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| 醫院標誌  Hospital’s  Logo | **健康檢查證明應檢查項目表（乙表）**  （醫院名稱、地址、電話、傳真機） ITEMS REQUIRED FOR HEALTH CERTIFICATE （Form B） （Hospital’s Name, Address, Tel, FAX） | 檢查日期 \_\_\_\_/\_\_\_\_/\_\_\_\_  (年) (月) (日) \_\_\_\_/\_\_\_\_/\_\_\_\_  (Ｍ) (Ｄ) (Ｙ) Date of Examination |

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| **基 本 資 料** ( **BASIC DATA)**  照片  Photo   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 | ： |  | | | | | | |  | 性別 | ： | □男Male | | | □女Female | | Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | Sex | | 身份證字號 | | | ： |  | | | | |  | 護照號碼 | | | ： |  | | | ID No. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Passport No. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 出生年月日 | | | ： | ––– | / | ––– | / | ––– |  | 國籍 | | | ： |  | | | Date of Birth | | |  | Nationality | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 年齡 | | | ： |  | | | | |  | 聯絡電話 | | | ： |  | | | Age | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Phone No. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |     **實　驗　室　檢　查 (LABORATORY EXAMINATIONS)**   |  | | --- | | **A. 胸部X光檢查肺結核（Chest Ｘ-Ray for Tuberculosis）：**  X光發現(Findings)：  判定(Results)：  □合格(Passed) □疑似肺結核(TB Suspect) □無法確認診斷( Pending) □不合格(Failed)  (經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者，得至指定機構複驗；但所在縣市無指定機構者，得至鄰近醫院之胸腔科門診複檢。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)  □孕婦或兒童12歲以下免驗 (Not required for pregnant women or children under 12 years of age)  **B.腸內寄生蟲（含痢疾阿米巴等原蟲）糞便檢查（採用離心濃縮法檢查）（Stool examination for parasites includes *Entameba histolytica* etc.）(centrifugal concentration method)：**  □陽性，種名( Positive, Species ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □陰性（Negative）  □其他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □兒童6歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  **C.梅毒血清檢查（Serological Test for Syphilis）：**  檢驗(Tests)：ａ.□RPR或□VDRL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ｂ.□TPHA/TPPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ｃ.□其它（Other）\_\_\_\_\_\_\_\_\_\_\_  判定(Results)：□合格(Passed) □不合格(Failed)  □兒童15歲以下免驗 (Not required for children under 15 years of age)  **D.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明（proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates）：**  a.抗體檢查（Antibody test )  麻疹抗體measles antibody titers □陽性 Positive □陰性 Negative □未確定（Equivocal）  德國麻疹抗體rubella antibody titers □陽性 Positive □陰性 Negative □未確定（Equivocal）  b.預防接種證明 Vaccination Certificates  (含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少相隔兩週。)  (The Certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to going abroad)  □麻疹預防接種證明Vaccination Certificates of Measles  □德國麻疹預防接種證明Vaccination Certificates of Rubella  c. □經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination) |   **漢 生 病 檢 查（EXAMINATION FOR HANSEN’S DISEASE）**   |  | | --- | | 全身皮膚視診結果(Skin Examination)  □正常Normal  □異常Abnormal：○非漢生病 (not related to Hansen’s disease)：  ○漢生病(疑似個案須進一步檢查)(Hansen’s disease suspect needs further exam)  ａ.病理切片(Skin Biopsy)：  ｂ.皮膚抹片(Skin Smear)：○陽性 ( Finding bacilli in affected skin smears )  ○陰性（Negative）  c.皮膚病灶合併感覺喪失或神經腫大( Skin lesions combined with sensory loss or enlargement of peripheral nerves ) ○有（Yes） ○無（No）  判定(Results)：□合格(Passed) □不合格(Failed)  □來自特定地區者免驗 (Not required for applicants from designated areas as described in Note 6) | |

備註(Note)：

1. 本表供外籍人士、無戶籍國民、大陸地區人民及香港澳門居民申請在臺灣居留或定居時使用。This form is for **residence application.**
2. 兒童6歲以下免辦理健康檢查，但須檢具預防接種證明備查(年滿1歲以上者，至少接種1劑麻疹、德國麻疹疫苗)。 A child under 6 years old is not necessary to have laboratory examination, but the certificate of vaccination is necessary. Child age one and above should get at least one dose of measles and rubella vaccines.
3. 懷孕婦女及兒童12歲以下免接受「胸部Ｘ光檢查」；懷孕婦女於產後仍應補照胸部X光**。** Pregnant women and children under 12 years of age are exempted from chest X-ray examination. Pregnant women should undergo chest X-ray after the child’s birth.
4. 申請免除胸部X光檢查之適用對象：申請人限來自結核病盛行率低於十萬分之三十的國家，並檢具由精神科醫師出具申請人在心理上不適合進行胸部X光檢查之診斷證明書，經衛生福利部疾病管制署審核通過者，始得免除此項檢測。
5. 兒童15歲以下免接受「梅毒血清檢查」。 A child under 15 years old is not necessary to have Serological Test for Syphilis.
6. 申請者來自附錄一所列國家或地區者，以及在臺灣地區之無戶籍國民，得免驗腸內寄生蟲糞便檢查及漢生病檢查。Applicants coming from countries or areas listed on Appendix 1 or nationals without registered permanent residence in the Taiwan Area are not required to undergo a stool examination for parasites and an examination for Hansen’s disease.
7. 漢生病檢查為全身皮膚檢查，受檢者可穿著內衣內褲，並由親友或女性醫護人員陪同受檢。檢查時逐步分部位受檢，避免一次脫光全身衣物，維護受檢者隱私。 Hansen’s disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant’s privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibilities to protect the privacy of the applicant and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

九、根據以上對 先生/女士/小姐之檢查結果為

□合格 □不合格 **□須進一步檢查**

Result：According to the above medical report of Mr./Mrs./Ms. , he/she

**□has passed the examination □has** **failed the examination □needs further examination**.

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|  | ： |  | （Name ＆ Signature） |
| (Chief Medical Technologist) |
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| ( Chief Physician ) |
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|  | ： |  | （Name ＆ Signature） |
| ( Superintendent ) |

日期（Date）： / /

**本證明三個月內有效（Valid for Three Months）**

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| 醫院標誌  Hospital’s  Logo | **健康檢查證明應檢查項目表（乙表）**  （醫院名稱、地址、電話、傳真機） ITEMS REQUIRED FOR HEALTH CERTIFICATE （Form B） （Hospital’s Name, Address, Tel, FAX） | 檢查日期 \_\_\_\_/\_\_\_\_/\_\_\_\_  (年) (月) (日) \_\_\_\_/\_\_\_\_/\_\_\_\_  (Ｍ) (Ｄ) (Ｙ) Date of Examination |

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| **基 本 資 料** ( **BASIC DATA)**  照片  Photo   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 | ： |  | | | | | | |  | 性別 | ： | □男Male | | | □女Female | | Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | Sex | | 身份證字號 | | | ： |  | | | | |  | 護照號碼 | | | ： |  | | | ID No. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Passport No. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 出生年月日 | | | ： | ––– | / | ––– | / | ––– |  | 國籍 | | | ： |  | | | Date of Birth | | |  | Nationality | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 年齡 | | | ： |  | | | | |  | 聯絡電話 | | | ： |  | | | Age | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Phone No. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |     **實　驗　室　檢　查 (LABORATORY EXAMINATIONS)**   |  | | --- | | **A. 胸部X光檢查肺結核（Chest Ｘ-Ray for Tuberculosis）：**  X光發現(Findings)：  判定(Results)：  □合格(Passed) □疑似肺結核(TB Suspect) □無法確認診斷( Pending) □不合格(Failed)  (經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者，得至指定機構複驗；但所在縣市無指定機構者，得至鄰近醫院之胸腔科門診複檢。) (Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)  □孕婦或兒童12歲以下免驗 (Not required for pregnant women or children under 12 years of age)  **B.腸內寄生蟲（含痢疾阿米巴等原蟲）糞便檢查（採用離心濃縮法檢查）（Stool examination for parasites includes *Entameba histolytica* etc.）(centrifugal concentration method)：**  □陽性，種名( Positive, Species ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □陰性（Negative）  □其他可不予治療之腸內寄生蟲(Other parasites that do not require treatment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □兒童6歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)  **C.梅毒血清檢查（Serological Test for Syphilis）：**  檢驗(Tests)：ａ.□RPR或□VDRL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ｂ.□TPHA/TPPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ｃ.□其它（Other）\_\_\_\_\_\_\_\_\_\_\_  判定(Results)：□合格(Passed) □不合格(Failed)  □兒童15歲以下免驗 (Not required for children under 15 years of age)  **D.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明（proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates）：**  a.抗體檢查（Antibody test )  麻疹抗體measles antibody titers □陽性 Positive □陰性 Negative □未確定（Equivocal）  德國麻疹抗體rubella antibody titers □陽性 Positive □陰性 Negative □未確定（Equivocal）  b.預防接種證明 Vaccination Certificates  (含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少相隔兩週。)  (The Certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to going abroad)  □麻疹預防接種證明Vaccination Certificates of Measles  □德國麻疹預防接種證明Vaccination Certificates of Rubella  c. □經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination) |   **漢 生 病 檢 查（EXAMINATION FOR HANSEN’S DISEASE）**   |  | | --- | | 全身皮膚視診結果(Skin Examination)  □正常Normal  □異常Abnormal：○非漢生病 (not related to Hansen’s disease)：  ○漢生病(疑似個案須進一步檢查)(Hansen’s disease suspect needs further exam)  ａ.病理切片(Skin Biopsy)：  ｂ.皮膚抹片(Skin Smear)：○陽性 ( Finding bacilli in affected skin smears )  ○陰性（Negative）  c.皮膚病灶合併感覺喪失或神經腫大( Skin lesions combined with sensory loss or enlargement of peripheral nerves ) ○有（Yes） ○無（No）  判定(Results)：□合格(Passed) □不合格(Failed)  □來自特定地區者免驗 (Not required for applicants from designated areas as described in Note 6) | |

備註(Note)：

1. 本表供外籍人士、無戶籍國民、大陸地區人民及香港澳門居民申請在臺灣居留或定居時使用。This form is for **residence application.**
2. 兒童6歲以下免辦理健康檢查，但須檢具預防接種證明備查(年滿1歲以上者，至少接種1劑麻疹、德國麻疹疫苗)。 A child under 6 years old is not necessary to have laboratory examination, but the certificate of vaccination is necessary. Child age one and above should get at least one dose of measles and rubella vaccines.
3. 懷孕婦女及兒童12歲以下免接受「胸部Ｘ光檢查」；懷孕婦女於產後仍應補照胸部X光**。** Pregnant women and children under 12 years of age are exempted from chest X-ray examination. Pregnant women should undergo chest X-ray after the child’s birth.
4. 申請免除胸部X光檢查之適用對象：申請人限來自結核病盛行率低於十萬分之三十的國家，並檢具由精神科醫師出具申請人在心理上不適合進行胸部X光檢查之診斷證明書，經衛生福利部疾病管制署審核通過者，始得免除此項檢測。
5. 兒童15歲以下免接受「梅毒血清檢查」。 A child under 15 years old is not necessary to have Serological Test for Syphilis.
6. 申請者來自附錄一所列國家或地區者，以及在臺灣地區之無戶籍國民，得免驗腸內寄生蟲糞便檢查及漢生病檢查。Applicants coming from countries or areas listed on Appendix 1 or nationals without registered permanent residence in the Taiwan Area are not required to undergo a stool examination for parasites and an examination for Hansen’s disease.
7. 漢生病檢查為全身皮膚檢查，受檢者可穿著內衣內褲，並由親友或女性醫護人員陪同受檢。檢查時逐步分部位受檢，避免一次脫光全身衣物，維護受檢者隱私。 Hansen’s disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant’s privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibilities to protect the privacy of the applicant and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

九、根據以上對 先生/女士/小姐之檢查結果為

□合格 □不合格 **□須進一步檢查**

Result：According to the above medical report of Mr./Mrs./Ms. , he/she

**□has passed the examination □has** **failed the examination □needs further examination**.

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|  | ： |  | （Name ＆ Signature） |
| (Chief Medical Technologist) |
|  |  |  |  |
|  | ： |  | （Name ＆ Signature） |
| ( Chief Physician ) |
|  |  |  |  |
|  | ： |  | （Name ＆ Signature） |
| ( Superintendent ) |

日期（Date）： / /

**本證明三個月內有效（Valid for Three Months）**

**附錄：愛滋篩檢與治療費用通知書**

**(請健檢醫院將此通知書併同健康檢查證明發給受檢者)**

1. 臺灣政府已修改法令，取消非本國籍人類免疫缺乏病毒(HIV)感染者之入境、停留及居留限制，也取消此項健康檢查項目。
2. 由於非本國籍人士在臺治療HIV感染之費用，臺灣政府不提供補助，每年治療費用約為新台幣三十萬元(約美金一萬元)，建議非本國籍人士於來臺前，先於母國接受HIV篩檢，了解自身健康狀況；如為HIV感染者，建議留在母國接受治療。欲來臺工作者，請先行購買醫療保險，以免造成個人財務負擔。
3. 外籍人士來臺後，可自行至醫院進行HIV篩檢，了解自身感染狀況，在臺傳染病諮詢電話為0800-001922。

**Phụ lục:Giấy thông báo chi phí xét nghiệm và điều trị HIV**

**(Đề nghị bệnh viện khi cấp Báo cáo khám sức khỏe thì cấp kèm Giấy thông báo này)**

1. Chính phủ Đài Loan đã sửa đổi pháp lệnh, hủy bỏ quy định hạn chế nhập cảnh, tạm trú và cư trú đối với người nước ngoài bị Hội chứng suy giảm miễn dịch mắc phải (HIV), và cũng hủy bỏ hạng mục xét nghiệm này trong quy định khám sức khỏe.

2. Do Chính phủ Đài Loan không trợ cấp chi phí điều trị HIV tại Đài Loan cho người nước ngoài, mà chi phí điều trị mỗi năm khoảng 300 ngàn Đài tệ (khoảng 10 ngàn Đô la Mỹ), nên kiến nghị người nước ngoài, trước khi đến Đài Loan hãy tiến hành xét nghiệm HIV ở nước mình để nắm bắt tình hình sức khỏe của bản thân; nếu bị nhiễm HIV, kiến nghị hãy ở lại nước mình để điều trị. Đối với người dự định đến Đài Loan làm việc, kiến nghị hãy mua Bảo hiểm Sức khỏe trước, nhằm tránh gánh nặng tài chính cho bản thân.

3. Người nước ngoài sau khi đến Đài Loan có thể tự đến bệnh viện xét nghiệm HIV để nắm bắt tình hình nhiễm bệnh của mình, số điện thoại tư vấn bệnh truyền nhiễm tại địa bàn Đài Loan là: 0800-001922.

**ภาคผนวก ใบแจ้งค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์**

**(ให้โรงพยาบาลทีรับการตรวจแนบใบแจ้งนี้พร้อมกับใบตรวจสุขภาพให้กับเจ้าตัว)**

1. รัฐบาลไต้หวันได้ยกเลิกคำสั่งการห้ามชาวต่างชาติที่ติดโรคเอดส์ (HIV) เข้าประเทศ หยุดแวะและอยู่อาศัยในไต้หวัน รวมทั้งการตรวจสุขภาพในรายการนี้ด้วย
2. เนื่องจากรัฐบาลไต้หวันไม่ออกค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์ให้กับบุคคลที่ไม่ใช่สัญชาติไต้หวัน ค่ารักษาพยาบาลโรคเอดส์ตกประมาณปีละ NT$ 300,000 (หรือประมาณ US$ 10,000) จึงขอแนะนำชาวต่างชาติให้ตรวจโรคเอดส์ (HIV) ในประเทศของตนก่อนเดินทางมาไต้หวัน หากป่วยเป็นโรคเอดส์ให้รับการรักษาในประเทศของตนเสียก่อน ผู้ที่ประสงค์จะมาทำงานในไต้หวันให้ซื้อประกันการรักษาพยาบาลล่วงหน้า เพื่อป้องกันภาระที่อาจเกิดขึ้นในภายหลัง
3. ชาวต่างชาติเมื่อเดินทางเข้ามาไต้หวันสามารถขอตรวจโรคเอดส์ (HIV) จากโรงพยาบาลได้ด้วยตนเอง เพื่อรับรู้สภาพร่างกายตนเอง หรือติดต่อสอบถามได้ที่ศูนย์ให้คำปรึกษาโรคติดต่อ 0800-001922

**Appendix: Notice for HIV Screening and Treatment Costs**

**(Health examination hospitals shall issue this notice and health certificate to the examinee)**

1. The Government of Taiwan has revised its laws to lift restrictions on entry, stay and residence of non-Taiwanese nationals infected with human immunodeficiency virus (HIV) in addition to removing this item from health examination.

2. The Government of Taiwan does not offer subsidies to non-Taiwanese nationals infected with HIV infection for treatment in Taiwan. The annual treatment costs for HIV is NTD$300,000 (approximately USD$10,000). It is strongly advised that non-Taiwanese nationals to undergo HIV screening in their homeland prior to visiting Taiwan in order to understand their own health conditions. Persons infected with HIV are strongly advised to stay in their homeland for treatment. Persons intending to work in Taiwan are advised to purchase medical health insurance in advance to avoid financial burdens.

3. Upon entry into Taiwan, foreigners may undergo HIV screening at a hospital to determine their infection status. The consultation hotline for infectious diseases in Taiwan is 0800-001922.

**Lampiran : Surat Pemberitahuan Seleksi AIDS dan Biaya Pengobatan**

**(Mohon rumah sakit yang mengadakan pemeriksaan menyampaikan surat pemberitahuan ini beserta dengan surat keterangan pemeriksaan kesehatan kepada orang yang melakukan pemeriksaan)**

1. Pemerintah Taiwan telah mengubah peraturan , dimana telah membatalkan non warga negara Taiwan yang terjangkit virus (HIV）masuk ke negara ini , menetap dalam jangka waktu pendek atau menetap dalam jangka waktu yang lama yang dibatasi waktunya dan juga telah membatalkan item ini dari pemeriksaan kesehatan .
2. Mengenai biaya pengobatan dari non warga negara Taiwan yang terjangkit virus (HIV）di Taiwan tidak ditanggung oleh pemerintah Taiwan lagi , pemerintah Taiwan tidak akan memberikan subsidi , setiap tahun biaya pengobatan kira-kira sebesar tiga ratus ribu NT$ ( kira-kira sepuluh ribu US $) , sarankan sebelum non warga negara Taiwan datang ke Taiwan , terlebih dahulu mengadakan pemeriksaan HIV di negara asal , dan untuk mengetahui kondisi kesehatan badan sendiri ; bila telah terjangkit HIV , sarankan mengadakan pengobatan di negara asal terlebih dahulu . Bagi yang hendak bekerja di Taiwan mohon terlebih dahulu membeli asuransi pengobatan , demi untuk menghindari terjadinya beban keuangan secara pribadi .
3. Setelah pendatang asing masuk ke Taiwan , dapat melakukan pemeriksaan seleksi HIV ke rumah sakit dengan sendiri , demi untuk lebih jelas tentang kondisi terjangkit virus ini , boleh telpon ke nomor telepon konseling penyakit menular di wilayah Taiwan adalah : 0800-001922 .

**附錄一 免驗腸內寄生蟲糞便檢查及漢生病檢查之國家/地區表**

**Appendix 1: List of countries/areas not required to undergo stool examination for parasites and examination for Hansen’s disease**

|  |  |
| --- | --- |
| **亞太East Asia and Pacific** | |
| 澳洲Australia | 日本Japan |
| 紐西蘭New Zealand | 香港Hong Kong |
| 澳門Macao | 新加坡Singapore |
| 南韓South Korea |  |
| 臺灣地區之無戶籍國民nationals without registered permanent residence in the Taiwan Area | |
| **亞西 West Asia** | |
| 亞美尼亞Armenia | 白俄羅斯Belarus |
| 喬治亞Georgia | 以色列Israel |
| 哈薩克Kazakhstan | 摩爾多瓦Republic of Moldova |
| 俄羅斯Russian Federation | 土耳其Turkey |
| 土庫曼Turkmenistan | 烏克蘭Ukraine |
| **北美North America** | |
| 加拿大 Canada | 美國U.S.A. |
| **歐洲Europe** | |
| 阿爾巴尼亞Albania | 安道爾Andorra |
| 奧地利Austria | 比利時Belgium |
| 波士尼亞與赫塞哥雅納Bosnia and Herzegovina | 保加利亞Bulgaria |
| 克羅埃西亞Croatia | 賽普勒斯Cyprus |
| 捷克Czech Republic | 丹麥Denmark |
| 愛沙尼亞Estonia | 芬蘭Finland |
| 法國France | 德國Germany |
| 希臘Greece | 匈牙利Hungary |
| 冰島Iceland | 愛爾蘭Ireland |
| 義大利Italy | 拉脫維雅Latvia |
| 立陶宛Lithuania | 盧森堡Luxembourg |
| 馬爾他Malta | 摩納哥Monaco |
| 蒙特內哥羅Montenegro | 荷蘭Netherlands |
| 挪威Norway | 波蘭Poland |
| 葡萄牙Portugal | 羅馬尼亞Romania |
| 聖馬利諾市San Marino | 塞爾維亞Serbia |
| 斯洛伐克Slovakia | 斯洛維尼亞Slovenia |
| 瑞典Sweden | 瑞士Switzerland |
| 西班牙Spain | 馬其頓The former Yugoslav Republic of Macedonia |
| 英國United Kingdom |  |

**附錄二：健康檢查證明不合格之認定原則**

|  |  |
| --- | --- |
| 檢查項目 | 不合格之認定原則 |
| 胸部Ｘ光檢查 | 一、活動性肺結核(包括結核性肋膜炎)視為「不合格」。  二、非活動性肺結核視為「合格」，包括下列診斷情形：纖維化(鈣化)肺結核、纖維化(鈣化)病灶及肋膜增厚。 |
| 腸內寄生蟲糞便檢查 | 一、經顯微鏡檢查結果為腸道蠕蟲蟲卵或其他原蟲類如：痢疾阿米巴原蟲（*Entamoeba histolytica*）、鞭毛原蟲類，纖毛原蟲類及孢子蟲類者為不合格。  二、經顯微鏡檢查結果為人芽囊原蟲及阿米巴原蟲類，如：哈氏阿米巴（*Entamoeba hartmanni*）、大腸阿米巴（*Entamoeba coli*）、微小阿米巴（*Endolimax nana*）、嗜碘阿米巴（*Iodamoeba butschlii*）、雙核阿米巴（*Dientamoeba fragilis*）、唇形鞭毛蟲(*Chilomastix mesnili*)等，可不予治療，視為「合格」。  **三、妊娠孕婦如為寄生蟲檢查陽性者，視為合格；請於分娩後，進行治療。** |
| 梅毒血清檢查 | 一、以RPR或VDRL其中一種加上TPHA(TPPA)之檢驗，如檢驗結果有下列情形任一者，為「不合格」：  （一）活性梅毒：同時符合條件（一）及（二）、或僅符合條件（三）者。  （二）非活性梅毒：僅符合條件（二）者。  二、條件：  （一）臨床症狀出現硬下疳或全身性梅毒紅疹等臨床症狀。  （二）未曾接受梅毒治療或病史不清楚者，RPR(+)或VDRL(+)，且TPHA (TPPA)=1：320以上（含320）。  （三）曾經接受梅毒治療者，VDRL價數上升四倍。  三、**梅毒血清檢查陽性者，檢具治療證明，視為合格。** |
| 麻疹、德國麻疹 | 麻疹、德國麻疹抗體檢查結果為陰性(或未確定者)，且未檢具於抗體檢查後之麻疹、德國麻疹預防接種證明者，視為不合格。但經醫師評估有麻疹、德國麻疹疫苗接種禁忌者，視為合格。 |

**Appendix 2: Principles in determining the health status failed**

|  |  |
| --- | --- |
| Test Item | Principles on the determination of failed items |
| Chest X-ray | 1. Active pulmonary tuberculosis (including tuberculous pleurisy) is unqualified.  2. Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified foci and enlargement of pleura, is considered qualified. |
| Stool Examination for Parasites | 1. By microscope examination, cases are determined unqualified if intestinal helminthes eggs or other protozoa such as *Entamoeba histolytica*, flagellates, ciliates and sporozoans are detected.  2. *Blastocystis hominis* and Amoeba protozoa such as *Entamoeba hartmanni, Entaboeba coli, Endolimax nana, Iodamoeba butschlii, Dientamoeba fragilis,* *Chilomastix mesnili* found through microscope examination are considered qualified and no treatment is required.  3. **Pregnant women who have positive result for parasites examination are considered qualified and please have medical treatment after the child’s birth.** |
| Serological Test for Syphilis | 1. After testing by either RPR or VDRL together with TPHA(TPPA), if cases meet one of the following situations are considered failing the examination.  (1)Active syphilis: must fit the criterion (1) + (2) or only the criterion (3).  (2)Inactive syphilis: only fit the criterion (2).  2. Criterion:  (1)Clinical symptoms with genital ulcers (chancres) or syphilis rash all over the body.  (2)No past diagnosis of syphilis, a reactive nontreponemal test (i.e., VDRL or RPR), and TPHA(TPPA)＝1：320↑(including 1：320)  (3)A past history of syphilis therapy and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer.  3. **Those that have failed the serological test for syphilis but have submitted a medical treatment certificate are considered passing the examination.** |
| Measles, Rubella | The item is considered unqualified if measles or rubella antibody is negative (or equivocal) and no measles, rubella vaccination certificate issued after the antibody test is provided. Those who having contraindications, not suitable for vaccinations are considered qualified. |

**外國人在台灣健康檢查指定醫院**

**The List of Hospitals in Kaohsiung, Taiwan, Allowed to Execute Health Examination for Foreigners**

|  |  |  |
| --- | --- | --- |
| 醫院名稱Name of Hospital | 地址/電話Address and Tel number |  |
| [財團法人私立高雄醫學大學附設中和紀念醫院](http://www.kmuh.org.tw/index.asp)  Kaohsiung Medical University Chung-Ho Memorial Hospital | 807高雄市三民區自由一路100號  No.100 , Tzyou 1st Road, Kaohsiung City 807  07-3121101  end\_of\_the\_skype\_highlighting |  |
| [國軍左營總醫院附設民眾診療服務處](http://806.mnd.gov.tw/index.php)  Zuoying Branch of Kaohsiung Armed Forces General Hospital | 813 高雄市左營區軍校路553號  No.553, Junxiao Rd., Zuoying Dist., Kaohsiung City 813  (07)581-7121  end\_of\_the\_skype\_highlighting |  |
| [阮綜合醫療社團法人阮綜合醫院](http://www.yuanhosp.com.tw/)  Yuan’s General Hospital | 高雄市苓雅區成功一路162號  No.162, Chenggong 1st Rd., Lingya Dist., Kaohsiung City 802  (07)335-1121end\_of\_the\_skype\_highlighting~31 |  |
| [高雄市立小港醫院](http://www.kmhk.kmu.edu.tw/cindex.asp)  Kaohsiung Municipal Hsiao-Kang Hospital | 高雄市小港區山明路 482 號  No.482, Shanming Rd., Siaogang Dist., Kaohsiung City 812  07)803-6783  end\_of\_the\_skype\_highlighting |  |
| [高雄市立大同醫院](http://www.kmtth.org.tw/main.asp)  Kaohsiung Municipal TA-TUNG Hospital | 80145 高雄市前金區中華三路68號  No.68, Jhonghua 3rd Rd, Cianjin District, Kaohsiung City 80145  (07) 291-1101   end\_of\_the\_skype\_highlighting |  |
| [長庚醫療財團法人高雄長庚紀念醫院](http://www1.cgmh.org.tw/branch/shk/index.htm)  Kaohsiung Chang Gung Memorial Hospital of the C.G.M.F | 高雄市鳥松區大埤路 123 號  No.123, Dapi Rd., Niaosong Dist., Kaohsiung City 833  （07）731-7123 |  |
| [義大醫療財團法人義大醫院](http://www.edah.org.tw/index.asp)  E-Da Hospital | 82445高雄市燕巢區角宿里義大路1號  No.1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung City 82445  07-6150011  end\_of\_the\_skype\_highlighting |  |