

僑務委員會、教育部  
OCAC, MOE

2019 年南半球地區海外青年英語服務營健康證明表  
Health Form for the 2019 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 EXAMINATION**

- A. Height 身高: \_\_\_\_\_ Ft/ In cm C. Weight 體重: \_\_\_\_\_ Lb Kg  
B. Pulse 脈搏: \_\_\_\_\_ beats/min (次/分) D. 血壓 Blood pressure: \_\_\_\_\_ / \_\_\_\_\_ mm Hg(毫米汞柱)  
E. 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 of the immunizations/tests listed below on the following dates :

- A. Negative TB Screening Test taken within last 2 years (Skin/X-Ray/QFT) on \_\_\_\_\_  
B. DTaP series on \_\_\_\_\_ C. Tdap on \_\_\_\_\_  
D. Polio series on \_\_\_\_\_ E. MMR on \_\_\_\_\_  
F. Hepatitis B series on \_\_\_\_\_

**疾病史 MEDICAL HISTORY**

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

- 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. ADHD 過動 Yes No K. Autism Spectrum Disorder Yes No  
F. Epilepsy 癲癇: Yes No L. Allergies (please list): \_\_\_\_\_

結論: 根據以上的檢查結果, 他/她 適合 不適合 在繁重、壓力與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 an intensive and potentially stressful setting at a remote location 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: \_\_\_\_\_