

短期研修健康檢查表 (丙表)  
Medical Examination Requirements for Short-Term  
Students (Form C)  
(參考用)(For Reference Only)

檢查日期 \_\_\_\_/\_\_\_\_/\_\_\_\_  
(年)(月)(日)  
Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_  
(M)(D)(Y)

基本資料 (Basic data)

姓名 Name	:	_____	性別 Sex	:	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
國籍 Nationality	:	_____	護照號碼 Passport No.	:	_____	
出生年月日 Date of Birth	:	____/____/____				

檢查項目 (Items required)

A. 麻疹及德國麻疹(風疹)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 Immunization Certificates) :

a. 抗體檢查 Antibody Test

麻疹抗體 Measles antibody titer 陽性 Positive 陰性 Negative 未確定 (Equivocal)

德國麻疹(風疹)抗體 Rubella antibody titer 陽性 Positive 陰性 Negative 未確定 (Equivocal)

b. 預防接種證明 Immunization Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。如檢附幼時接種紀錄，其接種年齡必須大於1歲。)

(The certificate must include information such as the date of immunization, and the name of the hospital or clinic administering the vaccine or the signature of the physician administering the vaccine. If the childhood immunization record is submitted, it is important to include the record of the vaccines administered only after one year of age.)

麻疹預防接種證明 Measles Immunization Certificate

德國麻疹(風疹)預防接種證明 Rubella Immunization Certificate

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 光發現(X-ray Findings) :

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)

備註(Note) :

一、本表為外籍學生、大陸及港澳地區學生來臺停留研修之健康檢查項目表。本表僅供參考用，學生可分別檢具預防接種證明及胸部 X 光檢查報告。This form lists the required medical examination items for students applying for short-term study in Taiwan. **This form is only used for reference. Students may submit a copy of immunization certificates and the chest X-ray report instead of completing this form.**

二、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

Results : According to the above medical report of Mr./Mrs./Ms. \_\_\_\_\_, he/she

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

(Chief Medical Technologist) : \_\_\_\_\_ (Name & Signature)

(Chief Physician) : \_\_\_\_\_ (Name & Signature)

( Superintendent ) : \_\_\_\_\_ (Name & Signature)

日期 (Date) : \_\_\_\_/\_\_\_\_/\_\_\_\_

**麻疹及德國麻疹(風疹)之抗體陽性檢驗報告或預防接種證明(二擇一)**  
**Proof of Positive Measles and Rubella Antibody Titers or Measles and Rubella**  
**Immunization Certificates (alternative)**

姓名 Name : \_\_\_\_\_ 性別 Sex : 男 Male 女 Female  
國籍 Nationality : \_\_\_\_\_ 護照號碼 Passport No. : \_\_\_\_\_  
出生年月日 Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**a. 抗體檢查 Antibody Test**

麻疹抗體 Measles antibody titer

陽性 Positive 陰性 Negative 未確定 (Equivocal)

德國麻疹(風疹)抗體 Rubella antibody titer

陽性 Positive 陰性 Negative 未確定 (Equivocal)

**b. 預防接種證明 Immunization Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。**

如檢附幼時接種紀錄，其接種年齡必須大於1歲。)

(The certificate must include information such as the date of immunization, and the name of the hospital or clinic administering the vaccine or the signature of the physician administering the vaccine. If the childhood immunization record is submitted, it is important to include the record of the vaccines administered only after one year of age.)

麻疹預防接種證明 Measles Immunization Certificate

德國麻疹(風疹)預防接種證明 Rubella Immunization Certificate

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

(Chief Medical Technologist) : \_\_\_\_\_ (Name & Signature)

( Chief Physician ) : \_\_\_\_\_ (Name & Signature)

( Superintendent ) : \_\_\_\_\_ (Name & Signature)

檢查日期 (Date of Examination) : \_\_\_\_/\_\_\_\_/\_\_\_\_

**胸部 X 光檢查肺結核報告**  
**Chest X-Ray for Tuberculosis Report**

姓名 : \_\_\_\_\_ 性別 : 男 Male 女 Female  
Name : \_\_\_\_\_ Sex  
國籍 : \_\_\_\_\_ 護照號碼 : \_\_\_\_\_  
Nationality : \_\_\_\_\_ Passport No. : \_\_\_\_\_  
出生年月日 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Birth

X 光發現(X-ray Findings) :

判定(Results) : 合格(Passed) 疑似肺結核(TB Suspect)  
須進一步診斷( Pending) 不合格(Failed)

( Chief Physician ) : \_\_\_\_\_ ( Name & Signature )

( Superintendent ) : \_\_\_\_\_ ( Name & Signature )

檢查日期 ( Date of Examination ) : \_\_\_\_/\_\_\_\_/