

僑務委員會、教育部、客家委員會、原住民族委員會

OCAC, MOE, HAC, CIP

2019 年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: \_\_\_\_\_