

短期研修學生入境台灣之健康檢查表 (丙表)

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

基本資料 (Basic data)

姓名 : Name	性別 : <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 : _____(M) / _____(D) / _____(Y)	臺灣大學學號 : NTU Student ID No. _____

檢查項目 (Items required)

A. 麻疹及德國麻疹之抗體陽性報告或預防接種證明 Proof of Positive Antibodies or Immunization Certificates :

a. 抗體檢查 Antibody Tests

1. 麻疹抗體 Measles IgG antibody 陽性 Positive 陰性 Negative
 2. 德國麻疹抗體 Rubella IgG antibody 陽性 Positive 陰性 Negative

或 or

b. 預防接種證明 Immunization Certificate

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		麻疹-腮腺炎-德國麻疹三合一疫苗 Measles-Mumps-Rubella (MMR) vaccine	第一劑預防接種日期: Date of the 1 st immunization: _____(M)/_____(D)/_____(Y) (此疫苗至少需注射一劑) (At least one dose of MMR immunization is required.)
			第二劑預防接種日期: Date of the 2 nd immunization: _____(M)/_____(D)/_____(Y)
德國麻疹疫苗 Rubella vaccine			第二劑預防接種日期: Date of the 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 光檢查結果 (X-ray Findings) : _____
 X 光檢查日期 (Date of X-ray examination) : _____(M)/_____(D)/_____(Y)
 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:根據以上之檢查結果為

Physician's Comments and Suggestions : According to the above medical reports, the student

- 合格 has met the medical examination requirements.
不合格 has failed the medical examination requirements.
須進一步檢查 needs further examination.

負責醫師簽章 : _____
 (Physician's signature)

日期(Date) : _____/_____/_____

醫療院所印章 : _____ (M) (D) (Y)

備註：本表為外籍學生、大陸及港澳地區學生來臺灣短期停留研修之健康檢查項目表，請就醫時攜帶預防接種證明（包含疫苗名稱、接種日期、接種單位或醫師簽章）供醫師查核，並由醫師填寫 b 項之預防接種證明。如果麻疹或德國麻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。

Note: This form lists the medical examination requirements for students applying for short-term study in Taiwan. Students must provide information such as, the name of the vaccine, the date of the immunization, 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 mumps IgG antibodies, at least one dose of MMR immunization is indicated to meet the medical examination requirements.