

Instructions of NTU Health exam for foreign staff and students

In order to understand the general health condition of coming employees and students, and to meet the regulations of National Taiwan University and our government's requirements, all new staff and students should receive a health exam by a qualified physician. The registration procedure is not complete if the new employee/student does not have her/his health exam form completed.

For native employees and students, they have to perform the health exam first then their salaries can be paid or enrollment will be completed. For foreign teachers/employees/students' convenience, you may take the health exam in your countries in recent 3 months as long as the items are included with the doctor's signature and stamp of the hospital or clinic (for certification).

Attention:

- 1. Please inform the doctor if you are pregnant. (You are allowed to skip the CXR exam when you are pregnant.)
- 2. Please avoid checking your urine in the menstruation period.
- 3. Fasting at least for 8 hours is indicated for laboratory tests.

國立台灣大學外籍學生一般體格檢查表(I)-醫院檢查部分

NTU International Students General Health Exam Form—by Medical Institution

身份別 Status:□1.學士班	E Under	graduate	究所 Gradi	uate	3.交換學生 Ex	schange Student	
□4.雙學位生 Dual Degree Student							
姓名Name		性別	J Sex:□男	Male	□女 Female		
生日 Date of Birth:	_年 Y/_	月 M /					
國籍 Nationality:						相片	
身份證或護照號碼 ID or Passport No.:						Photo	
系所 Department / Institute	e:						
學號 Student ID:							
身高 Height: cm	體	重 Weight:	kg	腰圍V	Vrist circumfer	rence: cm	
血壓 Blood Pressure:		/	mmHg	脈搏 P	Pulse Rate:	/min	
皮膚 Skin:			頭頸部 I	Head &	Neck:		
胸部 Chest: 肺部 Lungs:							
腹部 Abdomen: 心臟 Heart:							
口腔 Oral Cavity: 其他 Others:							
肌肉、骨、關節 Muscles/	Bones/	Joints:					
視力 Visual Acuity: 裸視	Uncorr	rected (R	L)			
矯正	Correc	ted (R	L)			
辨色力 Color Differentiation:□無異常 Normal □異常 Abnormal							
聽力 Hearing:右 Right □通過 Pass □未通過 Fail / 左 Left □通過 Pass □未通過 Fail					□未通過 Fail		
實驗室檢查 Laboratory Examinations							
肝功能 SGPT:	U/L	空腹血糖 AC sugar	::	mg/dL	白血球數 WBC	: K/μL	
肌酸酐 Creatinine:	mg/dL	尿酸 Uric acid:		mg/dL	紅血球數 RBC	$M/\mu L$	
總膽固醇 T-cholesterol:	mg/dL	血紅素 Hb:		g/dL	血小板數 PLT:	K/μL	
三酸甘油脂 Triglyceride:	mg/dL	平均紅血球容積 M	ICV:	fL	血球容積比 Hc	t: %	
尿液 Urine: 酸鹼值 PH	J.	录蛋白 Protein	尿糖	Sugar	尿潛血	Occult Blood	
胸部X光 Chest X-Ray (限大片	Standard Film Only):				
總評及建議 Comments a	and Sug	gestions:					
醫師簽章 Doctor's signature:							
證書字號 Identification number:檢查日期 Date of health exam:							
體檢醫療院所名稱 Name of the medical institution for the health exam:							
請務必加蓋機關印章,否則視同無效。Not valid if without the institution's seal.							

※學士班新生需加做 B 型肝炎抗原 (HBsAg) 及 B 型肝炎抗體 (Anti-HBsAb) 檢查,碩博士班新生則不需要。Undergraduates are required also to do HBsAg and Anti-HBsAb tests.

國立台灣大學外籍學生健康調查表(II)-自行填寫部分

NTU International Students General Health Check List—Self Evaluation

◎紅框內資料請詳細填寫,有各項所指情況者,請在"□"打"∨"或在"_"內填寫

(Please fill in the following information and check where indicated.)

姓名 Family Name	Given Name						
身份證或護照號碼 ID or Passport No.:	國籍 Nationality:						
身份別 Status: □ 1.學士班 Undergraduate □ 2. 研究所 Graduate							
□ 3.交換學生 Exchange Student □ 4.雙學位生 Dual Degree Student							
入學時間 Starting Date:年 Year/月 Month 學號 Student ID:()							
系所 Department / Institute:							
生日 Date of Birth:年 Year/月 Month /日 Day 性別 Sex: □男 Male □女 Female							
婚姻狀況 Marital Status: □未婚 Single □已婚 Married □鰥寡 Widowed □離婚 Divorced							
永久住址 Permanent Address: 郵遞區號 Postal Code ()							
電話 Tel. No.:	手機 Cell Phone No.:						
電子郵件信箱 E-mail Address:							
緊急聯絡人 Emergency Contact Person:	關係 Relation:						
聯絡電話 Tel. No.:	_手機 Cell Phone No.:						
作業經歷 Work/Study Experience							
到職(入學)前從事之工作 Previous job/school before coming to NTU:							
□ 學生 Student,學校名稱 school 系/所 department							
就學期間 Starting/Finishing Date:年 year /月 month 至 to年 year /月 month							
□ 非學生 Non-student,公司名稱 Company name:							
工作期間 Starting/Finishing Date:年 year /月 month 至 to年 year /月 month							
工作內容 Job description:							
□物理性 Physics-related □化學性 Chemistry-related □生物性 Biology-related							
□輻射 Radiation-related □電腦 Computer-related							
家族病史 Family Medical History							
□肺結核 TB □心臟病 Heart diseases	□B型肝炎 Hepatitis B □大腸癌 Colon cancer						
□氣喘 Asthma □腎臟病 Kidney diseases	□C型肝炎 C Hepatitis □胃癌 Stomach cancer						
□中風 Stroke □糖尿病 Diabetes	□肝癌 Liver cancer □肺癌 Lung cancer						
□貧血 Anemia □高脂血症 Hyperlipidemia	□乳癌 Breast cancer						
□甲狀腺疾病 Thyroid problems	□攝護腺癌 Prostate cancer						
□高血壓 Hypertension	□子宮頸癌 Cervical cancer						
□痛風或高尿酸血症 Gout or hyperuricemia	□精神疾病 Psychiatric disorders						
□無上述疾病 None of the diseases described above							
□其他 Others:							

個人預防注射紀錄 Personal Vaccination History 您是否曾接種下列疫苗?若是,請在□打`並註明施打時間 Have you received the following vaccine injections? If yes, please mark in the square and specify the date. 第二劑 Second dose 第三劑 Third dose 第一劑 First dose 日期(年/月/日) 日期(年/月/日) 日期(年/月/日) date (yr/month/day) date (yr/month/day) date(yr/month/day) □白喉 Diphtheria 一百日咳 Pertussis 一破傷風 Tetanus □麻疹 Measles □腮腺炎 Mumps 一德國麻疹 Rubella □小兒麻痺 Polio □A 型肝炎 Hepatitis A virus ■B 型肝炎 Hepatitis B virus □日本腦炎 Japanese Encephalitis □卡介苗 BCG □其他 others 個人過去病史 Personal Medical History □肺結核 TB 一中風 Stroke □血友病 Hemophilia □氣喘 Asthma □貧血 Anemia □癲癇 Epilepsy □高血壓 Hypertension □糖尿病 Diabetes 一心臟病 Heart diseases □高血脂症 Hyperlipidemia □腎臟病 Kidney diseases □消化性潰瘍 Peptic ulcer □B型肝炎帶原 Hepatitis B carrier □C型肝炎 Hepatitis C □痛風或高尿酸血症 Gout or hyperuricemia □甲狀腺疾病 Thyroid problems □精神疾病 Psychiatric disorders_ □悪性腫瘤 Malignant neoplasm(tumor)______ □重大手術 Major operation (年齡 Age/名稱 Reason)______ □住院史 Hospital admission history (原因 Reason)______ □食物過敏 Food allergy (名稱 Item name)______ □藥物過敏 Drug allergy (名稱 Drug name)______ □無上沭疾病 None of the diseases described above □其他 Others: _ 長期服藥 Long term medication: □無 No □有 Yes:原因 Reason: _____ 服用藥物名稱 Name of the drug(s):

近半年健康行爲 Health condition for the past 6 months						
1.睡眠習慣 Sleeping habit:						
平均每日睡眠時數 Average hours of Sleep:小時 hours per night.						
平均每週失眠 Insomnia:次 times per week.						
2.運動習慣 Exercise habit:						
a.□規則運動 Regularly □未規則運動 Not regularly						
b.平均每週運動次數 exercise:次 times per week in average.						
每次運動 each exercise lasts for 分鐘 minutes. 運動方式 Type of exercise。						
3.飲食習慣 Eating habit:						
a.□三餐規則進食 Regular meals 3 times a day □經常不吃早餐 No regular breakfast						
□經常不吃午餐 No regular lunch □經常不吃晚餐 No regular dinner						
b.平均每天攝取 In average, you have碟蔬菜 portion(s) of vegetables,份水果 portion(s) of						
fruits, and種油炸食物 items of deep fried food on a daily basis.						
4.吸菸習慣 Smoking habit:						
□未曾 Never □有 Yes,平均一天 In average支 cigarettes per day,						
約 for年 years, 菸 Brand (<u>品名 Name)</u> ,						
□已戒 Quitted □未戒 Not quitted。						
5.喝酒習慣 Drinking habit:						
□未曾 Never □ 有 Yes,平均每次 In averagecc each time,						
平均每月 approximately次 times every month,約 for年 years,						
□已戒 Quitted □未戒 Not quitted。						
6.嚼檳榔習慣 betel nut chewing habit:						
□未曾 Never □有 Yes,平均一天 In average per day,約 for顆 nuts。						
約 for年 years, □已戒 Quitted □未戒 Not quitted。						
7.您是否有每餐飯後刷牙的習慣 Do you brush your teeth after each meal?						
a.□是 Yes □否 No b.每日共刷牙 brush teeth次 times per day.						
8.您是否有每月量體重的習慣 Do you weigh yourself every month? □是 Yes □ 否 No						
複診追蹤記錄 Follow-up Record						