## 短期研修健康檢查表 (丙表)

	114 - 4.
檢查日期	/
	(年)(月)(日)
Date of Examination	on/
	<b>(</b> M)(D)(Y)

	基	本	資	料	(Basic data)
姓名: Name					性別 : □男 Male □女 Female
國籍 Nationality :					護照號碼 Passport No.
出生年月日 Date of Birth :	/		/_		
检查項目 (Items required)					
A. 麻疹及德國麻疹(風疹)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 Immunization Certificates):					
a.抗體檢查 Antibody Test					
麻疹抗體 Measles antibody titer					
德國麻疹(風疹)抗體 Rubella antibody titer □陽性 Positive □陰性 Negative □未確定 (Equivocal) b.預防接種證明 Immunization Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。如檢附幼時					
接種紀錄,其接種年齡必須			百汉	田石	俩·按性 I 划 · 按性 平位 以 酉 叩 效 平 · 如 做 內 切 吋
(The certificate must include i	nformatio	on suc			late of immunization, and the name of the hospital
or clinic administering the vaccine or the signature of the physician administering the vaccine. If the					
childhood immunization record is submitted, it is important to include the record of the vaccines administered only after one year of age.)					
□麻疹預防接種證明 Me			zatioi	n Cer	tificate
□德國麻疹(風疹)預防接	:種證明 F	Rubell	a Im	muni	zation Certificate
c. □經醫師評估,有接種禁忌	·者, 暫不	「適宜	接種	· (H	aving contraindications, not suitable for vaccination)
B. 胸部 X 光檢查肺結核 (Chest X-Ray for Tuberculosis):					
X 光發現(X-ray Findings):					
判定(Results):  □合格(Passed) □疑似	肺結核(T	B Sus	mect)	)	□須進一步診斷( Pending) □ □ 不会格(Failed)
□合格(Passed) □疑似肺結核(TB Suspect) □須進一步診斷( Pending) □不合格(Failed) □孕婦免驗 (Maternity Exemption)					
借註(Note):					
一、本表為外籍學生、大陸及港澳地區學生來臺停留研修之健康檢查項目表。This form lists the					
required medical examination items for students applying for short-term study in Taiwan.					
二、根據以上對					
□合格 □不合格 □須進一步檢查					
Results: According to the above medical report of Mr./Mrs./Ms, he/she					
□has passed the examinat	tion 🗆	has f	ailed	l the	examination uneeds further examination.
負責醫檢師簽章					(37
負 寅 醫 檢 師 殮 卓 (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):/	/				