

NTHU Health Center Medical Equipment Loan Application 106.11.23

Department		Date	(yy)	(mm)	(dd)
Name	ID No.	Tel.			
		E-mail			
Activity					
Borrowed Items	Item	Amount	Item	Amount	
	First Aid Kit (NO.)		First Aid Bag (NO.)		
	Digital Axillary Thermometer (NO.)		Forehead Thermometer (NO.)		
	Crutches (NO.)		Ice pack		
	Ice Bucket		Wheelchair (NO.)		
	Books		Others		
Note	<p>1. Please deposit when borrowing : ice pack, books, digital axillary thermometer NTD 100/item, Wheelchair, forehead thermometer, ice bucket NTD 1000/item, Others NTD 500/item. Deposit will be returned once all items are returned. If any equipment is lost or damaged, you should purchase a new one for us so that the deposit can be returned.</p> <p>2. After filling the application form and/or Guarantee form, please bring the application form, deposit and personal ID to our office.</p> <p>3. First aid kit, first aid bag, forehead thermometer, and ice bucket are for activities and societies usage only, not for personal use.</p>				

- I have been informed of the reason for collecting, processing or uses of my personal information. I agree to the collection, procession or usage of my personal information.
- I disagree to the collection, procession or usage of my personal information.

Person informed : _____ (signature)

- Deposit : total NTD _____
 - NTD 1,000×_____unit NTD 500×_____unit NTD 100×_____unit
 - NTD 50×_____unit NTD 10×_____unit NTD 1×_____unit
 - Others : _____×_____unit

● ID : ID : _____

Borrower : _____ / _____

Returner : _____ / _____

Borrow Date : _____

Return Date : _____