醫院標誌

Hospital's Logo

健康檢查證明應檢查項目表（乙表）

（醫院名稱、地址、電話、傳真機）

ITEMS REQUIRED FOR HEALTH CERTIFICATE（Form B）

（Hospital's Name, Address, Tel, FAX）

檢查日期 ____/____/____

(年) (月) (日)

____/____/____

(M) (D) (Y)

Date of Examination

基 本 資 料 (BASIC DATA)

姓 名 Name ：_____

性別 Sex ：☐男 Male ☐女 Female

身份證字號 ID No. ：_____

護照號碼 Passport No. ：_____

出生年月日 Date of Birth ：___ / ___ / ___

國籍 Nationality ：_____

年齡 Age ：_____

聯絡電話 Phone No. ：_____

照片

Photo

實 驗 室 檢 查 (LABORATORY EXAMINATIONS)

A. 胸部 X 光檢查肺結核（Chest X-Ray for Tuberculosis）：

X 光發現(Findings)：_____

判定(Results)：

☐合格(Passed) ☐疑似肺結核(TB Suspect) ☐無法確認診斷(Pending) ☐不合格(Failed)

(經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者，得至指定機構複驗；但所在縣市無指定機構者，得至鄰近醫院之胸腔科門診複檢。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)

☐孕婦或兒童 12 歲以下免驗 (Not required for pregnant women or children under 12 years of age)

B.腸內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查)(Stool examination for parasites includes *Entameba histolytica* etc.）(centrifugal concentration method)：

☐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) _____

☐兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)

C.梅毒血清檢查（Serological Test for Syphilis）：

檢驗(Tests)：a .☐RPR 或☐VDRL _____ b .☐TPHA/TPPA _____

c .☐其它（Other）_____

判定(Results)：☐合格(Passed) ☐不合格(Failed)

☐兒童 15 歲以下免驗 (Not required for children under 15 years of age)

D.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明（proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates）：

a.抗體檢查（Antibody test）

麻疹抗體 measles antibody titers ☐陽性 Positive ☐陰性 Negative ☐未確定（Equivocal）

德國麻疹抗體 rubella antibody titers ☐陽性 Positive ☐陰性 Negative ☐未確定（Equivocal）

b.預防接種證明 Vaccination Certificates

(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相隔兩週。)

(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 going abroad)

☐麻疹預防接種證明 Vaccination Certificates of Measles

☐德國麻疹預防接種證明 Vaccination Certificates of Rubella

c. ☐經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

漢 生 病 檢 查（EXAMINATION FOR HANSEN'S DISEASE）

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)：_____

○漢生病(疑似個案須進一步檢查)(Hansen's disease suspect needs further exam)

a .病理切片(Skin Biopsy)：_____

b .皮膚抹片(Skin Smear)：○陽性 (Finding bacilli in affected skin smears)

○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(Results)：☐合格(Passed) ☐不合格(Failed)

☐來自特定地區者免驗 (Not required for applicants from designated areas as described in Note 6)

備註(Note)：

一、 本表供外籍人士、無戶籍國民、大陸地區人民及香港澳門居民申請在臺灣居留或定居時使用。This form is for **residence application.**

二、 兒童 6 歲以下免辦理健康檢查，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)。 A child under 6 years old is not necessary to have laboratory examination, but the certificate of vaccination is necessary. Child age one and above should get at least one dose of measles and rubella vaccines.

三、 懷孕婦女及兒童 12 歲以下免接受「胸部X光檢查」；懷孕婦女於產後仍應補照胸部 X 光。 Pregnant women and children under 12 years of age are exempted from chest X-ray examination. Pregnant women should undergo chest X-ray after the child's birth.

四、 申請免除胸部 X 光檢查之適用對象：申請人限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，始得免除此項檢測。

五、 兒童 15 歲以下免接受「梅毒血清檢查」。 A child under 15 years old is not necessary to have Serological Test for Syphilis.

六、 申請者來自附錄一所列國家或地區者，以及在臺灣地區之無戶籍國民，得免驗腸內寄生蟲糞便檢查及漢生病檢查。Applicants coming from countries or areas listed on Appendix 1 or nationals without registered permanent residence in the Taiwan Area are not required to undergo a stool examination for parasites and an examination for Hansen's disease.

七、 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 responsibilities 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.

八、根據以上對_____先生/女士/小姐之檢查結果為

☐合格 ☐不合格 ☐**須進一步檢查**

Result：According to the above medical report of Mr./Mrs./Ms._____, he/she

☐**has passed the examination** ☐**has failed the examination** ☐**needs further examination**.

負 責 醫 檢 師 簽 章 ：
(Chief Medical Technologist) _____ （Name & Signature）

負 責 醫 師 簽 章 ：
(Chief Physician) _____ （Name & Signature）

醫 院 負 責 人 簽 章 ：
(Superintendent) _____ （Name & Signature）

日 期（Date）：_____/_____/_____

本證明三個月內有效（Valid for Three Months）