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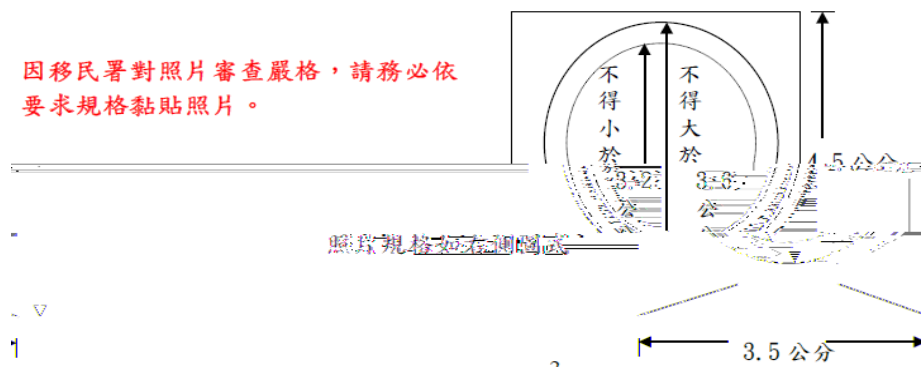
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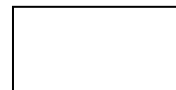
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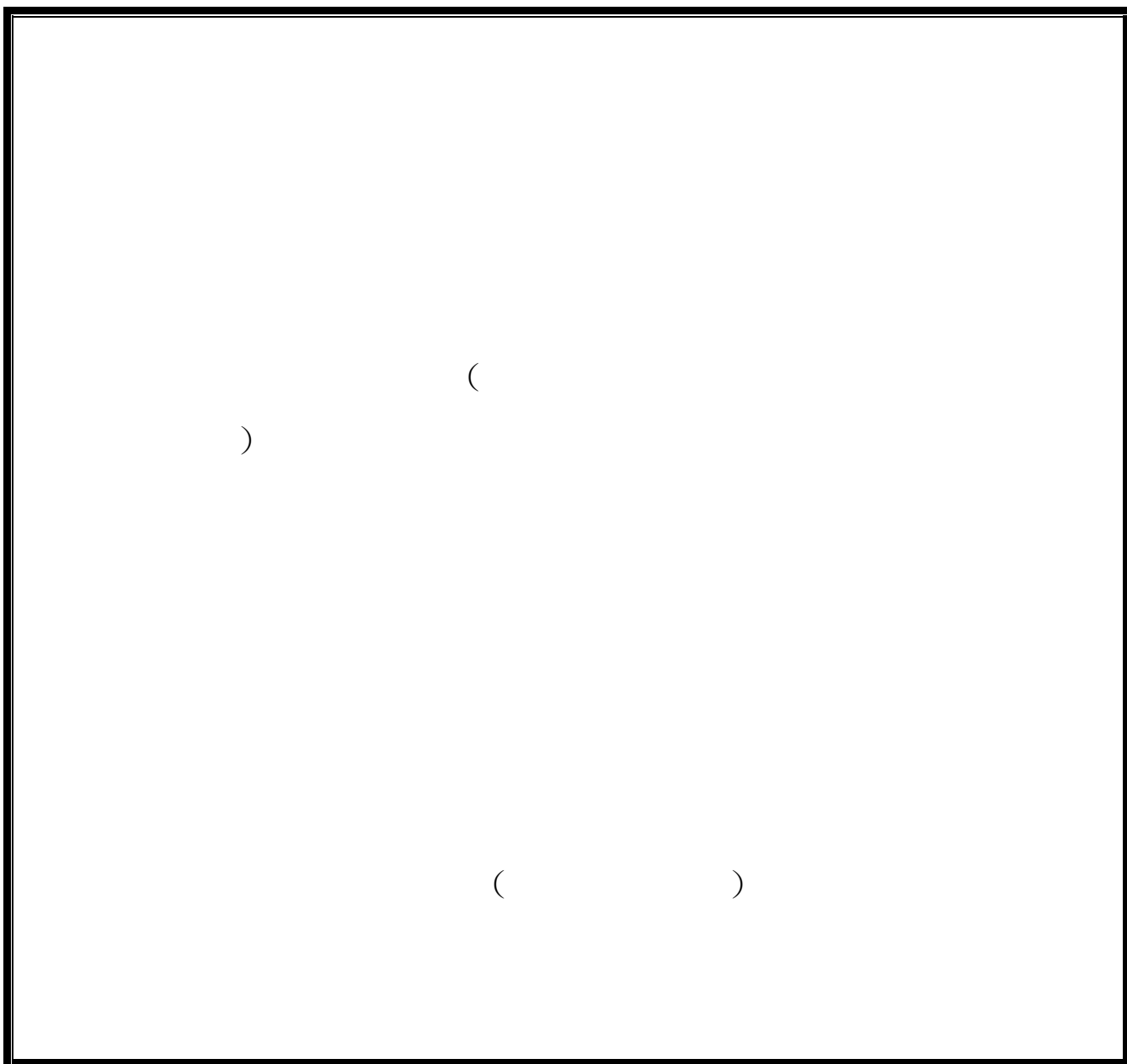
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1. <http://www.immigration.gov.tw/ns/maine1.ht>

2. http://www.edu.tw/EDU_WEB/Web/BICER/home.php

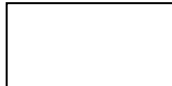


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醫院標誌
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健康檢查證明應檢查項目表 (乙表)
(國名、醫院名稱、地址、電話、傳真機)

ITEMS REQUIRED FOR HEALTH CERTIFICATE (Type B)
(National Name, Hospital's Name, Address, Tel, FAX)

檢查日期 _____
(年)(月)(日)

(M)(D)(Y)
Date of Examination

基本資料 (BASIC DATA)

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

實驗室檢查 (LABORATORY EXAMINATIONS)

A. HIV 抗體檢查 (Serological Test for HIV Antibody) : 陽性 (Positive) 陰性 (Negative)
未確定 (Indeterminate)

a. 篩檢 (Screening Test) : EIA Serodia 其他 (Others) _____

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

B. 胸部 X 光檢查肺結核 (Chest X-Ray for Tuberculosis) : (妊娠孕婦可免接受「胸部 X 光檢查」)
正常 (Normal) 異常 (Abnormal)

C. 腸胃寄生蟲檢查 (Stool examination for intestinal parasites) : (採用離心濃縮法檢查) (Centrifugal concentration method)
陽性 (Positive) 陰性 (Negative)

D. 梅毒血清檢查 (Serological Test for Syphilis) : 陽性 (Positive) 陰性 (Negative)
a. TRPR VDRL TPHA/PPA 其他 (Other) _____

E. 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 measles and rubella vaccination certificates)
a. 抗體檢查 (Antibody test) : 麻疹抗體 (measles antibody titers) 陽性 (Positive)
德國麻疹抗體 (rubella antibody titers) 陽性 (Positive)
b. 預防接種證明 (Vaccination Certificates)
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)

DISEASE

須進一步採檢確認

兩者皆為陽性 (Diagnosis)

(Negative)

enlargement of peripheral nerves)

漢生皮膚病檢查 (EXAMINATION FOR HANSEN'S)

漢生皮膚病視診結果 (Skin Examination) 正常 Normal 異常 Abnormal (※視診異常者
(※If abnormal skin lesion is found, further skin biopsy or skin smear is required.)

病理切片 (Skin biopsy) : 陽性 (多菌、少菌) (Positive: MB, PB) 診斷依據
if either of them positive 陰性 (Negative)

皮膚抹片 (Skin Smear) : 陽性 (Finding bacilli in affected skin smears) 陰性
※皮膚病灶合併感覺喪失或神經腫大 (Skin lesions combined with sensory loss or
有 (Yes) 無 (No)

application. 本表供外籍人士等申請在台灣定居或居留時使用。 (This form is for residence
application. 至少接種一劑麻疹、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. 妊娠孕婦及兒童12歲以下免接受「胸部X光檢查」。 (Pregnant women and
children under 12 years of age are exempted from chest X-ray examination.)
免接受「HIV抗體檢查」及「梅毒血清檢查」。 (A child under
5 years old is not necessary to have Serological test for HIV or Syphilis.)
地區或國家之申請者：得免驗腸胃寄生蟲。 (Applicants living in Northern America, Europe, New
Zealand, Australia, Japan, South Korea, Hong Kong, Macao or Singapore are not required to undergo a stool exami-
nation for parasites.)

六、根據以上對_____先生/女士/小姐之檢查結果為合格 不合格。

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

passed failed the 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

檢查項目	不合格之認定原則
人類免疫缺乏病毒抗體檢查	一、人類免疫缺乏病毒抗體檢驗經初步測試，連續二次呈陽性反應者，應以西方墨點法(WB)作確認試驗。 二、連續二次(採血時間間隔三個月)西方墨點法結果皆為未確定者，視為合格。
胸部X光檢查	一、活動性肺結核(包括結核性肋膜炎)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。
腸內寄生蟲糞便檢查	一、經顯微鏡檢查結果為腸道蠕蟲蟲卵或其他原蟲類如：痢疾阿米巴原蟲 (<i>Entamoeba histolytica</i>)、鞭毛蟲類如：隱孢子蟲類等為不合格。 二、經顯微鏡檢查結果無入耳囊原蟲及阿米巴原蟲類(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> 等)可視為合格。 三、孕婦及婦女為寄生蟲檢查陽性者，視為合格，請於分娩後，進行治療。
梅毒血清檢查	一、RPR 或 VDRL 其中一種加上 TPHA(TPPA) 檢驗，如檢驗結果有下列情形任二者，為不合格： (一) 活性梅毒同時符合條件(二)及(三)或僅符合條件(三)者。 (二) 非活性梅毒，僅符合條件(三)者。 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。
麻疹、德國麻疹	麻疹、德國麻疹抗體陰性且未檢具麻疹、德國麻疹預防接種證明者為不合格。但經醫師評估有麻疹、德國麻疹疫苗接種禁忌者，視為合格。

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 preliminar 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> 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 delivery.
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 or greater. (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 and no measles, rubella vaccination certificate is provided. Those who having contraindications, not suitable for vaccinations are considered qualified.

10/28/2009 修訂

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