

**短期研修健康檢查項目表**  
**Health Certificate for Short-Term Students**

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

檢查日期 / Date of Examination  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**基本資料 / Basic Data**

<b>姓名</b> : <b>Name</b> :	<b>性別</b> : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F <b>Sex</b>
<b>國籍</b> : <b>Nationality</b> :	<b>護照號碼</b> : <b>Passport No.</b> :
<b>出生年月日</b> : _____ / _____ / _____ <b>Date of Birth</b>	

**實驗室檢查 / Laboratory Examinations**

<p><b>A. 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 :</b></p> <p>a. 抗體檢查 / Antibody Tests</p> <p>麻疹抗體 / Measles Antibody <input type="checkbox"/> 陽性 / Positive <input type="checkbox"/> 陰性 / Negative <input type="checkbox"/> 未確定 / Equivocal</p> <p>德國麻疹抗體 / Rubella Antibody <input type="checkbox"/> 陽性 / Positive <input type="checkbox"/> 陰性 / Negative <input type="checkbox"/> 未確定 / Equivocal</p> <p>b. 預防接種證明 / Vaccination Certificates (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於1歲。 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after one year of age.)</p> <p><input type="checkbox"/> 麻疹預防接種證明 / Measles Vaccination Certificate</p> <p><input type="checkbox"/> 德國麻疹預防接種證明 / Rubella Vaccination Certificate</p> <p>c. <input type="checkbox"/> 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination</p> <p><b>B. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis :</b></p> <p>X 光發現 / Findings :</p> <p>判定 / Result :</p> <p><input type="checkbox"/> 合格 / Passed <input type="checkbox"/> 疑似肺結核 / TB suspect <input type="checkbox"/> 無法確認診斷 / Pending <input type="checkbox"/> 不合格 / Failed</p> <p><input type="checkbox"/> 孕婦免驗 / Not required for pregnant women</p>
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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 : 本表為來臺短期研修停留之健康檢查項目表。表單格式僅供參考，學生可分別檢具預防接種證明及胸部 X 光檢查報告。 / This form lists the required medical examination items for students applying for short-term study in Taiwan. This form is only used for reference, students may submit a copy of vaccination certificates and the chest X-ray report instead of completing this form.

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

**麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明(二擇一)**  
**Proof of Positive Measles and Rubella Antibody or Measles and Rubella**  
**Vaccination Certificates (alternative)**

**基本資料/ Basic Data**

姓名 Name :	性別 Sex : <input type="checkbox"/> 男/M <input type="checkbox"/> 女/F
國籍 Nationality :	護照號碼 Passport No. :
出生年月日 Date of Birth : ____/____/____	

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 (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於1歲。/ The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate 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/ 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

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 of Examination : \_\_\_\_/\_\_\_\_/\_\_\_\_

**胸部 X 光肺結核檢查報告**  
**Chest X-ray for Tuberculosis Report**

**基本資料 / Basic Data**

姓名 Name :	性別 Sex : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F
國籍 Nationality :	護照號碼 Passport No. :
出生年月日 Date of Birth : ____ / ____ / ____	

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

孕婦免驗 / Not required for pregnant women

負責醫師簽章 / Signature of Chief Physician :

醫院負責人簽章 / Signature of Superintendent :

日期 / Date of Examination : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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