

醫院標誌

健康檢查證明應檢查項目表 (乙表)

檢查日期 ___/___/___

(醫院名稱、地址、電話、傳真機)

(年)(月)(日)

Hospital

___/___/___

Logo

ITEMS REQUIRED FOR HEALTH CERTIFICATE (Form B)

(M)(D)(Y)

(Hospital Name, Address, Tel, FAX)

Date of Examination

基本資料 (BASIC DATA)

姓名 Name : _____	性別 Sex : <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 Date of Birth : ___ / ___ / ___	國籍 Nationality : _____
年齡 Age : _____	聯絡電話 Phone No. : _____



實驗室檢查 (LABORATORY EXAMINATIONS)

A. 胸部 X 光檢查肺結核 (Chest X-Ray for Tuberculosis) :

X 光發現(Findings) : _____

判定(Results) :

合格(Passed) 疑似肺結核(TB Suspect) 無法確認診斷(Pending) 不合格(Failed)

(經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者，得至指定機構複驗；但所在縣市無指定機構者，得至鄰近醫院之胸腔科門診複檢。)(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.)

孕婦或兒童 12 歲以下免驗 (Not required for pregnant women or children under 12 years of age)

B. 腸內寄生蟲(含痢疾阿米巴等原蟲)糞便檢查(採用離心濃縮法檢查) (Stool examination for parasites includes Entameba histolytica etc.) (centrifugal concentration method) :

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) _____

兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)

C. 梅毒血清檢查 (Serological Test for Syphilis) :

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

c. 其它 (Other) _____

判定(Results) : 合格(Passed) 不合格(Failed)

兒童 15 歲以下免驗 (Not required for children under 15 years of age)

D. 麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明 (proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates) :

a. 抗體檢查 (Antibody test)

麻疹抗體 measles antibody titers 陽性 Positive 陰性 Negative 未確定 (Equivocal)

德國麻疹抗體 rubella antibody titers 陽性 Positive 陰性 Negative 未確定 (Equivocal)

b. 預防接種證明 Vaccination Certificates

(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相隔兩週。)

(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 going abroad)

麻疹預防接種證明 Vaccination Certificates of Measles

德國麻疹預防接種證明 Vaccination Certificates of Rubella

c. 經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

E. 漢生病檢查 (Examination for Hansen's Disease)

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) : _____

漢生病(疑似個案須進一步檢查)(Hansen's disease suspect needs further exam)

a. 病理切片(Skin Biopsy) : _____

b. 皮膚抹片(Skin Smear) : 陽性 (Finding bacilli in affected skin smears)

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(Results) : 合格(Passed) 不合格(Failed)

來自特定地區者免驗 (Not required for applicants from designated areas as described in Note 6)

備註(Note) :

一、本表供外籍人士、無戶籍國民、大陸地區人民及香港澳門居民申請在臺灣居留或定居時使用。This form is for **residence application**.

二、兒童 6 歲以下免辦理健康檢查，但須檢具預防接種證明備查(年滿 1 歲以上者，至少接種 1 劑麻疹、德國麻疹疫苗)。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、懷孕婦女及兒童 12 歲以下免接受「胸部 X 光檢查」；懷孕婦女於產後仍應補照胸部 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、申請免除胸部 X 光檢查之適用對象：申請人限來自結核病盛行率低於十萬分之三十的國家，並檢具由精神科醫師出具申請人在心理上不适合進行胸部 X 光檢查之診斷證明書，經行政院衛生署疾病管制局審核通過者，始得免除此項檢測。

五、兒童 15 歲以下免接受「梅毒血清檢查」。A child under 15 years old is not necessary to have Serological Test for Syphilis.

六、漢生病檢查為全身皮膚檢查，受檢者可穿著內衣內褲，並由親友或女性醫護人員陪同受檢。檢查時逐步分部位受檢，避免一次脫光全身衣物，維護受檢者隱私。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、根據以上對_____先生/女士/小姐之檢查結果為

合格 不合格 須進一步檢查

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

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

負責醫檢師簽章 : _____ (Name & Signature)
(Chief Medical Technologist)

負責醫師簽章 : _____ (Name & Signature)
(Chief Physician)

醫院負責人簽章 : _____ (Name & Signature)
(Superintendent)

日期 (Date) : ____/____/____ 本證明三個月內有效 (Valid for Three Months)

附錄：健康檢查證明不合格之認定原則

Appendix: Principles in determining the health status failed

檢查項目 Test Item	不合格之認定原則 Principles on the determination of failed items
胸部 X 光肺結核檢查 Chest X-ray tuberculosis examination	一、活動性肺結核或結核性肋膜炎視為「不合格」。 二、非活動性肺結核視為「合格」，包括下列診斷情形：纖維化（鈣化）肺結核、纖維化（鈣化）病灶及肋膜增厚。 三、如經診斷為「疑似肺結核」或「無法確認診斷」時，由指定醫院通知雇主，自收受健康檢查證明之次日起十五日內，偕同受聘僱外國人攜帶健康檢查證明及胸部 X 光片至指定機構再檢查。 四、妊娠孕婦得至指定機構進行三套痰塗片檢查，取代胸部 X 光肺結核檢查。三套痰塗片檢查結果任一為陽性者（但同套檢體核酸增幅檢驗（NAA）陰性者，不在此限），視為「不合格」。 五、胸部 X 光肺結核檢查不合格個案（多重抗藥性個案除外），雇主得於收受診斷證明書之次日起 15 日內檢具相關文件，送衛生主管機關申請都治服務，需於完成藥物治療後，再經衛生主管機關認定後，視為合格。 a. Active pulmonary tuberculosis or tuberculous pleurisy is unacceptable/failed. b. Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified foci and enlargement of pleura, is considered acceptable/passed. c. If the diagnosis is "suspected pulmonary tuberculosis" or "unclear diagnosis," the designated hospital shall notify the employer. Within 15 days from the date of receipt of the medical certificate, the employer shall accompany the employed foreigner to the designated institution for a re-examination. d. Pregnant women may undergo three sets of sputum smear tests from the designated institutions to replace the chest X-ray tuberculosis examination. Any of the three sputum smear tests that are positive (but not NAA negative) is considered unacceptable/failed e. For failed chest X-ray tuberculosis cases (except for multi-drug resistance cases), after obtaining the medical records, the employer has 15 days to gather relevant documents, and send them to the competent health authorities to apply for treatment services. After the employee completes the medical treatment, and passes examinations by the competent health authority, he/she is considered passed.
梅毒血清檢查	一、以 RPR 或 VDRL 其中一種加上 TPHA(TPPA)之檢驗，如檢驗結果有下列情形任一者，為「不合格」： （一）活性梅毒：同時符合條件（一）及（二）、或僅符合條件（三）者。 （二）非活性梅毒：僅符合條件（二）者。 二、條件： （一）臨床症狀出現硬下疳或全身性梅毒紅疹等臨床症狀。 （二）未曾接受梅毒治療或病史不清楚者，RPR(+)或 VDRL(+), 且 TPHA (TPPA)=1：320 以上（含 320）。 （三）曾經接受梅毒治療者，VDRL 價數上升四倍。 三、梅毒血清檢查陽性者，檢具治療證明，視為合格。
腸內寄生蟲糞便檢查	一、人芽囊原蟲（ <i>Blastocystis hominis</i> ）及阿米巴原蟲類，如：哈氏阿米巴（ <i>Entamoeba hartmanni</i> ）、大腸阿米巴（ <i>Entamoeba coli</i> ）、微小阿米巴（ <i>Endolimax nana</i> ）、嗜碘阿米巴（ <i>Iodamoeba butschlii</i> ）、雙核阿米巴（ <i>Dientamoeba fragilis</i> ）、唇形鞭毛蟲（ <i>Chilomastix mesnili</i> ）等，可不予治療，視為「合格」。 二、「疑似痢疾阿米巴原蟲」（ <i>Entamoeba histolytica</i> /E. <i>dispar</i> ，包含囊體及活動體），指定醫院必須於二十四小時內通報直轄市、縣（市）衛生主管機關，同時通知雇主協助受聘僱外國人於通知之日起七日內至原醫院重新採取三次（每天一次）新鮮糞便檢體（至少拇指大小之量約三至五公克，且勿加入任何固定液，並以攝氏四度保存），併同原始已固定染色之檢體及送驗單於每次採檢後二十四小時內以冰寶冷藏運送至疾病管制署進行確認檢查。經確認檢查若屬迪斯帕阿米巴原蟲（ <i>Entamoeba dispar</i> ）時為「合格」，若屬痢疾阿米巴原蟲（ <i>Entamoeba histolytica</i> ）則為「不合格」，並由指定醫院據以核發健康檢查證明。 三、腸道蠕蟲蟲卵或其他原蟲類如：鞭毛原蟲類，纖毛原蟲類及孢子蟲類者為「不合格」。 四、腸內寄生蟲糞便檢查不合格個案，得於收受健康檢查證明之次日起六十五日內，至指定醫院治療後再檢查並取得陰性之證明；經確診為痢疾阿米巴原蟲陽性者，須取得治療後再檢查三次均為陰性之證明。 a. <i>Blastocystis hominis</i> and amebic 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> , etc. can be treated as "pass" without treatment. b. Cases of " <i>Entamoeba histolytica</i> / E. <i>dispar</i> " (including balloons and moving bodies) must be notified to the competent health authorities of municipalities and counties (municipalities) within 24

	<p>hours. At the same time, the employer must to assist the hired foreigners to resubmit three (3) fresh stool samples (one per day) to the original hospital within seven days from the date of notification. At least three to five grams, thumb size, should be obtained. No fixing solution should be added and the stool sample must be stored at 4 degrees Celsius and shipped to Center for Disease Control (CDC) within 24 hours for each sampling for inspection together with the original stained sample. It is considered PASSED if the result shows Entamoeba dispar, and FAILED if it is Entamoeba histolytica. The designated hospital needs to issue a proof of health certificate.</p> <p>c. Intestinal worms eggs or other protozoa such as: flagellates protozoa, ciliates and sporozoites are failed.</p> <p>d. Cases of unacceptable/failed intestinal parasite faecal examination should be re-examined within a designated hospital within sixty-five days from the date of receipt of the medical examination record with evidence of negative results. After a positive diagnosis of dysentery amoebae, treatment must be received and checked until there are three negative proofs.</p>
<p>麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明</p> <p>Measles and German measles antibody positive test report or vaccination certificate</p>	<p>麻疹、德國麻疹抗體檢查結果為陰性(或未確定者)，且未檢具於抗體檢查後之麻疹、德國麻疹預防接種證明者，視為不合格。但經醫師評估有麻疹、德國麻疹疫苗接種禁忌者，視為合格。</p> <p>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 having contraindications, not suitable for vaccinations are considered qualified.</p>
<p>漢生病檢查</p> <p>Examination for Hansen's Disease</p>	<p>一、於皮膚視診時發現疑似漢生病病灶，應依傳染病防治法規定通報主管機關。</p> <p>二、須進一步檢查者應自收受健康檢查證明之次日起十五日內，至指定機構再檢查。同時具備下列二項條件者，視為「不合格」：</p> <p>(一)持續性的皮膚病灶上有感覺喪失或改變，或有神經腫大。</p> <p>(二)皮膚抹片(或組織病理)發現麻風桿菌(<i>Mycobacterium leprae</i>)，或組織病理切片有符合漢生病的肉芽腫反應。</p> <p>三、漢生病檢查不合格個案，得送衛生主管機關申請都治服務，需於完成藥物治療後，再經衛生主管機關認定後，視為合格。</p> <p>a. A person with suspected Hansen's disease should be notified to the competent authority in accordance with the Law on the Prevention and Control of Infectious Diseases.</p> <p>b. Those who are determined to need further examinations must go to a designated hospital for re-examination 15 days within the next day of receiving their health record. Those who meet the following two conditions are regarded as unacceptable/failed:</p> <p>c. Persistent skin lesions have sensory loss or change, or there are enlarged nerves.</p> <p>d. Skin smears (or histopathology) reveal that <i>Mycobacterium leprae</i>, or histopathology, have a granulomatous response that corresponded to Hansen's disease.</p> <p>e. In the case of unacceptable examination of Hansen's disease, he / she must be sent to the competent health authorities for medical treatment and should be regarded as qualified after the medical treatment is completed and then confirmed by the competent health authority.</p>