

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, you may 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 dated **within three months** of your planned arrival at NTU.

Please 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)" and bring it to a hospital/clinic. The required items are included in these two forms. Most importantly, please remember to bring the completed exam form with you when registering at NTU.

※ Special instructions

1. Please inform the doctor if you are pregnant. You are allowed to skip the CXR exam if you are pregnant.
2. For women, please avoid completing the urine test during menstruation.
3. For the laboratory tests, fasting for at least 8 hours is required.
4. A physical exam by a physician and a Chest X-ray exam are mandatory items.
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

107.4

姓名 Name		性別 Gender	<input type="checkbox"/> 男Male <input type="checkbox"/> 女Female	
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				
<input type="checkbox"/> 食物 Food allergies或 <input type="checkbox"/> 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	
頭頸部 Head & Neck		脈搏 Pulse Rate	/min	
胸部 Chest		心臟 Heart		
腹部 Abdomen		肺部 Lungs		
肌肉、骨、關節 Muscles/Bones/Joints		皮膚 Skin		
其他 Others				
口腔 Oral Cavity				
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 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/ μ 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/ μ 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.)

國立臺灣大學-短期研修健康檢查表 (丙表)
National Taiwan University-Medical Examination
Requirements for Short-Term Students (Form C)

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
身份證字號 ID No.	:	_____	護照號碼 Passport No.	:	_____	
出生年月日 Date of Birth	:	____/____/____	NTU 學號 Student ID	:	_____	

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.

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

醫____療____院____所____印____章 : _____ (Name & Signature)
(Medical institution's seal)

日期 (Date) : ____/____/____