

医院标志

Hospital's

Logo

健康检查证明应检查项目表 (乙表)

(医院名称、地址、电话、传真机)

ITEMS REQUIRED FOR HEALTH CERTIFICATE (Form B)

(Hospital's Name, Address, Tel, FAX)

检查日期 ____/____/____

(年)(月)(日)

____/____/____

(M)(D)(Y)

Date of Examination

基本资料 (BASIC DATA)

姓名 : _____
Name

性别 : ☐男 Male ☐女 Female
Sex

身份证号码 : _____
ID No.

护照号码 : _____
Passport No.

出生年月日 : ____ / ____ / ____
Date of Birth

国籍 : _____
Nationality

年龄 : _____
Age

联系电话 : _____
Phone No.

照片

Photo

实验室检查 (LABORATORY EXAMINATIONS)

A. HIV 抗体检查 (Serological Test for HIV Antibody):

☐阳性 (Positive) ☐阴性 (Negative) ☐未确定 (Indeterminate)

a. 筛检 (Screening Test): ☐EIA ☐PA ☐其他 (Others) _____

b. 确认 (Confirmatory Test): ☐Western Blot ☐其他 (Others) _____

☐儿童 15 岁以下免验 (Not required for children under 15 years of age)

B. 胸部 X 光检查肺结核 (Chest X-Ray for Tuberculosis):

X 光发现 (Findings): _____

判定 (Results):

☐合格 (Passed) ☐疑似肺结核 (TB Suspect) ☐无法确认诊断 (Pending) ☐不合格 (Failed)

(经台湾健检医院判定为疑似肺结核或无法确认诊断者, 得至指定机构复验; 但所在县市无指定机构者, 得至邻近医院之胸腔科门诊复检。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)

☐孕妇或儿童 12 岁以下免验 (Not required for pregnant women or children under 12 years of age)

C. 肠内寄生虫 (含痢疾阿米巴等原虫) 粪便检查 (采用离心浓缩法检查) (Stool examination for parasites includes *Entameba histolytica* etc.) (centrifugal concentration method):

☐阳性, 种名 (Positive, Species) _____ ☐阴性 (Negative)

☐其他可不予治疗之肠内寄生虫 (Other parasites that do not require treatment) _____

☐儿童 6 岁以下或来自特定地区者免验 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)

D. 梅毒血清检查 (Serological Test for Syphilis):

检验 (Tests): a. ☐RPR 或 ☐VDRL _____ b. ☐TPHA/TPPA _____

c. ☐其它 (Other) _____

判定 (Results): ☐合格 (Passed) ☐不合格 (Failed)

☐儿童 15 岁以下免验 (Not required for children under 15 years of age)

E.麻疹及德国麻疹之抗体阳性检验报告或预防接种证明 (proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates):

a.抗体检查 (Antibody test)

麻疹抗体 measles antibody titers ☐ 阳性 Positive ☐ 阴性 Negative ☐ 未确定 (Equivocal)

德国麻疹抗体 rubella antibody titers ☐ 阳性 Positive ☐ 阴性 Negative ☐ 未确定 (Equivocal)

b.预防接种证明 Vaccination Certificates

(含接种日期、接种院所及疫苗批号; 接种日期与出国日期应至少相隔两周。)

(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 going abroad)

☐ 麻疹预防接种证明 Vaccination Certificates of Measles

☐ 德国麻疹预防接种证明 Vaccination Certificates of Rubella

c. ☐ 经医师评估, 有接种禁忌者, 暂不适宜接种。(Having contraindications, not suitable for vaccination)

汉生病检查 (EXAMINATION FOR HANSEN'S DISEASE)

全身皮肤视诊结果 (Skin Examination)

☐ 正常 Normal

☐ 异常 Abnormal: ☐ 非汉生病 (not related to Hansen's disease): _____
☐ 汉生病(疑似个案须进一步检查)(Hansen's disease suspect needs further exam)

a. 病理切片 (Skin Biopsy): _____

b. 皮肤抹片 (Skin Smear): ☐ 阳性 (Finding bacilli in affected skin smears)
☐ 阴性 (Negative)

c. 皮肤病灶合并感觉丧失或神经肿大 (Skin lesions combined with sensory loss or enlargement of peripheral nerves) ☐ 有 (Yes) ☐ 无 (No)

判定 (Results): ☐ 合格 (Passed) ☐ 不合格 (Failed)

备注 (Note):

一、本表供外籍人士、无户籍国民、大陆地区人民及香港澳门居民申请在台湾居留或定居时使用。This form is for residence application.

二、儿童 6 岁以下免办理健康检查, 但须检具预防接种证明备查(年满 1 岁以上者, 至少接种 1 剂麻疹、德国麻疹疫苗)。A child under 6 years old is not necessary to have laboratory examination, but the certificate of vaccination is necessary. Child age one and above should get at least one dose of measles and rubella vaccines.

三、怀孕妇女及儿童 12 岁以下免接受「胸部 X 光检查」; 怀孕妇女于产后仍应补照胸部 X 光。Pregnant women and children under 12 years of age are exempted from chest X-ray examination. Pregnant women should undergo chest X-ray after the child's birth.

四、申请免除胸部 X 光检查之适用对象: 申请人限来自结核病盛行率低于十万分之三十的国家, 并检具由精神科医师出具申请人在心理上不适合进行胸部 X 光检查之诊断证明书, 经行政院卫生署疾病管制局审核通过者, 始得免除此项检测。

五、儿童 15 岁以下免接受「HIV 抗体检查」及「梅毒血清检查」。A child under 15 years old is not necessary to have Serological Test for HIV or Syphilis.

六、居住于美国、加拿大、欧洲、新西兰、澳洲、日本、南韩、香港、澳门及新加坡等地区或国家之申请者, 得免验肠内寄生虫粪便检查。Applicants living in USA, Canada, Europe, New Zealand, Australia, Japan, South Korea, Hong Kong, Macao or Singapore are not required to undergo a stool examination for parasites.

七、汉生病检查为全身皮肤检查, 受检者可穿着内衣内裤, 并由亲友或女性医护人员陪同受检。检查时逐步分部位受检, 避免一次脱光全身衣物, 维护受检者隐私。Hansen's disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant's privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibilities to protect the privacy of the applicant and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

八、根据以上对_____先生/女士/小姐之检查结果为

☐ 合格 ☐ 不合格 ☐ 须进一步检查

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

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

负责医检师签章:
(Chief Medical Technologist)

(Name & Signature)

负责医师签章:
(Chief Physician)

(Name & Signature)

医院负责人签章:
(Superintendent)

(Name & Signature)

日期 (Date): _____/_____/_____

本证明三个月内有效 (Valid for Three Months)

附录：健康检查证明不合格之认定原则

检查项目	不合格之认定原则
人类免疫缺乏病毒抗体检查	一、人类免疫缺乏病毒抗体检验经初步测试，连续二次呈阳性反应者，应以西方墨点法(WB)作确认试验。 二、连续二次(采血时间需间隔三个月)西方墨点法结果皆为未确定者，视为合格。
胸部X光检查	一、活动性肺结核(包括结核性肋膜炎)视为「不合格」。 二、非活动性肺结核视为「合格」，包括下列诊断情形：纤维化(钙化)肺结核、纤维化(钙化)病灶及肋膜增厚。
肠内寄生虫粪便检查	一、经显微镜检查结果为肠道蠕虫虫卵或其他原虫类如：痢疾阿米巴原虫 (<i>Entamoeba histolytica</i>)、鞭毛原虫类，纤毛原虫类及孢子虫类者为不合格。 二、经显微镜检查结果为人芽囊原虫及阿米巴原虫类，如：哈氏阿米巴 (<i>Entamoeba hartmanni</i>)、大肠阿米巴 (<i>Entamoeba coli</i>)、微小阿米巴 (<i>Endolimax nana</i>)、嗜碘阿米巴 (<i>Iodamoeba butschlii</i>)、双核阿米巴 (<i>Dientamoeba fragilis</i>)、唇形鞭毛虫 (<i>Chilomastix mesnili</i>) 等，可不予治疗，视为「合格」。 三、妊娠孕妇如为寄生虫检查阳性者，视为合格；请于分娩后，进行治疗。
梅毒血清检查	一、以 RPR 或 VDRL 其中一种加上 TPHA(TPPA)之检验，如检验结果有下列情形任一者，为「不合格」： (一) 活性梅毒：同时符合条件 (一) 及 (二)、或仅符合条件 (三) 者。 (二) 非活性梅毒：仅符合条件 (二) 者。 二、条件： (一) 临床症状出现硬下疳或全身性梅毒红疹等临床症状。 (二) 未曾接受梅毒治疗或病史不清楚者，RPR(+)或 VDRL(+), 且 TPHA (TPPA)=1: 320 以上 (含 320)。 (三) 曾经接受梅毒治疗者，VDRL 价数上升四倍。 三、梅毒血清检查阳性者，检具治疗证明，视为合格。
麻疹、德国麻疹	麻疹、德国麻疹抗体检查结果为阴性(或未确定者)，且未检具于抗体检查后之麻疹、德国麻疹预防接种证明者，视为不合格。但经医师评估有麻疹、德国麻疹疫苗接种禁忌者，视为合格。

Appendix: Principles in determining the health status failed

Test Item	Principles on the determination of failed items
Serological Test for HIV Antibody	1. If the preliminary testing of the serological test for HIV antibody is positive for two consecutive times, confirmation testing by WB is required. 2. When findings of two consecutive WB testing (blood specimens collected at an interval of three months) are indeterminate, this item is considered qualified.
Chest X-ray	1. Active pulmonary tuberculosis (including tuberculous pleurisy) is unqualified. 2. Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified foci and enlargement of pleura, is considered qualified.
Stool Examination for Parasites	1. By microscope examination, cases are determined unqualified if intestinal helminthes eggs or other protozoa such as <i>Entamoeba histolytica</i> , flagellates, ciliates and sporozoans are detected. 2. <i>Blastocystis hominis</i> and Amoeba protozoa such as <i>Entamoeba hartmanni</i> , <i>Entamoeba coli</i> , <i>Endolimax nana</i> , <i>Iodamoeba butschlii</i> , <i>Dientamoeba fragilis</i> , <i>Chilomastix mesnili</i> found through microscope examination are considered qualified and no treatment is required. 3. Pregnant women who have positive result for parasites examination are considered qualified and please have medical treatment after the child's birth.
Serological Test for Syphilis	1. After testing by either RPR or VDRL together with TPHA(TPPA), if cases meet one of the following situations are considered failing the examination. (1) Active syphilis: must fit the criterion (1) + (2) or only the criterion (3). (2) Inactive syphilis: only fit the criterion (2). 2. Criterion: (1) Clinical symptoms with genital ulcers (chancres) or syphilis rash all over the body. (2) No past diagnosis of syphilis, a reactive nontreponemal test (i.e., VDRL or RPR), and TPHA(TPPA)=1: 320 ↑ (including 1: 320) (3) A past history of syphilis therapy and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer. 3. Those that have failed the serological test for syphilis but have submitted a medical treatment certificate are considered passing the examination.
Measles, Rubella	The item is considered unqualified if measles or rubella antibody is negative (or equivocal) and no measles, rubella vaccination certificate issued after the antibody test is provided. Those who having contraindications, not suitable for vaccinations are considered qualified.