

醫院標誌

Hospital's  
Logo

## 健康檢查證明應檢查項目表 (乙表)

(醫院名稱、地址、電話、傳真機)

## ITEMS REQUIRED FOR HEALTH CERTIFICATE (Form B)

(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<br>Name : _____                          | 性別<br>Sex : <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | 照片<br><br>Photo |
| 身份證字號<br>ID No. : _____                     | 護照號碼<br>Passport No. : _____                                                  |                 |
| 出生年月日<br>Date of Birth : ____ / ____ / ____ | 國籍<br>Nationality : _____                                                     |                 |
| 年齡<br>Age : _____                           | 聯絡電話<br>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 Rubellac. ☐經醫師評估,有接種禁忌者,暫不適宜接種。(Having contraindications, not suitable for vaccination)

## 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適合進行胸部 X 光檢查之診斷證明書，經衛生福利部疾病管制署審核通過者，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、申請者來自附錄一所列國家或地區者，以及在臺灣地區之無戶籍國民，得免驗腸內寄生蟲糞便檢查及漢生病檢查。Applicants coming from countries or areas listed on Appendix 1 or nationals without registered permanent residence in the Taiwan Area are not required to undergo a stool examination for parasites and an examination for Hansen's disease.
- 七、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 :  
(Chief Medical Technologist)

(Name & Signature)

負責醫師簽章 :  
(Chief Physician)

(Name & Signature)

醫院負責人簽章 :  
(Superintendent)

(Name & Signature)

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

本證明三個月內有效 (Valid for Three Months)

## 附錄：愛滋篩檢與治療費用通知書

(請健檢醫院將此通知書併同健康檢查證明發給受檢者)

- 一、 中華民國政府已修改法規，取消非本國籍人類免疫缺乏病毒(HIV)感染者之入境、停留及居留限制，也取消此項健康檢查項目。
- 二、 由於非本國籍人士在中華民國治療 HIV 感染之費用，中華民國政府不提供補助，每年治療費用約為新臺幣三十萬元(約美金一萬元)，建議非本國籍人士先於母國接受 HIV 篩檢，了解自身健康狀況；如為 HIV 感染者，建議留在母國接受治療。欲來中華民國工作者，請先行購買醫療保險，以免造成個人財務負擔。
- 三、 外籍人士進入中華民國後，可自行至醫院進行 HIV 篩檢，了解自身感染狀況，傳染病諮詢電話為 0800-001922。

## Phụ lục: Giấy thông báo chi phí xét nghiệm và điều trị HIV

(Đề nghị bệnh viện khi cấp Báo cáo khám sức khỏe thì cấp kèm Giấy thông báo này)

1. Chính phủ Đài Loan đã sửa đổi pháp lệnh, hủy bỏ quy định hạn chế nhập cảnh, tạm trú và cư trú đối với người nước ngoài bị Hội chứng suy giảm miễn dịch mắc phải (HIV), và cũng hủy bỏ hạng mục xét nghiệm này trong quy định khám sức khỏe.
2. Do Chính phủ Đài Loan không trợ cấp chi phí điều trị HIV tại Đài Loan cho người nước ngoài, mà chi phí điều trị mỗi năm khoảng 300 ngàn Đài tệ (khoảng 10 ngàn Đô la Mỹ), nên kiến nghị người nước ngoài, trước khi đến Đài Loan hãy tiến hành xét nghiệm HIV ở nước mình để nắm bắt tình hình sức khỏe của bản thân; nếu bị nhiễm HIV, kiến nghị hãy ở lại nước mình để điều trị. Đối với người dự định đến Đài Loan làm việc, kiến nghị hãy mua Bảo hiểm Sức khỏe trước, nhằm tránh gánh nặng tài chính cho bản thân.
3. Người nước ngoài sau khi đến Đài Loan có thể tự đến bệnh viện xét nghiệm HIV để nắm bắt tình hình nhiễm bệnh của mình, số điện thoại tư vấn bệnh truyền nhiễm tại địa bàn Đài Loan là: 0800-001922.

## ภาคผนวก ใบแจ้งค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์

(ให้โรงพยาบาลที่รับการตรวจแนบใบแจ้งนี้พร้อมกับใบตรวจสุขภาพให้กับเจ้าตัว)

1. รัฐบาลไต้หวันได้ยกเลิกคำสั่งการห้ามชาวต่างชาติที่ติดโรคเอดส์ (HIV) เข้าประเทศหยุดแวะและอยู่อาศัยในไต้หวัน รวมทั้งการตรวจสุขภาพในรายการนี้ด้วย
2. เนื่องจากรัฐบาลไต้หวันไม่ออกค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์ให้กับบุคคลที่ไม่ใช่สัญชาติไต้หวัน ค่ารักษาพยาบาลโรคเอดส์ตกประมาณปีละ NT\$ 300,000 (หรือประมาณ US\$ 10,000) จึงขอแนะนำชาวต่างชาติให้ตรวจโรคเอดส์ (HIV) ในประเทศของตนก่อนเดินทางมาไต้หวัน หากป่วยเป็นโรคเอดส์ให้รับการรักษาในประเทศของตนเสียก่อน ผู้ที่ประสงค์จะมาทำงานในไต้หวันให้ซื้อประกันการรักษาพยาบาลล่วงหน้า เพื่อป้องกันภาระที่อาจเกิดขึ้นในภายหลัง
3. ชาวต่างชาติเมื่อเดินทางเข้ามาไต้หวันสามารถขอตรวจโรคเอดส์ (HIV) จากโรงพยาบาลได้ด้วยตนเอง เพื่อรับรูสภาพร่างกายตนเอง หรือติดต่อสอบถามได้ที่ศูนย์ให้คำปรึกษาโรคติดต่อ 0800-001922

## **Appendix: Notice for HIV Screening and Treatment Costs**

**(Health examination hospitals shall issue this notice and health certificate to the examinee)**

1. The Government of Republic of China (Taiwan) has revised its laws to lift restrictions on entry, stay and residence of non-ROC nationals infected with human immunodeficiency virus (HIV) in addition to removing this item from health examination.
2. The Government of Republic of China (Taiwan) does not offer subsidies to non-ROC nationals infected with HIV infection for treatment in Taiwan. The annual treatment costs for HIV is NTD\$300,000 (approximately USD\$10,000). It is strongly advised that non-ROC nationals to undergo HIV screening in their homeland prior to visiting Taiwan in order to understand their own health conditions. Persons infected with HIV are strongly advised to stay in their homeland for treatment. Persons intending to work in Taiwan are advised to purchase medical health insurance in advance to avoid financial burdens.
3. Upon entry into the Republic of China (Taiwan), foreigners may undergo HIV screening at a hospital to determine their infection status. The consultation hotline for infectious diseases is 0800-001922.

### **Lampiran : Surat Pemberitahuan Seleksi AIDS dan Biaya Pengobatan**

**(Mohon rumah sakit yang mengadakan pemeriksaan menyampaikan surat pemberitahuan ini beserta dengan surat keterangan pemeriksaan kesehatan kepada orang yang melakukan pemeriksaan)**

1. Pemerintah Taiwan telah mengubah peraturan , dimana telah membatalkan non warga negara Taiwan yang terjangkit virus (HIV ) masuk ke negara ini , menetap dalam jangka waktu pendek atau menetap dalam jangka waktu yang lama yang dibatasi waktunya dan juga telah membatalkan item ini dari pemeriksaan kesehatan .
2. Mengenai biaya pengobatan dari non warga negara Taiwan yang terjangkit virus (HIV ) di Taiwan tidak ditanggung oleh pemerintah Taiwan lagi , pemerintah Taiwan tidak akan memberikan subsidi , setiap tahun biaya pengobatan kira-kira sebesar tiga ratus ribu NT\$ ( kira-kira sepuluh ribu US \$) , sarankan sebelum non warga negara Taiwan datang ke Taiwan , terlebih dahulu mengadakan pemeriksaan HIV di negara asal , dan untuk mengetahui kondisi kesehatan badan sendiri ; bila telah terjangkit HIV , sarankan mengadakan pengobatan di negara asal terlebih dahulu . Bagi yang hendak bekerja di Taiwan mohon terlebih dahulu membeli asuransi pengobatan , demi untuk menghindari terjadinya beban keuangan secara pribadi .
3. Setelah pendatang asing masuk ke Taiwan , dapat melakukan pemeriksaan seleksi HIV ke rumah sakit dengan sendiri , demi untuk lebih jelas tentang kondisi terjangkit virus ini , boleh telpon ke nomor telepon konseling penyakit menular di wilayah Taiwan adalah : 0800-001922 .

附錄一 免驗腸內寄生蟲糞便檢查及漢生病檢查之國家/地區表

**Appendix 1: List of countries/areas not required to undergo stool examination for parasites and examination for Hansen's disease**

|                                                                                |                                               |
|--------------------------------------------------------------------------------|-----------------------------------------------|
| <b>亞太 East Asia and Pacific</b>                                                |                                               |
| 澳洲 Australia                                                                   | 日本 Japan                                      |
| 紐西蘭 New Zealand                                                                | 香港 Hong Kong                                  |
| 澳門 Macao                                                                       | 新加坡 Singapore                                 |
| 南韓 South Korea                                                                 |                                               |
| 臺灣地區之無戶籍國民 nationals without registered permanent residence in the Taiwan Area |                                               |
| <b>亞西 West Asia</b>                                                            |                                               |
| 亞美尼亞 Armenia                                                                   | 白俄羅斯 Belarus                                  |
| 喬治亞 Georgia                                                                    | 以色列 Israel                                    |
| 哈薩克 Kazakhstan                                                                 | 摩爾多瓦 Republic of Moldova                      |
| 俄羅斯 Russian Federation                                                         | 土耳其 Turkey                                    |
| 土庫曼 Turkmenistan                                                               | 烏克蘭 Ukraine                                   |
| <b>北美 North America</b>                                                        |                                               |
| 加拿大 Canada                                                                     | 美國 U.S.A.                                     |
| <b>歐洲 Europe</b>                                                               |                                               |
| 阿爾巴尼亞 Albania                                                                  | 安道爾 Andorra                                   |
| 奧地利 Austria                                                                    | 比利時 Belgium                                   |
| 波士尼亞與赫塞哥雅納 Bosnia and Herzegovina                                              | 保加利亞 Bulgaria                                 |
| 克羅埃西亞 Croatia                                                                  | 賽普勒斯 Cyprus                                   |
| 捷克 Czech Republic                                                              | 丹麥 Denmark                                    |
| 愛沙尼亞 Estonia                                                                   | 芬蘭 Finland                                    |
| 法國 France                                                                      | 德國 Germany                                    |
| 希臘 Greece                                                                      | 匈牙利 Hungary                                   |
| 冰島 Iceland                                                                     | 愛爾蘭 Ireland                                   |
| 義大利 Italy                                                                      | 拉脫維雅 Latvia                                   |
| 立陶宛 Lithuania                                                                  | 盧森堡 Luxembourg                                |
| 馬爾他 Malta                                                                      | 摩納哥 Monaco                                    |
| 蒙特內哥羅 Montenegro                                                               | 荷蘭 Netherlands                                |
| 挪威 Norway                                                                      | 波蘭 Poland                                     |
| 葡萄牙 Portugal                                                                   | 羅馬尼亞 Romania                                  |
| 聖馬利諾市 San Marino                                                               | 塞爾維亞 Serbia                                   |
| 斯洛伐克 Slovakia                                                                  | 斯洛維尼亞 Slovenia                                |
| 瑞典 Sweden                                                                      | 瑞士 Switzerland                                |
| 西班牙 Spain                                                                      | 馬其頓 The former Yugoslav Republic of Macedonia |
| 英國 United Kingdom                                                              |                                               |

## 附錄二：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                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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」。<br>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> )、鞭毛原蟲類，纖毛原蟲類及孢子蟲類者為不合格。<br>二、經顯微鏡檢查結果為人芽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> )、唇形鞭毛蟲 ( <i>Chilomastix mesnili</i> ) 等，可不予治療，視為「合格」。<br><b>三、妊娠孕婦如為寄生蟲檢查陽性者，視為合格；請於分娩後，進行治療。</b> |
| 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」：<br>(一) 活性梅毒：同時符合條件 (一) 及 (二)、或僅符合條件 (三) 者。<br>(二) 非活性梅毒：僅符合條件 (二) 者。<br>二、條件：<br>(一) 臨床症狀出現硬下疳或全身性梅毒紅疹等臨床症狀。<br>(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)。<br>(三) 曾經接受梅毒治療者，VDRL 價數上升四倍。<br><b>三、梅毒血清檢查陽性者，檢具治療證明，視為合格。</b>                                                                                      |
| 麻疹、德國麻疹   | 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。                                                                                                                                                                                                                                                                                                                    |

## Appendix 2: Principles in determining the health status failed

| Test Item                       | Principles on the determination of failed items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chest X-ray                     | 1. Active pulmonary tuberculosis (including tuberculous pleurisy) is unqualified.<br>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.<br>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> , <i>Chilomastix mesnili</i> found through microscope examination are considered qualified and no treatment is required.<br>3. <b>Pregnant women who have positive result for parasites examination are considered qualified and please have medical treatment after the child's birth.</b>                                                                                                                                                                               |
| 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.<br>(1) Active syphilis: must fit the criterion (1) + (2) or only the criterion (3).<br>(2) Inactive syphilis: only fit the criterion (2).<br>2. Criterion:<br>(1) Clinical symptoms with genital ulcers (chancres) or syphilis rash all over the body.<br>(2) No past diagnosis of syphilis, a reactive nontreponemal test (i.e., VDRL or RPR), and TPHA(TPPA)=1 : 320↑(including 1 : 320)<br>(3) A past history of syphilis therapy and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer.<br>3. <b>Those that have failed the serological test for syphilis but have submitted a medical treatment certificate are considered passing the examination.</b> |
| Measles, Rubella                | 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 who having contraindications, not suitable for vaccinations are considered qualified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |