

## **Instructions for the NTU Health Exam for Incoming Exchange / Visiting Students**

In order to understand the general health condition of incoming students, and to meet the regulations of National Taiwan University, all students should receive a health exam by a qualified physician. **The registration procedure is not complete if the new student does not have her/his health exam form completed.** For convenience, please be suggested to take the health exam abroad, as long as all items are completed and the examination forms include the doctor's signature and a stamp from the hospital or clinic (for certification), and is no longer than 3 months old. You must print the "NTU Incoming Exchange / Visiting Students Health Exam Form" and the "Medical Examination Requirements for Students Applying for Short-Term Study in Taiwan (Form C)" as below appendixes (Total 2 pages) and bring them to the hospital. The required items are included in the two forms. Most importantly, please remember to bring the completed exam form with you when registering at NTU.

### ※ Important Notice

1. **All the items on the forms are mandatory items**, including Chest X-ray exam (unless you are pregnant).
2. Please inform the doctor if you are pregnant. (You are allowed to skip the Chest-X-ray exam **only** when you are pregnant.)
3. Please avoid checking your urine when menstruating.
4. Fasting at least for 8 hours is indicated for laboratory tests.
- 5 **The Form C 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.

## 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

108.7

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: ☐食物 Food allergies 或 ☐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	脈搏 Pulse Rate:	/min
皮膚 Skin	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
頭頸部 Head & Neck	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
胸部 Chest	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
肺部 Lungs	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
心臟 Heart	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
腹部 Abdomen	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
肌肉、骨、關節 Muscles/Bones/Joints	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
其他 Others	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
口腔 Oral Cavity	<input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal:_____				
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光報告 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/ $\mu$ 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/ $\mu$ 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.)

# 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 : 性別 : ☐男 Male ☐女 Female  
 身份證字號 : 護照號碼 :  
 ID No. Passport No.  
 出生年月日 : \_\_\_\_ (M) / \_\_\_\_ (D) / \_\_\_\_ (Y) 臺灣大學學號 :  
 Date of Birth 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	第一劑預防接種日期: Date of the 1 <sup>st</sup> immunization: ____ (M) / ____ (D) / ____ (Y)  第二劑預防接種日期: Date of the 2 <sup>nd</sup> immunization: ____ (M) / ____ (D) / ____ (Y)	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 <sup>st</sup> 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 <sup>nd</sup> immunization: ____ (M) / ____ (D) / ____ (Y)
德國麻疹疫苗 Rubella vaccine	第一劑預防接種日期: Date of the 1 <sup>st</sup> 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) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (M) (D) (Y)

醫療院所印章 : \_\_\_\_\_  
 (Medical institution's seal)

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.