

國立清華大學短期研修生健康檢查項目表
NTHU Health Certificate for Short-Term Students

Basic information 學生基本資料	學號 Student No.		護照號碼 Passport No.	
	姓名 Name		國籍 Nationality	
	出生日期 Date of birth	年 yyyy / 月 mm / 日 dd	性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
	科別系所 Department			

A. 胸部 X 光檢查結果，請務必由醫院勾選

The results of the chest X-ray examination must be **selected by the hospital.**

- 無明顯異常 No obvious abnormality
- 疑似肺結核病徵 TB suspect
- 孕婦免驗 Not required for pregnant women
- 其他 Others : _____

B. 麻疹預防接種確認，請務必由醫院勾選 Vaccination confirmation for Measles must be selected by the hospital.

- 已完成麻疹預防接種（含持有預防接種證明接種疫苗）Recipient has completed Measles vaccination, with a proof of vaccination or vaccine administration.
- 無麻疹預防接種證明，且有接種禁忌，暫不適宜預防接種 Measles vaccination is not advised due to unavailable records and contraindications.

C. 德國麻疹預防接種確認，請務必由醫院勾選 Vaccination confirmation for Rubella must be selected by the hospital.

- 已完成德國麻疹預防接種（含持有預防接種證明或接種疫苗）Recipient has completed Rubella vaccination, with a proof of vaccination or vaccine administration.
- 無德國麻疹預防接種證明，且有接種禁忌，暫不適宜預防接種 Rubella vaccination is not advised due to unavailable records and contraindications.

備註 Remarks :

- (1) 敬請攜帶麻疹及德國麻疹預防接種證明至醫院，請醫生為您核實麻疹及德國麻疹預防接種證明（包含接種年齡須大於 1 歲），並填寫本健康檢查項目表。
 Bring your measles and rubella vaccination certificates to the hospital. **Please consult with the doctor to verify the certificates, including whether the vaccination was received after one year of age, and complete the NTHU Health Certificate for Short-Term Students.**
- (2) 無麻疹、德國麻疹預防接種證明者，可不檢驗抗體，直接在母國接種疫苗，但經醫師評估有接種禁忌者，得免接種疫苗。
 Those without measles and rubella vaccination records can choose to receive vaccinations in your home country without antibody testing. However, individuals with contraindications, as determined by a physician, are exempt from vaccination.

本校短期研修生只需提交近 3 個月內，經醫生核實後，醫療院所核章之本「短期研修生健康檢查項目表」，**不需要**額外提供其它文件證明。請務必確認已完成本表格中所列所有檢查項目，含承辦檢查醫院簽章。「家庭醫生辦公室」或「學校健康中心」進行的檢查，沒有醫院簽章的報告，將被視為報告不完整，需重新補交有醫院簽章的報告。

Our Short-Term Students are required to submit **only** the 「NTHU Health Certificate for Short-Term Students」 completed within the last three months that were verified and endorsed by a medical professional. **No additional documentation is required.** Please make sure to complete all items listed in this form, with the stamp of the hospital where examination was done. **Reports conducted at “family physicians' offices” or “on-campus health centers” without the hospital stamp will be considered incomplete. Otherwise, we will need you to resubmit a report with the hospital stamp on it.**

承辦檢查醫院簽章 Stamp of hospital where examination was done:

檢查日期 Date of exam :
 yyyy / mm / dd