

## **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).

You may download the health exam form from the website at <http://shmc.osa.ntu.edu.tw/foreign/> and bring it to the hospital. The required items are included in the "NTU General Health Exam Form". Most importantly, please remember to bring the completed exam form with you to get registered in NTU.

✂ special instructions

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

姓名Name	性別Sex: <input type="checkbox"/> 男Male <input type="checkbox"/> 女Female	相片 Photo
生日Date of Birth: ___年Y/___月M/___日D		
國籍Nationality:		
身份證或護照號碼ID or Passport No.:		
系所Department / Institute:		
學號Student ID:		
身份別Status: <input type="checkbox"/> 1. 學士班 Undergraduate <input type="checkbox"/> 2. 研究所 Graduate <input type="checkbox"/> 3. 交換學生 Exchange Student <input type="checkbox"/> 4. 雙學位生 Dual Degree Student		
身高Height: cm	體重Weight: kg	腰圍Waist circumference: cm
血壓Blood Pressure: /	mmHg	脈搏Pulse Rate: /min
皮膚Skin:	頭頸部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 Uncorrected ( R L ); 矯正 Corrected ( R L )		
辨色力Color Differentiation: <input type="checkbox"/> 無異常Normal <input type="checkbox"/> 異常Abnormal		
聽力Hearing: 右Right <input type="checkbox"/> 通過Pass <input type="checkbox"/> 未通過Fail / 左Left <input type="checkbox"/> 通過Pass <input type="checkbox"/> 未通過Fail		
<b>實驗室檢查 Laboratory Examinations</b>		
肝功能SGPT: U/L	空腹血糖AC sugar: mg/dL	白血球數WBC: K/ $\mu$ L
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/ $\mu$ L
三酸甘油酯Triglyceride: mg/dL	平均紅血球容積MCV: fL	血球容積比Hct: %
尿液Urine: 酸鹼值 PH 尿蛋白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 and Suggestions:		
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。Undergraduate are required 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: <input type="checkbox"/> 1. 學士班 Undergraduate <input type="checkbox"/> 2. 研究所 Graduate <input type="checkbox"/> 3. 交換學生 Exchange Student <input type="checkbox"/> 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: <input type="checkbox"/> 男Male <input type="checkbox"/> 女Female			
婚姻狀況Marital Status: <input type="checkbox"/> 未婚Single <input type="checkbox"/> 已婚Married <input type="checkbox"/> 鰥寡Widowed <input type="checkbox"/> 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.: _____			
<b>作業經歷 Work/Study Experience</b>			
到職（入學）前從事之工作Previous job/school before coming to NTU:			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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: <input type="checkbox"/> 物理性 Physics-related <input type="checkbox"/> 化學性Chemistry-related <input type="checkbox"/> 生物性Biology-related <input type="checkbox"/> 輻射Radiation-related <input type="checkbox"/> 電腦Computer-related			
<b>家族病史 Family Medical History</b>			
<input type="checkbox"/> 肺結核TB	<input type="checkbox"/> 心臟病Heart diseases	<input type="checkbox"/> B型肝炎Hepatitis B	<input type="checkbox"/> 大腸癌Colon cancer
<input type="checkbox"/> 氣喘Asthma	<input type="checkbox"/> 腎臟病Kidney diseases	<input type="checkbox"/> C型肝炎C Hepatitis	<input type="checkbox"/> 胃癌Stomach cancer
<input type="checkbox"/> 中風Stroke	<input type="checkbox"/> 糖尿病Diabetes	<input type="checkbox"/> 肝癌Liver cancer	<input type="checkbox"/> 肺癌Lung cancer
<input type="checkbox"/> 貧血Anemia	<input type="checkbox"/> 高脂血症Hyperlipidemia	<input type="checkbox"/> 乳癌Breast cancer	
<input type="checkbox"/> 甲狀腺疾病Thyroid problems		<input type="checkbox"/> 攝護腺癌Prostate cancer	
<input type="checkbox"/> 高血壓Hypertension		<input type="checkbox"/> 子宮頸癌Cervical cancer	
<input type="checkbox"/> 痛風或高尿酸血症Gout or hyperuricemia		<input type="checkbox"/> 精神疾病Psychiatric disorders	
<input type="checkbox"/> 無上述疾病None of the diseases described above			
<input type="checkbox"/> 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.

	第一劑 First dose	第二劑 Second dose	第三劑 Third dose
	日期 (年/月/日) date ( yr/month/day )	日期 (年/月/日) date ( yr/month/day )	日期 (年/月/日) date ( yr/month/day )
<input type="checkbox"/> 白喉Diphtheria	_____	_____	_____
<input type="checkbox"/> 百日咳Pertussis	_____	_____	_____
<input type="checkbox"/> 破傷風Tetanus	_____	_____	_____
<input type="checkbox"/> 麻疹Measles	_____	_____	_____
<input type="checkbox"/> 腮腺炎Mumps	_____	_____	_____
<input type="checkbox"/> 德國麻疹Rubella	_____	_____	_____
<input type="checkbox"/> 小兒麻痺Polio	_____	_____	_____
<input type="checkbox"/> A型肝炎Hepatitis A virus	_____	_____	_____
<input type="checkbox"/> B型肝炎Hepatitis B virus	_____	_____	_____
<input type="checkbox"/> 日本腦炎Japanese Encephalitis	_____	_____	_____
<input type="checkbox"/> 卡介苗BCG	_____	_____	_____
<input type="checkbox"/> 其他others	_____	_____	_____

### 個人過去病史 Personal Medical History

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 肺結核TB                                     | <input type="checkbox"/> 中風Stroke           | <input type="checkbox"/> 血友病Hemophilia         |
| <input type="checkbox"/> 氣喘Asthma                                  | <input type="checkbox"/> 貧血Anemia           | <input type="checkbox"/> 癲癇Epilepsy            |
| <input type="checkbox"/> 高血壓Hypertension                           | <input type="checkbox"/> 糖尿病Diabetes        | <input type="checkbox"/> 心臟病Heart diseases     |
| <input type="checkbox"/> 高血脂症Hyperlipidemia                        | <input type="checkbox"/> 腎臟病Kidney diseases | <input type="checkbox"/> 消化性潰瘍Peptic ulcer     |
| <input type="checkbox"/> B型肝炎帶原Hepatitis B carrier                 |   | <input type="checkbox"/> C型肝炎Hepatitis C       |
| <input type="checkbox"/> 痛風或高尿酸血症Gout or hyperuricemia             |   | <input type="checkbox"/> 甲狀腺疾病Thyroid problems |
| <input type="checkbox"/> 精神疾病Psychiatric disorders                 |   |  |
| <input type="checkbox"/> 惡性腫瘤Malignant neoplasm(tumor)             |   |  |
| <input type="checkbox"/> 重大手術Major operation (年齡Age/名稱Reason)      |   |  |
| <input type="checkbox"/> 住院史Hospital admission history (原因Reason)  |   |  |
| <input type="checkbox"/> 食物過敏Food allergy (名稱Item name)            |   |  |
| <input type="checkbox"/> 藥物過敏Drug allergy (名稱Drug name)            |   |  |
| <input type="checkbox"/> 無上述疾病None of the diseases described above |   |  |
| <input type="checkbox"/> 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 (品名Name) \_\_\_\_\_ ,

已戒Quitted  未戒Not quitted 。

5.喝酒習慣Drinking habit:

未曾Never  有Yes, 平均每次In average \_\_\_\_\_ cc 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

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