

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

檢查日期 / Date of Examination année / mois / jour

**基本資料 / Basic Data**

<b>姓名</b> : Name	<b>性別</b> : <input type="checkbox"/> M/男 <input type="checkbox"/> F/女 Sex	<b>照片 / Photo</b>
<b>身份證字號</b> : ID No.	<b>護照號碼</b> : Passport No.	
<b>出生年月日</b> : <u>année</u> / <u>mois</u> / <u>jour</u> Date of Birth	<b>國籍</b> : Nationality	
<b>年齡</b> : Age	<b>聯絡電話</b> : 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 : \_\_\_\_\_

判定 / Result :

- Passed/合格**                       TB suspect /疑似肺結核     Pending/無法確認診斷     Failed/不合格  
 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 :** **Not required for applicants coming from France and others countries/areas listed on Appendix 3**

- 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 \_\_\_\_\_  
 Not required for applicants from countries/areas listed in Appendix 3 /來自附錄三之國家/地區者免驗

**C. 梅毒血清檢查 / Serological Tests for Syphilis :**

檢驗 / Tests :

- a.  RPR     VDRL  
 Positive/陽性，效價 / Titers \_\_\_\_\_                       **Negative/陰性**，效價 / Titers \_\_\_\_\_
- b.  TPHA     TPPA     FTA-abs     TPLA     EIA     CIA  
 Positive/陽性，效價 / Titers \_\_\_\_\_                       **Negative/陰性**，效價 / Titers \_\_\_\_\_
- c.  other \_\_\_\_\_     Positive/陽性，效價 / Titers \_\_\_\_\_  
 **Negative/陰性**，效價 / Titers \_\_\_\_\_

判定 / Result :  **Passed /合格**                       Failed /不合格

Not required for children under 15 years of age / 15歲以下兒童免驗

**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     **Positive/陽性**                       Negative /陰性     Equivocal/未確定  
德國麻疹抗體 / Rubella Antibody     **Positive/陽性**                       Negative /陰性     Equivocal/未確定

- 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.)

**Measles Vaccination Certificate**/麻疹預防接種證明  
 **Rubella Vaccination Certificate**/德國麻疹預防接種證明

- c.  Having contraindications, not suitable for vaccination /有接種禁忌，暫不適宜預防接種

**漢生病檢查 / Examinations for Hansen's Disease** **Not required for applicants coming from France and others countries/areas listed on Appendix 3**

**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

Result/判定 :

Passed / 合格

Needs further examinations / 須進一步檢查

Failed / 不合格

Not required for applicants from countries/areas listed in Appendix 4 / 來自附錄四之國家/地區者免驗

The final result of health examination/健康檢查總結果 :

**Passed/合格**

Need further examinations/須進一步檢查  Failed/不合格

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 : année / mois / jour

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