

僑務委員會、教育部
Overseas Compatriot Affairs Commission & Ministry of Education
2008 北美華裔青年英語服務營健康證明

Health Certificate for the North American Expatriate Youth English Teaching Volunteer Service Program
【 Valid for Three Months ; Please mail to the culture center that sent your admission letter 】

中文姓 _____ (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): _____

本人決定不參加
 Will not attend.
 若決定參加,請在此
 黏貼個人相片
 Will attend. Please
 attach a recent 1.5-
 inch photo here

身體檢查 PHYSICAL 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 VACCINATION

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 :	<input type="checkbox"/> Yes <input type="checkbox"/> No	F. 癲癇 Epilepsy :	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 氣喘病 Asthma :	<input type="checkbox"/> Yes <input type="checkbox"/> No	G. 腎臟病 Kidney disease :	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. 高血壓 Hypertension :	<input type="checkbox"/> Yes <input type="checkbox"/> No	H. 瘧疾 Malaria :	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. 糖尿病 Diabetes :	<input type="checkbox"/> Yes <input type="checkbox"/> No	I. 肝病 Liver Disease :	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. 過敏病症 Allergies :	<input type="checkbox"/> Yes <input type="checkbox"/> 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)____/2008

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 schedules and give my commitment to this program in the highest priority over any other event.

Volunteer's Signature _____ Date: _____