

僑務委員會、教育部  
Overseas Compatriot Affairs Commission & Ministry of Education  
2010 海外華裔青年英語服務營健康證明

Health Certificate for the Overseas Youth English Teaching Volunteer Service Program  
【Valid for Three 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) : \_\_\_\_\_

請黏貼 1.5 吋個人相片  
Please attach a recent  
1.5- inch photo here

身體檢查 PHYSICAL EXAMINATIONS

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 VACCINATIONS

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 : Yes No F.癲癇 Epilepsy : Yes No  
B.氣喘病 Asthma : Yes No G.腎臟病 Kidney disease : Yes No  
C.高血壓 Hypertension : Yes No H.瘧疾 Malaria : Yes No  
D.糖尿病 Diabetes : Yes No I.肝病 Liver Disease : Yes No  
E.過敏病症 Allergies : Yes 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)\_\_\_\_/2010

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

Volunteer's Signature \_\_\_\_\_ Date: \_\_\_\_\_