血清非特異性梅毒螺旋體試驗效價≥4倍上升。
	二、血清非特異性梅毒螺旋體試驗及特異性梅毒螺旋體試驗:
	(一)非特異性試驗:快速血漿反應素試驗(RPR)或性病研究實驗室試驗(VDRL)。
	(二)特異性試驗:梅毒螺旋體血液凝集試驗(TPHA)、梅毒螺旋體粒子凝集試驗
	(TPPA)、梅毒抗體間接螢光染色法(FTA-abs)、梅毒螺旋體乳膠凝集試驗(TPLA)
	、梅毒螺旋體酵素免疫分析法(EIA)或梅毒螺旋體化學冷光免疫分析法(CIA)。
	三、梅毒血清檢查如使用中央衛生主管機關所增列之檢驗方法,得於其他下增列。
	四、不合格者得接受治療,檢具治療證明者,視為合格。
麻疹及德國	麻疹或德國麻疹抗體檢查報告為陰性或未確定者,且未檢具麻疹及德國麻疹預防接種
麻疹抗體檢	證明者,視為不合格。但經醫師評估有麻疹及德國麻疹疫苗接種禁忌者,視為合格。
查	
漢生病檢查	一、經診斷為「須進一步檢查」者,請至指定機構進一步檢查;所在縣市無指定機構
	者,得至鄰近醫院之皮膚科門診。
	二、不合格者得留臺治療後重新體檢,但時間依其停留簽證或入出境許可證之效期為
	限。

註:胸部 X 光肺結核檢查或漢生病檢查之再檢查指定機構名單請洽衛生福利部疾病管制署 (http://www.cdc.gov.tw)/國際旅遊與健康/外國人健檢/健檢指定醫院/「胸部 X 光檢查確認機構 名單」或「漢生病個案確診及治療指定機構」。

Appendix 5: Principles in determining the health examination failed and further procedures

Test		Principles in determining the health examination failed and further procedures
Chest X-ray for	1.	Active pulmonary tuberculosis or tuberculous pleurisy is failed.
Tuberculosis	2.	Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified
		foci and enlargement of pleura, is considered passed.
	3.	Those who are determined to be "TB suspect" or whose results are diagnosed "pending"
		diagnosis by the designated hospital in Taiwan must take the report and X-ray films to the
		referred institution for re-examination; those living in cities/counties without a referred
		institution, please visit the department of chest medicine at a nearby hospital.
	4.	People with failed results are allowed to stay for re-examination after receiving treatment,
		but the duration of stay depends on his/her vistor visa or entry/exit permit.
Stool	1.	By microscope examination, cases are determined failed if intestinal helminthes eggs or
Examination for Parasites		other protozoa such as <i>Entamoeba histolytica</i> , flagellates, ciliates and sporozoans are detected.
	2.	Blastocystis hominis and Amoeba protozoa such as Entamoeba hartmanni, Entaboeba coli,
		Endolimax nana, Iodamoeba butschlii, Dientamoeba fragilis, Chilomastix mesnili found
	1	through microscope examination are considered passed and no treatment is required.
	3.	People with failed results can accept treatment, and people with negative re-examination
		results are considered passed.
	4.	Pregnant women who have positive result for parasites examination are considered passed
		and please have medical treatment after the child's birth.
Serological Test	1.	Meeting one of the following criterion are considered failed:
for Syphilis		(1) Without past history of syphilis therapy or with unknown history, the non-treponemal
		test and the treponemal test are positive.
		(2) With past history of syphilis therapy, the non-treponemal test titers are 4-fold rising.
	2.	Serological non-treponemal tests and treponemal tests:
		(1) Non-treponemal tests: RPR or VDRL.
	1	(2) Treponemal tests: TPHA, TPPA, TPLA, EIA, CIA, and FTA-abs.
	ı	Those who had failed serological test for syphilis but have accepted treatment are
		considered passed
Measles and		s considered failed if measles or rubella antibody is negative (or equivocal) and no measles
Rubella	and rubella vaccination certificate issued. Those who have contraindications, not suitable for	
Antibody test		cinations, are considered passed.
Examination for	1.	Those who are determined to need further examinations by the designated hospital in
Hansen's		Taiwan must go to the referred institution for further examinations; those living in
Disease		cities/counties without a referred institution can visit the department of dermatology at a
		nearby hospital.
	2.	People with failed result are allowed to stay for re-examination after receiving treatment,
		but the duration of stay depends on his/her vistor visa or entry/exit permit.