

僑務委員會、教育部
OCAC, MOE

2018 年南半球地區海外華裔青年英語服務營健康證明表
Health Certificate for the Overseas Youth English Teaching Volunteer Service Program
【Valid for Four Months ; Please mail the completed form to the nearby registration office.】

中文姓名 _____ (Name in Chinese) Assigned Volunteer ID No: _____
Name in English: _____ Home Tel: _____
性別 Gender: 男 Male 女 Female Passport or SSN ID No: _____
出生(月日年)Date of Birth: _____ 國籍 Nationality: _____
住址(address) : _____

Please attach a recent
1.5- inch photo here
請黏貼 1.5 吋個人相片

身體檢查 PHYSICAL EXAMINATIONS EXAMINATION

- A. Height 身高: _____ Ft/ In cm D. Weight 體重: _____ Lb Kg
B. Pulse 脈搏: _____ time / min(次/分) E. 血壓 Blood pressure: _____ / _____ mm Hg(毫米汞柱)
C. Heart 心臟: Normal(正常) Abnormal(異常)
F. Motor function of limbs 體肢運動: Normal(正常) Abnormal(異常)

免疫注射證明 PROOF OF VACCINATIONS

The above named individual has completed each immunization of :

- A. Negative TB Screening Test taken within last 2 years (Skin/X-Ray/QFT), on _____
B. Hepatitis B series on _____ C. Td on _____
D. Polio on _____ E. MMR on _____
F. DTP on _____

疾病史 MEDICAL HISTORY

♥ Have you ever had or currently have the following diseases ? (您是否曾經感染下列疾病)

- A. Heart disease 心臟病: Yes No G. Kidney disease 腎臟病: Yes No
B. Asthma 氣喘病: Yes No H. Malaria 瘧疾: Yes No
C. Hypertension 高血壓: Yes No I. Liver Disease 肝病: Yes No
D. Diabetes 糖尿病: Yes No J. Mood/Anxiety Yes No
E. Allergies 過敏病症: Yes No K. ADHD Disorder Yes No
F. Epilepsy 癲癇: Yes No L. She/He is allergic to: _____

結論: 根據以上的檢查結果, 他/她 適合 不適合 在缺乏醫療設備的偏遠鄉村工作。

Remarks: The above named individual is is not recommended for working in volunteer program at a remote valley school without neighborhood healthcare clinics.

Clinic's name _____ (stamp)

Healthcare Provider's name (print) _____

Healthcare Provider's Signature _____ Date Signed: _____ Tel: _____

License No. _____ Issuing State _____ Located in the country of _____

I hereby submit this document and agree to participate in the Volunteer Program for assisting students in a remote area in Taiwan. I have carefully reviewed my summer schedule and give my commitment to this program in the highest priority over any other event.

Volunteer's Signature _____ Date Signed: _____