【健康檢查表範例】

請確認所有檢查欄位結果皆經醫生打勾確認，並有醫生蓋章及簽名。

【 Эрүүл мэндийн шинжилгээний хуудсыг бөглөх жишээ 】

Эрүүл мэндийн хуудас дээр буй шинжилгээний хариуны хэсэг бүр дээр эмчийн гарын үсэг тамгатай байх, хэрэв эрүүл мэндийн шинжилгээнд тэнцсэн бол passed гэсэн хэсэг дээр заавал зөв тэмдэг байх ёстойг анхаарна уу!

【Sample of Health Certificate】

Please make sure that each and every result was ticked, with the stamp and signature of doctor. The original reports should be attached.

醫院標誌
Hospital's Logo

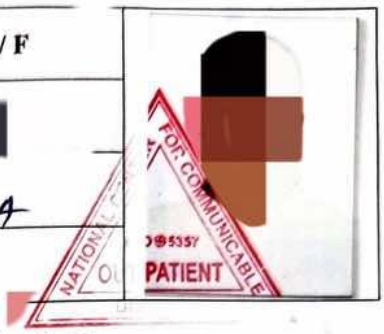
居留或定居健康檢查項目表
Health Certificate for Residence Application

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

檢查日期 / Date of Examination 2024 / 07 / 23

基本資料 / Basic Data

姓名 Name :	性別 Sex : ☑ 男 / M ☐ 女 / F
身份證字號 ID No. [redacted]	護照號碼 Passport No. [redacted]
出生年月日 Date of Birth : [redacted]	國籍 Nationality : MONGOLIA
年齡 Age : 17	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：

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

2024-07-23

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：○ 非漢生病人 / 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：B. Narintaya

負責醫師簽章 / Signature of Chief Physician：

醫院負責人簽章 / Signature of Superintendent：

日期 / Date：YYYY/MM/DD 2024/07/24

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

National Center for Communicable Disease
Department of Radiology

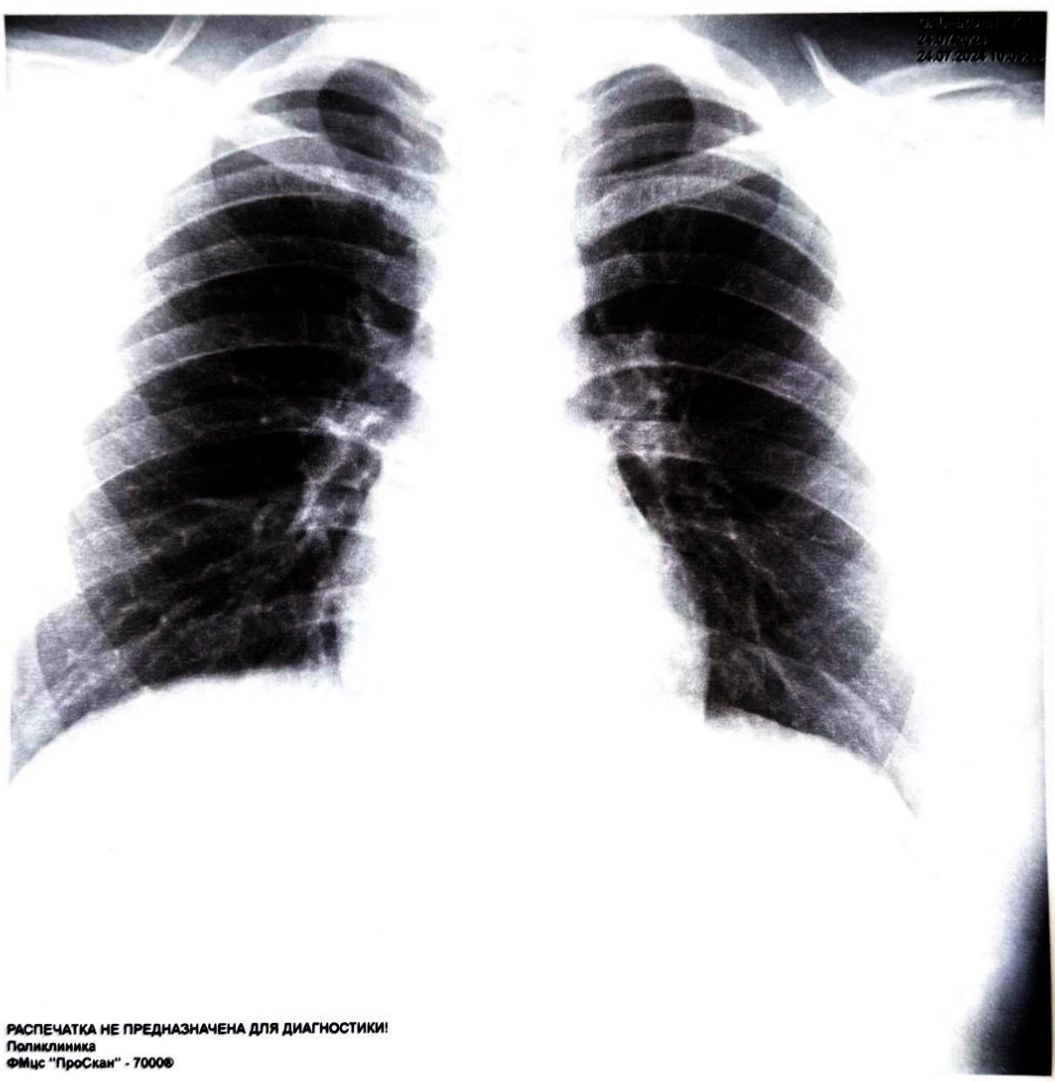
Chest X-ray examination №.....

Surname..... **Age**.....
Name..... **Sex**.....
.....
.....

NATIONAL CENTER FOR COMMUNICABLE DISEASES
DEPARTMENT OF RADIOLOGY

Signature.....

Date.....2024.07.24



РАСПЕЧАТКА НЕ ПРЕДНАЗНАЧЕНА ДЛЯ ДИАГНОСТИКИ!
Поликлиника
ФМцс "ПроСкан" - 7000®

NATIONAL CENTER FOR COMMUNICABLE DISEASES MONGOLIA
/CDL-GEN-002-001/

RESULTS OF SYPHILIS TESTS

Sample ID: [redacted]

Surname: [redacted] Given name: [redacted]

Personal No: [redacted] Sex: ○ Male ○ Female

Citizenship: Mongolia Age: [redacted]

Examination type/code: ..... Key population group/code: MSM

Sample information					
Sender organization		Recipient organization	NCCD - CDL - STI		
Type	○ Whole blood ○ Spinal fluid ○ Serum ○ Other			Volume	
Sample collection date		Sample received date			

Test result:

№	Test type	Reference value	Result
1.	TPHA	negative	
2.	RPR	negative	
3.	RPR titre	-	
4.	anti-T.pallidum IgG	negative	TP IgG(-)
5.	anti-T.pallidum IgM	negative	
6.	HISCL- TP Ab	0-1 C.O.I	
7.	VDRL	negative	
8.	PCR	negative	

Test completion date: 2024.07.24

Performed by: .....

Approved by: .....

Phone: 462379, 454188
Fax. 458699, 462379,

Address: Ulaanbaatar, Bayan-Zurkh district,/1334
Nam-Yan-Ju street-32/1/ 1A campus. UB14210

NATIONAL CENTER FOR COMMUNICABLE DISEASES MONGOLIA
/CDL-GEN-002-001/

RESULTS OF HIV TESTS

Sample ID: .....

Surname: [redacted] Given name: [redacted]

Personal No: .....

Citizenship: Mongolia

Sex: ☑ Male ☐ Female

Age: 17

Examination type/code: .....

Key population group/code: DS

Sample information			
Sender organization		Recipient organization	NCCD - CDL - STI
Type	○ Whole blood ○ Serum ○ Spinal fluid ○ Other		Volume
Sample collection date		Sample received date	

Test result:

No	Test type	Reference value	Result
1	Anti HIV1/2	Negative	HIV (-) NEGATIVE XHT0236
2	HIV-1 Quantitative	Not detected	
3	HIV-1 Viral load	Not detected	

Test completion date: 2024.07.24

Performed by: .....

Approved by: .....

Phone: 462379, 454188
Fax: 466099, 462379

Address: Ulaanbaatar, Bayan-Zurkh district,1334
Nam-Yan-Ju street-32/1/ 1A campus. UB14216

NATIONAL CENTER FOR COMMUNICABLE DISEASES (NCCD),

MINISTRY OF HEALTH

Address: NamYan Ju Street, 14 Khoroo, Bayanzurkh District, Ulaanbaatar 210648, Mongolia (Postal Branch No 48) Tel: +976-11-453849

CERTIFICATE OF VACCINATION

Given name: [redacted]
Surname:
Date of birth: 29.Jan.2007
ID code: [redacted]
Sex: M
City: Ulaanbaatar
Country: Mongolia

	Prescription	Vaccinated data						
		First dosage				Booster dosage		
		1	2	3	4	1	2	3
1	MMR	23.Jul.24						

NATIONAL CENTER FOR COMMUNICABLE DISEASES XTO 5357 OUT PATIENT

Head of Outpatient Clinic

23 July 2024

B.Saruul /MD.PhD /