長榮大學國際交換學生申請入學資料

Application for International Exchange Students, Chang Jung Christian University

入學重要期程 Important Schedule for Application

行程 Event	日期 Date	備註 Note
申請截止日 Application Deadline	**Nov. 26, 2026**	請務必於**2026年11月26日前**繳交申請資料至長榮大學 Please submit all required application documents to CJCU by **Nov. 26, 2026.**
建議抵達日期 Recommended Arrival Date	**Feb. 17-18, 2027**	
說明會 Orientation 選課 Course Selection 註冊 Registration	Feb. 19, 2027	Exact dates TBA
台南文化參訪 Tainan Culture Tour	TBA	
學期開始 Semester Start	February 22, 2027	
學期結束 Semester End	June 27, 2027	

目　　錄

Table of Contents

內容 Content	頁碼 Page
國際交換生申請文件檢核表 **Checklist for International Exchange Programs**	**1**
國際交換生申請表 **Application for International Exchange Programs**	**2**
自傳與讀書計畫 **Autobiography and Study Plan**	**4**
薦送學校提名證明書 **Nomination Certificate**	**5**
住宿申請書及住宿生活公約 **On-Campus Housing Application and Regulations**	**6**
接駁及入境說明 **Information on Pick-Up Service and Transportation**	**9**
「短期研修健康檢查項目表」及居留或定居健康檢查項目表 **Health Certificates**	**10**

國際交換生申請文件檢核表

Checklist for International Exchange Students Program

申請入學應備文件 Required Documents for Application		
Check	**No.**	**基本文件 Required documents**
	1	國際交換生申請表 Application for International Exchange Programs
	2	自傳與讀書計畫 Autobiography and Study Plan
	3	薦送學校用印之提名證明書 Nomination Certificate stamped by sending university
	4	照片掃描檔 (JPG) One identical photo scanned copy (JPG)
	5	歷年成績單 Copy of Transcript for All Semesters
	6	有效護照影本 Copy of a valid passport
	7	住宿申請表 Application for On-Campus Housing
	8	長榮大學交換生住宿公約 Health and Safety Regulations for International Studies in Dormitory
	9	接駁服務申請表 Pick-up Service Application
	10	健康檢查證明（正本）Original Copy of Health Certificate： (1) 就讀**一學期**：請使用「短期研修健康檢查項目表」 For one-semester exchange students: Please use the “Health Certificate for Short-Term Students” form for the medical examination report. (2) 就讀**二學期**：請使用「居留或定居健康檢查項目表」 For one-year (two semesters) exchange students: Please use the “Health Certificate for Residence Application” form for the medical examination report. （※**需提供醫院出具的健康檢查報告(英文版)，同時經由醫院填寫項目表並蓋章**） (※**Note: All the medical reports require the hospital's signature & stamp.** ）
	11	健康保險證明（包含醫療保險及意外保險，其保險期間須涵蓋就讀期間） 若未提供此項文件，請於抵達本校後，加入外國學生傷病醫療保險，費用為一學期2,500元 Proof of health insurance (Both medical and accident insurance for your period of stay.) If you do not provide this document, please enroll in insurance for international students after you arrive at CJCU. The fee will be 2,500 NTD per semester.
	12	財力證明（正本），至少 **NT$100,000** （若財力證明是由父母支付在學期間之相關費用，請提供親屬關係證明） Original Copy of Financial Statement issued by your bank (e.g. bank deposit) showing minimum available funds of **NT$ 100,000**. (If the account owner is the applicant’s parents, please provide proof of kinship.)

若有問題，歡迎聯繫我們 For further information, please contact us.

長榮大學 國際事務室 Office of Global Engagement, Chang Jung Christian University

董怡芠小姐 Ms. Tung,Yi-Wen (Yurie)

電子信箱 E-mail：exch@mail.cjcu.edu.tw

電話 Tel：886-6-278-5123 ext.1701

國際交換生申請表
Application for International Exchange Programs

1. 個人資料 Personal Information		
英文全名（同護照姓名）Full Name in English (as shown on passport)		Attach one recent passport photo here.
中文全名 Full Name in Mandarin (if available)		
出生日期 Date of Birth _____/____/_____（年 yyyy/月 mm/日 dd）	性別 Gender ☐男性 Male ☐女性 Female	
國籍 Nationality	護照號碼 Passport Number	
手機 Mobile Number	電郵 E-mail Address	

2. 緊急聯絡人 Emergency Contact
姓名 Name（建議填寫父母或監護人 Please fill out the name of your parents or guardian）
電話 Phone Number /手機 Mobile Number
電郵 E-mail Address

3. 就學近況 Current Enrollment Details	
薦送學校 Name of Home University 薦送學校系所 Department of Study at Home University	目前就讀學制 Current Grade Level ☐大學 Undergraduate ☐研究所 Graduate（☐碩士 Master ☐博士 PhD）
薦送學校學生號碼 Student ID Number at Home University	目前就讀年級 Current Academic Year ☐1st year ☐2nd year ☐3rd year ☐4th year ☐other_____（please specify）

4. 就讀長榮大學 Study at CJCU
就讀學制 Level of study ☐大學 Undergraduate（☐校級 School ☐院級 College） ☐研究所－碩士 Graduate-Master ☐研究所－博士 Graduate-Ph.D. 預定就讀系所 Department_____
就讀期程 Duration of Study at CJCU ☐一學期 One Semester（about 6 Months） ☐一學年 One Academic year（about 12 Months）

5. 中文程度 Proficiency in Mandarin						
華語學習經驗 Mandarin Learning Experiences	是否學過華語? Have you ever learned Mandarin? □完全沒有 No □有 Yes					
	總時數 Total Class Hours: _____	□正體字 Traditional characters □簡體字 Simplified characters				
	之前使用過的教材 Learning materials you have used before:					
	學習的地區、場所 Which country or institution did you learn Mandarin at?					
請針對現有華語程度自我評分，最低為1分、最高5分 Please indicate your Mandarin proficiency with 1 being the lowest and 5 being the highest.	Skills/Score	1	2	3	4	5
	Listening	□	□	□	□	□
	Reading	□	□	□	□	□
	Speaking	□	□	□	□	□
	Writing	□	□	□	□	□
若有任何華語測驗成績可參考，請說明。 If you have taken any Mandarin Proficiency Test, please indicate as reference.	Name of Proficiency Test: Score: CEFR Level Equivalent: ☐A1 ☐A2 ☐B1 ☐B2 ☐C1 & above					

6. 華語課程意願調查 Interest in Mandarin Courses
是否選修華語課? Will you take any Mandarin courses during this exchange program? □Yes, I would like to. □No, I won't.

7. 申請人切結書 Applicant's Declaration

1. 本人已詳閱並瞭解該須知，且本人保證所填之申請表內容完全屬實無誤。
   I have read and understood the instructions, and I certify that the information on this application is complete and correct.
2. 本人瞭解若長榮大學查證該份申請內容與事實相偽，長榮大學有權利取消本人申請資格。
   I understand that Chang Jung Christian University reserves the right to withdraw any offer it may make, should any statement in this application prove to be false.
3. 本人保證若就讀長榮大學後，本人將遵守長榮大學一切規定。
   I confirm that, if admitted to Chang Jung Christian University, I will conform to all the University Regulations.

簽名 Signature_____ 日期 Date_____/_____/_____（yyyy/mm/dd）

＊填寫本申請表辦理相關申請作業時，視同您已同意本校蒐集、處理、利用您的個人資料；本表蒐集之個人資料，僅限於特定目的使用，非經當事人同意，絕不轉做其他用途，並遵循本校資料保存與安全控管規定辦理。相關之告知事項請參閱本校網站: http://www.cjcu.edu.tw/pims
When you fill in the application form, you have consented to the collection, processing and use of your personal information by CJCU. The form collects your personal information to meet the needs of this program. Without your consent, we cannot use it for other purposes. Your information shall be preserved by the regulation of CJCU information preservation and safety control. For more details, please visit the website: http://www.cjcu.edu.tw/pims

＊本校個人資料保護連絡方式：台南市歸仁區長大路1號；電話：06-2785123#1022；信箱：pims@mail.cjcu.edu.tw
For details on CJCU personal data protection, please contact: Phone: +886-6-2785123-1022 Email: pims@mail.cjcu.edu.tw

自傳與讀書計畫
Autobiography and Study Plan

請撰寫約500字，敘述個人背景、來本校求學動機、在本校求學期間之讀書計畫等，以及完成學業以後之規劃。如有需要，可續反頁。In the following space, please write a statement of approximately 500 words, describing your personal background, your motivation for studying at CJCU, your study plan, and your career plans after completion of study. Use both sides if needed.

Logo of Home University

薦送學校提名證明書

Nomination Certificate

This is to certify that_____（Student Name） who is a Full-time student at _____University （Student Number_____）has been nominated for an exchange student at Chang Jung Christian University during the academic year 2026～2027, for（one or two）semester（s）（Date_____to Date_____）, within the exchange program.

原薦送學校證明 Home University Acknowledgement	
負責人姓名 Name of Coordinator	薦送單位名稱 Name of Office
職稱 Title	電郵 E-mail Address
電話 Phone Number	傳真 Fax
負責人簽名 Coordinator's Signature 簽名 Signature_____ 日期 Date_____/_____/_____（yyyy/mm/dd）	

（Name of Home University_____）

Stamp of Home University

住宿申請書
Application for On-Campus Housing

1. 姓名 Name：_____

2. 原就讀學校名稱 Home Institution：_____

3. 性別 Gender： □ 男 Male □女 Female

4. 身分 Status： □大學部 Undergraduate □ 研究生 Graduate

5. 住宿期間 Period of Residence：From YYYY / MM / DD to YYYY / MM / DD

6. 住宿費 Accommodation Fee
   The fee for dormitory accommodations is about NT$14,300~14,800 per semester plus a deposit of NT$3,000, to be paid in full upon registration. The deposit will be fully refunded when the student checks out of the dormitory. Students will be sharing a room with either 1 or 3 roommates.

7. 寢具 Bedding

□ 寢具請長榮大學代為購買，包含枕頭、枕頭套、床墊、被子，一組2000~3000元。 I would like CJCU to purchase bedding on my behalf, including a pillow, pillowcase, mattress, and quilt. Each set costs approximately NT$2,000–3,000.
□ 抵達長榮大學後自行購買。 I will buy my own beddings after arriving at CJCU.
□ 自行從母國帶過來。 I will bring my own beddings from my home country.

8. 請勾選房間以及室友需求（多項選擇）Please let us know your opinions regarding dormitory room and roommates (you might select more than 1 option)

□ 我想跟來自我母校或同一個國家的交換生同住。 I would like to stay in the same room with exchange students coming from my home university or my country.
□ 我可以跟來自其他國家的交換生同住。 I am fine staying in the same room with exchange students from other countries.
□ 我可以跟台灣學生或其他境外生同住。 I can stay in the same room with Taiwanese or CJCU international students.

9. 注意事項 Notes
   (1)住宿費依新規定實施收費 Accommodation fees are subject to change.
   (2)寒暑假或交換期結束後需另繳住宿費（以週計算）Students who stay in the dormitory during winter or summer vacation after the end of exchange period are required to pay extra fees per week.
   (3)申請將依來函順序辦理 Applications are processed in the order in which they were received.
   (4)我們將竭盡所能安排您入住符合您需求的宿舍房間。然而，如果沒有房間可用，請尊重本校規定。We will try our best to arrange you into a dorm room which meets your needs. However, in case there is no available room, please respect the campus regulations.
   (5)宿舍房間多為四人一房，男生宿舍為雅房(衛浴在房間外)，女生宿舍為套房，實際住宿房型以學校安排為主。Most dormitory rooms are shared by four students. The male dormitory has shared bathrooms outside the rooms, while the female dormitory has private bathrooms inside the rooms. The actual room type is subject to the university's arrangement.

長榮大學外國生住宿生活公約
Health and Safety Regulations for International Studies in Dormitory

我會遵守相關法令以及學生宿舍相關規定。

I will comply with all applicable laws and the regulations pertaining to student dormitories.

1. 我不帶（讓）異性及非住宿生隨意進入寢室。
   I will not allow persons of hetero-sex or non-boarders into the bedroom.
2. 我不攜帶槍、械、刀、毒等等危險之違禁品。
   I will not carry guns, firearms, knives, drugs and other dangerous substances.
3. 我不使用高耗電之電器用品影響用電安全。
   I will not use high-capacity electrical appliances that may cause safety concerns.
4. 我不私自將交誼廳公物拿回寢室獨自使用。
   I will not take property in the public area to the bedroom for private use.
5. 我不會在學校非吸菸區與宿舍內吸煙，不隨地亂丟煙蒂、垃圾製造髒亂。
   I will not smoke in non-smoking areas and dormitory rooms, and I will not litter cigarette butts or garbage.
6. 我不在校園內與宿舍內喝酒。
   I will not drink alcohol in dormitory rooms or on campus.
7. 我不隨意將鞋子、垃圾擺放走廊。
   I will not place shoes or garbage in the corridor.
8. 我不在天台烤肉、鳴放鞭炮影響安寧。
   I will not barbecue or fire firecrackers on the rooftop to disturb others.
9. 我不在宿舍寢室內大聲喧嘩（含音響）擾亂安寧。
   I will not cause disturbingly loud noises (including noises from speakers) in the dormitory bedroom.
10. 我不豢養寵物（飛禽走獸；魚蝦水族）影響環境衛生。
    I will not raise pets (any birds, beasts; fish or aquarium animals) for a healthy and hygienic environment.
11. 我不隨意在飲水機傾倒麵渣湯汁、茶渣污染環境。
    I will not dump food, soup or tea leaves in the water dispenser’s drain, which may pollute the environment.
12. 家長來賓來訪時，我會辦理會客登記再帶家長、來賓到交誼廳會客。
    When my parents or guests come to visit, I will get entry permission and then bring them to the public meeting area.
13. 不能在宿舍（含寢室）內喝酒。
    Drinking alcohol in the dormitory (including bedroom) is prohibited.
14. 不能在牆壁張貼任何東西，以避免破壞牆面。
    Posting anything on the wall is prohibited because it may cause damage to the wall.
15. 我會隨時隨地愛惜宿舍公物，隨時保持環境清潔。
    I will at all times take care of the public property in the dormitory and keep the environment clean.
16. 請於週一至週五處理退宿相關事宜。

Check - out is processed from Monday to Friday.

17. 退宿時，寢室一定要整理乾淨（包括廁所），並聯絡國際事務室及生輔組檢查宿舍，方能辦理退宿。

    Before check-out, please make sure that the bedroom is clean and tidy (including toilets). Please contact the Office of Global Engagement and Student Assistance for an inspection before check-out.

18. 共用財產如有遺失或破壞由各室人數平均分擔賠償，否則依校規懲處。

    Any loss or damage to shared property will be equally compensated by the residents of each room and may be punishable according to the university rules and regulations.

本人如有違反宿舍生活公約，同意校方彙整記錄，累犯者通知家長，並送生輔組議處，絕無異議。

I agree to the above regulations and authorize CJCU to collect my dormitory residential records upon breach of the regulations. Upon repeated breach of the regulations, I have no objection to CJCU notifying my parents of the case before rendering it to the Student Assistance Services to decide a disciplinary action.

立約人簽名(Signature)：_____

YYYY 年 MM 月 DD 日

接駁服務申請表
Pick-Up Service Form

●國際學伴學生組織將於 **開學前一周（2027-02-17 ~ 2027-02-18）；10:00~17:30** 於桃園及高雄國際機場提供接機服務。不在前述時間抵達的同學，請自行來校。抵達後，請於上班時間到國際處辦公室報到。

International Study Buddy Union (ISBU) will provide pick-up service on **February 17–18, 2027, from 10:00 to 17:30,** in Taoyuan (Taipei) and Kaohsiung International Airport. If you cannot arrive at the time stated above, please come to CJCU by yourself and visit the Office of Global Engagement (OGE) during office time.

●下表填妥後，請於**2027年1月8日前回覆**給董怡芠小姐 (exch@mail.cjcu.edu.tw)。

Please fill out this form and send it to Ms. Tung Yi-Wen (Yurie) at exch@mail.cjcu.edu.tw by **January 8, 2027,** even if you do not need the airport pick-up service.

1.您需要接機服務嗎？ Do you need pick-up service? ☐需要 Yes ☐不需要 No

2.航班訊息 Flight Itinerary

(1) 航班號碼 Flight No._____（ex：OZ 328）

(2) 抵達機場 Arrival Airport

☐桃園（台北）國際機場 Taoyuan（Taipei） International Airport

☐高雄國際機場 Kaohsiung International Airport

(3) 起飛日期 Departure Date_____

(4) 起飛時間 Departure Time_____

(5) 抵達日期 Arrival Date_____

(6) 抵達時間 Arrival Time_____

●抵達長榮大學的交通方式 How to get to Chang Jung Christian University（CJCU）

桃園國際機場→Taoyuan International Airport（TPE）→長榮大學 Chang Jung Christian University（CJCU）
於桃園國際機場搭「桃園捷運」Take the MRT at TPE → 抵達桃園高鐵站 Arrive at Taoyuan HSR Station → 搭「高鐵」至台南高鐵站 Take the HSR to Tainan HSR Station → 抵達台南高鐵站 Arrive at Tainan HSR Station → 搭「火車」至長榮大學 Take the TRA (local train) to CJCU
高雄國際機場→Kaohsiung International Airport（KIA）→長榮大學 Chang Jung Christian University（CJCU）
於高雄國際機場搭「高雄捷運」Take Kaohsiung Metro at KIA → 抵達左營高鐵站 Arrive at Zuoying Metro Station → 轉搭「高鐵」至台南高鐵站 Transfer to the HSR to Tainan HSR→ 抵達台南高鐵站 Arrive at Tainan HSR Station → 搭「火車」至長榮大學 Take the TRA (local train) to CJCU

相關參考網站 Related Links	
桃園國際機場 Taoyuan International Airport (TPE)	https://www.taoyuan-airport.com/english
高雄國際機場 Kaohsiung International Airport (KIA)	https://www.kia.gov.tw/English/
台灣高鐵站 High Speed Rail (HSR)	http://www.thsrc.com.tw/index_en.html

For **one-semester** exchange students/適用於就讀一學期者

短期研修健康檢查項目表
Health Certificate for Short-Term Students

（醫院名稱、地址、電話、傳真）
（Hospital's Name, Address, Tel, Fax）

檢查日期 / Date of Examination
YYYY / MM / DD

基 本 資 料 / Basic Data

姓 名 Name ：	**性別 Sex** ： □ 男/ M □ 女/ F
國 籍 Nationality ：	**護照號碼 Passport No.** ：
出生年月日 Date of Birth ： YYYY / MM / DD	

實 驗 室 檢 查 / Laboratory Examinations

A. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates：

a.抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定 / Equivocal

b.預防接種證明 / Vaccination Certificates（證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於1歲。/ The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after one year of age.）

□麻疹預防接種證明 / Measles Vaccination Certificate

□德國麻疹預防接種證明 / Rubella Vaccination Certificate

c. □有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

B. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis：

X 光發現 / Findings：

判定 / Result：

□ 合格 / Passed □ 疑似肺結核 / TB suspect □ 無法確認診斷 / Pending □ 不合格 / Failed

□ 孕婦免驗 / Not required for pregnant women

健康檢查總結果 / The final result of health examination：

□ 合格 / Passed □ 須進一步檢查 / Need further examinations □ 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist：

負責醫師簽章 / Signature of Chief Physician：

醫院負責人簽章 / Signature of Superintendent：

日期 / Date：YYYY / MM / DD

備註 / Note： 本表為來臺短期研修停留之健康檢查項目表。表單格式僅供參考，學生**另須分別檢具**預防接種證明及胸部 X 光檢查報告。/ This form lists the required medical examination items for students applying for short-term study in Taiwan.This form is only used for reference, students **should submit** a copy of vaccination certificates and the chest X-ray report instead of completing this form.

本證明三個月內有效。/ The certificate is valid for three months.

麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明（二擇一）
Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates（alternative）

基 本 資 料 / Basic Data

姓 名 Name ：	**性別 Sex** ： □ 男/ M □ 女/ F
國 籍 Nationality ：	**護照號碼 Passport No.** ：
出生年月日 Date of Birth ： YYYY / MM / DD	

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates（證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於1歲。 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after one year of age.）

□麻疹預防接種證明 / Measles Vaccination Certificate

□德國麻疹預防接種證明 / Rubella Vaccination Certificate

c. □有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

負責醫檢師簽章 / Signature of Chief Medical Technologist：

負責醫師簽章 / Signature of Chief Physician：

醫院負責人簽章 / Signature of Superintendent：

日期 / Date of Examination：YYYY / MM / DD

備註 / Note：本證明三個月內有效。 / The certificate is valid for three months.

胸部 X 光肺結核檢查報告
Chest X-ray for Tuberculosis Report

基 本 資 料/ Basic Data

姓 名 ： Name	**性別 Sex** ： □ 男/ M □ 女/ F
國 籍 Nationality ：	**護 照 號 碼 Passport No.** ：
出 生 年 月 日 Date of Birth ： YYYY / MM / DD	

X 光發現/ Findings：

判定/ Result：

□ 合格/ Passed □ 疑似肺結核/ TB suspect □ 無法確認診斷/ Pending □ 不合格/ Failed

□ 孕婦免驗/ Not required for pregnant women

負責醫師簽章/ Signature of Chief Physician：

醫院負責人簽章/ Signature of Superintendent：

日期/ Date of Examination：YYYY / MM / DD

備註 / Note：本證明三個月內有效。/ The certificate is valid for three months.

For **one-year (two semesters)** exchange students /適用於就讀二學期者

醫院標誌
Hospital's Logo

居留或定居健康檢查項目表
Health Certificate for Residence Application

（醫院名稱、地址、電話、傳真）
（Hospital's Name, Address, Tel, Fax）

檢查日期 / Date of Examination
YYYY / MM / DD

基本資料 / Basic Data

姓名 Name：	性別 Sex： □ 男/ M □ 女/ F	照片 / Photo
身份證字號 ID No.：	護照號碼 Passport No.：	
出生年月日 Date of Birth：YYYY / MM / DD	國籍 Nationality：	
年齡 Age：	聯絡電話 Phone No.：	

實驗室檢查 / Laboratory Examinations

A. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis：

X 光發現 / Findings：

判定 / Result：

□ 合格 / Passed □ 疑似肺結核 / TB suspect □ 無法確認診斷 / Pending □ 不合格 / Failed

□ 孕婦或12歲以下兒童免驗 / Not required for pregnant women or children under 12 years of age

B. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites：

□ 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

□ 來自附錄三之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 3

C. 梅毒血清檢查 / Serological Tests for Syphilis：

檢驗 / Tests：

a. □ RPR □ VDRL

□ 陽性 / Positive，效價 / Titers_____ □ 陰性 / Negative，效價 / Titers_____

b. □ TPHA □ TPPA □ FTA-abs □ TPLA □ EIA □ CIA

□ 陽性 / Positive，效價 / Titers_____ □ 陰性 / Negative，效價 / Titers_____

c. □ other _____ □ 陽性 / Positive，效價 / Titers _____

□ 陰性 / Negative，效價 / Titers_____

判定 / Result：□ 合格 / Passed □ 不合格 / Failed

□ 15歲以下兒童免驗 / Not required for children under 15 years of age

D. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates：

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates（證明應包含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少間隔兩週 / 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 traveling overseas.）

□ 麻疹預防接種證明 / Measles Vaccination Certificate

□ 德國麻疹預防接種證明 / Rubella Vaccination Certificate

c. □ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

漢 生 病 檢 查 / Examinations 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：

○ 疑似漢生病須進一步檢查 / Hansen's disease suspect who needs further examinations

a. 病理切片 / Skin Biopsy：

b. 皮膚抹片 / Skin Smear：○ 陽性 / Positive ○ 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 / Result：

□ 合格 / Passed □ 須進一步檢查 / Needs further examinations □ 不合格 / Failed

□ 來自附錄四之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 4

健康檢查總結果 / The final result of health examination：

□ 合格 / Passed □ 須進一步檢查 / Need further examinations □ 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist：

負責醫師簽章 / Signature of Chief Physician：

醫院負責人簽章 / Signature of Superintendent：

日期 / Date：YYYY / MM / DD

備註 / Note：本證明三個月內有效。 / The certificate is valid for three months.