

居留或定居健康檢查項目表
Health Certificate for Residence Application

檢查日期 / Date of Examination

____/____/____



基本資料 / Basic Data

姓名： Name	性別： <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F Sex	照片 / Photo
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.	

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: _____ No evidence of active tuberculosis detected

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:

- 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

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: ____ / ____ / ____

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