

東吳大學短期研修學生入境臺灣之健康檢查表

Medical Examination Requirements for Short-Term Students in Taiwan (Form C)

基本資料 (Basic data)			
姓名 Name	性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	照片 photo
國籍 Nationality	護照號碼 Passport No.		
出生年月日 Date of Birth	東吳大學學號 Student ID No.	(filled by school)	

檢 查 項 目 (Items required)

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，就醫時請攜帶預防接種證明，含疫苗名稱、接種日期、接種單位或醫師簽章，以供醫師查核後填寫。如果麻疹及德國麻疹(風疹)抗體結果為陰性者，必須至少注射一劑三合一 MMR 疫苗才算合格。This form lists the required medical examination items for students applying for short-term study in Taiwan. Students must provide immunization certificate (including the information such as the date of immunization, and the name of the hospital or clinic, and the signature of the physician administering the vaccine, to the physician who fills in this form. If the student does not have measles or rubellas IgG antibodies, at least one dose of MMR immunization is indicated to meet the medical examination requirement.

A. 麻疹及德國麻疹(風疹)抗體陽性報告或預防接種證明 (Proof of Positive Antibody or Immunization Certificates) :

a. 抗體檢查 Antibody Test

麻疹抗體 Measles antibody titer 陽性 Positive 陰性 Negative 未確定 (Equivocal)
 德國麻疹(風疹)抗體 Rubella antibody titer 陽性 Positive 陰性 Negative 未確定 (Equivocal)

或 or

b. 預防接種證明 Immunization Certificate (接種年齡必須大於 1 歲)

(The certificate must include If the childhood immunization record is submitted, it is important to include the record of the vaccines administered only after one year of age.)

單劑預防接種 Single-dose Immunization		或 or	三合一疫苗預防接種 MMR Immunization	
麻疹疫苗 Measles vaccine	第一劑接種日 Date of 1 st immunization ____ (M) / ____ (D) / ____ (Y)		麻疹-腮腺炎-德國麻疹三合一疫苗 (MMR) Measles-Mumps-Rubella vaccine	第一劑接種日 Date of 1 st immunization ____ (M) / ____ (D) / ____ (Y)
	第二劑接種日 Date of 2 nd immunization ____ (M) / ____ (D) / ____ (Y)			此疫苗至少需注射 1 劑 At least one dose of MMR immunization is required
德國麻疹疫苗 Rubella vaccine	第一劑接種日 Date of 1 st immunization ____ (M) / ____ (D) / ____ (Y)			第二劑接種日 Date of 2 nd immunization ____ (M) / ____ (D) / ____ (Y)

或 or

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

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

X 光檢查日期(Date of X-ray examination) : ____ (M) / ____ (D) / ____ (Y)

X 光檢查結果(X-ray Findings) : _____

X 光檢查判定(Results) :

- 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)

醫師總評及建議 (Comments and Suggestions): 根據以上之檢查結果為

- 合格 has passed the examination
 不合格 has failed the examination
 須進一步檢查 needs further examination.

負責醫師簽章 : _____ (Name & Signature)
(Chief Physician)

醫院負責人簽章 : _____ (Name & Signature)
(Superintendent)

日期 (Date) : ____ (M) / ____ (D) / ____ (Y)