

各位師生同仁，大家好：

為了強化校園結核病的預防和控制措施，教育部針對來台研習停留3個月以上的華語文研習生新增停留健康檢查項目：

1. 麻疹及德國麻疹抗體陽性健康檢查報告或預防性接種證明
2. 胸部 X 光肺結核檢查

為此，即日起本組華語課程申請者請於母國進行上述檢查後，由當地醫療院所填妥附件 1 表單，連同其他申請文件（個人資料表、護照）一併提交作為申請資料。

無法於來臺前完成健檢者，請簽署附件 2 同意書，於來臺後兩週內至本校指定醫院完成健檢並提交指定健檢報告書。

國立台灣大學語文中心 中國語文組 謹啟

Dear all,

In order to strengthen the prevention and control of tuberculosis on campus, the Ministry of Education has introduced additional health screening requirements for Chinese language learners who will be staying in Taiwan for more than 3 months (including 3 months):

1. **Proof of positive antibodies or Immunization certificate for Measles IgG and Rubella IgG**
2. **Chest X-ray for Tuberculosis**

In accordance with government regulations, please complete the specified health checks in your home countries, and submit the attached medical examination form (Attachment-1) along with other application materials, including application form and passport.

If there is difficulty for you to complete the health examination before your arrival in Taiwan, please sign the agreement instead (Attachment-2) and complete the health examination in prescribed hospital and submit the health examination form in 2 weeks after your arrival in Taiwan.

Sincerely,
Chinese Language Section Language Center,
National Taiwan University

P qvq'Vj ku'qto 'hku'j g'o gf lecl'g'zco lpcv'q'p'tgs vktgo g'p'v'q'p'uwf g'p'v'c'rr n'f l'p'i 'h'q't'ij q'tv'v'go 'uwf { 'p'V'cl'p cp0Uwf g'p'v' o v'w't'q'x'f g'l'p'q'to c'v'q'p'uw'j 'cu'j g'p'co g'q'h'j g'x'ceel'p'g' 'j' g'f c'v'q'h'j g'lo o w'p'k c'v'q'p' 'j' g'p'co g'q'h'j g'j q'ur k'cl'q't' 'e'p'le." cp'f 'j' g'li pcw'g'q'h'j g'r'j { u'elc'p'f'f o l'p'k'g't'p'i 'j' g'x'ceel'p'g' 'q'j' g'r'j { u'elc'p'y j q'h'ku'l'p'j ku'q'to 0R'j g'uwf g'p'v'f q'gu'p'q'v' j c'x'g'o g'cu'g'u'q't' 'o w'o r'u'KI 'c'p'v'd'q'f l'gu'c'v'g'cu'q'p'g'f q'ug'q'h'O O T' 'lo o w'p'k c'v'q'p' 'ku'p'f l'ec'v'g'f 'q' 'o g'g'v'j g'o gf l'ec'ri' g'zco lpcv'q'p'tgs vktgo g'p'v'0'

Attachment-2

關於華語文研習生新增停留健康檢查項目：

1. 麻疹及德國麻疹抗體陽性健康檢查報告或預防性接種證明
2. 胸部 X 光肺結核檢查

由於本人目前所在地不便進行健康檢查，故本人將改於抵臺後兩週內至臺大醫院臺大外籍生健檢門診補做檢查並補交健檢表單。

● 關於臺大醫院臺大外籍生健檢：

請攜帶附件 1 兩份表單、護照、CLD 學員證，至家醫科門診找陳小姐現場掛號。費用為 NTD1,000-2,000。看診時間為每週一至週三，上午 8:30-10:30、下午 1:30-3:00。

● 健檢須於指定醫院進行，其中以臺大醫院的本校外籍生健檢費用較為便宜且方便，故建議學生直接至臺大醫院健檢。

學員姓名：_____ CLD 學號：_____

學員簽名：_____ 簽署日期：_____

About the additional health screening requirements for Chinese language learners who will be staying in Taiwan for more than 3 months (including 3 months):

1. Proof of positive antibodies or Immunization certificate for Measles IgG and Rubella IgG
2. Chest X-ray for Tuberculosis

Because it's not convenient for me to do health examination in my current place of residence, I promise to submit my health examination report in 2 weeks after my arrival in Taiwan. I will follow the CLD instructions to do the health examination at NTU Hospital and submit my report then.

● About NTU Hospital health examination:

Please bring the attached 2 forms, passport, CLD ID card for on-site registration with Ms. Chen at the Clinic of Family Medicine at NTU Hospital. The price is about NTD1,000-2,000. The available time is every Monday, Tuesday and Wednesday, 8:30-10:30AM and 1:30-3:00PM.

● You have to do the health examination at prescribed hospitals. And NTU Hospital's clinic for NTU foreign students is convenient and comparatively cheap; hence you are advised to do it there.

Student's Name: _____ CLD ID No.: _____

Student's Signature: _____ Date: _____

國立臺灣大學交換暨訪問學生健康檢查表

NTU Incoming Exchange / Visiting Students Health Exam Form

107.4

姓名 Name		性別 Gender	<input type="checkbox"/> 男Male <input type="checkbox"/> 女Female		相片 Photo
學號 Student ID		系所 Department			
居留證或護照號碼 ARC or Passport No.		國籍 Nationality			
電話 Tel No.		生日 Date of Birth	年Y / 月M / 日D /		
個人病史 Personal History					
<input type="checkbox"/> 食物 Food allergies或 <input type="checkbox"/> 藥物過敏 Drug allergies (名稱 Item name:)					
※理學檢查 Physical Examination					
身高 Height	cm		體重 Weight	kg	
腰圍 Waist circumference	cm		血壓 Blood Pressure	/ mmHg	
頭頸部 Head & Neck			脈搏 Pulse Rate	/min	
胸部 Chest			心臟 Heart		
腹部 Abdomen			肺部 Lungs		
肌肉、骨、關節 Muscles/Bones/Joints			皮膚 Skin		
其他 Others					
口腔 Oral Cavity					
視力 Visual Acuity	裸視 Uncorrected	R		L	
	矯正 Corrected	R		L	
辨色力 Color Differentiation	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal				
聽力 Hearing	右Right	<input type="checkbox"/> 通過Pass <input type="checkbox"/> 未通過Fail		左Left	<input type="checkbox"/> 通過Pass <input type="checkbox"/> 未通過Fail
※胸部X光 Chest X-Ray Report		<input type="checkbox"/> 無活動性肺病變 No active lung lesion <input type="checkbox"/> 異常Abnormal			
實驗室檢查 Laboratory Examinations					
肝功能 ALT:	U/L	空腹血糖 AC sugar:	mg/dL	白血球數 WBC:	K/ μ L
肌酸酐 Creatinine:	mg/dL	尿酸 Uric acid:	mg/dL	血紅素 Hb:	g/dL
總膽固醇 T-cholesterol:	mg/dL	三酸甘油脂 Triglycerides:	mg/dL	血小板數 Platelet:	K/ μ L
尿液 Urine	尿蛋白 Protein:	尿糖 Sugar:	尿潛血 Occult Blood:		
個案目前是否因疾病服用藥物或接受治療 Is the student taking medications or treatment for any disease:					
總評及建議 Comments and Suggestions:					
醫師簽章 Doctor's signature: 證書字號 License No.:					
檢查日期 Date of health exam: 健康檢查醫療院所名稱 Name of the medical institution for the health exam: 請務必加蓋機關印章，否則視同無效。Not valid if without the institution's seal.					

本表所有檢查項目皆為必要項目 (All exams listed above are mandatory items.)

國立臺灣大學-短期研修健康檢查表 (丙表)
National Taiwan University-Medical Examination
Requirements for Short-Term Students (Form C)

檢查日期 ____/____/____
(年)(月)(日)
Date of Examination ____/____/____
(M)(D)(Y)

基本資料 (Basic data)

姓名 Name	:	_____	性別 Sex	:	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
身份證字號 ID No.	:	_____	護照號碼 Passport No.	:	_____
出生年月日 Date of Birth	:	____/____/____	NTU 學號 Student ID	:	_____

檢查項目 (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 ☐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)

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，其接種年齡必須大於 1 歲。)

(The certificate must include information such as the date 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 Measles Immunization Certificate

☐德國麻疹(風疹)預防接種證明 Rubella Immunization Certificate

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 光發現(X-ray Findings): _____

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)

備註(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。本表僅供參考用，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 immunization certificates and the chest X-ray report instead of completing this form.

二、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

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

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

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

醫療院所印章: _____ (Name & Signature)
(Medical institution's seal)

日期 (Date): ____/____/____