

僑務委員會、教育部、客家委員會

OCAC, MOE, HAC

2015 年海外華裔青年英語服務營健康證明表

Health Form for the Overseas Youth English Teaching Volunteer Service Program

【Valid for Three 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) : \_\_\_\_\_

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

身體檢查 PHYSICAL EXAMINATIONS EXAMINATION

A. 身高 Height : \_\_\_\_\_ Ft / In cm D. 體重 Weight : \_\_\_\_\_ Lb Kg

B. 脈搏 Pulse : \_\_\_\_\_ 次 / 分 time / min E. 血壓 Blood pressure : \_\_\_\_\_ / \_\_\_\_\_ 毫米汞柱 mm Hg

C. 心臟 Heart : 正常 Normal 異常 Abnormal

F. 體肢運動 Locomotors : 正常 Normal 異常 Abnormal

免疫注射證明 PROOF OF VACCINATIONS

The above named individual has completed each immunization of :

A.  a TB Test has been taken within last 2 years. B. Hepatitis B series on \_\_\_\_\_

C. DTP on \_\_\_\_\_ D. MMR on \_\_\_\_\_ E. Td on \_\_\_\_\_

F. Polio on \_\_\_\_\_

疾病史 MEDICAL HISTORY

♥ 您是否曾經感染下列疾病 Have you ever had the following diseases ?

A. 心臟病 Heart disease : Yes No F. 癲癇 Epilepsy : Yes No

B. 氣喘病 Asthma : Yes No G. 腎臟病 Kidney disease : Yes No

C. 高血壓 Hypertension : Yes No H. 瘧疾 Malaria : Yes No

D. 糖尿病 Diabetes : Yes No I. 肝病 Liver Disease : Yes No

E. 過敏病症 Allergies : Yes No J. 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 a volunteer program at a remote school.

Healthcare Provider's name (print) \_\_\_\_\_ Clinic's name \_\_\_\_\_

Healthcare Provider's signature \_\_\_\_\_ License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

Located in the county of \_\_\_\_\_ Tel: \_\_\_\_\_ Date:(M)\_\_\_\_/(D)\_\_\_\_/2015

I hereby submit this document and agree to participate in the Volunteer Program for assisting students in the remote areas 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: \_\_\_\_\_