

【붙임1】건강진단서

健康诊断书

Certificate of Health

姓名(Name)	性别(Sex) <input type="checkbox"/> M(男) <input type="checkbox"/> F(女)	照片 (Photo) 3cm×4cm ※钢印或骑 缝章
出生日期(Date of Birth)	电话号码(Phone Number)	
护照号码(Passport Number)	地址(Address)	

检 查 内 容

Physical examination and Chest X-ray or ooooo

身高(Height)	体重(Weight)	血压(Blood Pressure)
_____ cm	_____ Kg	_____ / _____ mmHg

胸部X射线检查日(Date of Chest X-ray or ooooo) _____ / _____ / _____

I. 结果(1) (Result):

- 1. 非特異所見(Non-specific)
- 2. 非活動性結核(Inactive TB)
- 3. 活動性結核 (Active TB)
 - 3-1. 傳染性(Infective) , 非傳染性(Non-infective)
 - 3-2. 感受性結核(Drug-sensitive TB) , 多劑耐性結核(MDR TB)

II. 治療结果(2) (Treatment Outcomes) - For person who has TB history

- 1. 治療中(Under treatment) ,
- 2. 完治(Cured)
- 3. 完了(Completed Treatment)
- 4. 治療失敗 (Failed)
- 5. 治療漏落 (Defaulted)

对上述项目进行了检查。

The examination was performed as above.

执照号码(License No.):

/ 医生姓名(Name of Physician):

(签章)

检 查 结 果 (Summary of the examination)	
对受检者停留的意见 (Remarks about examinee's domestic stay)	
仔细检查的必要性 (Additional close examination)	* 若必要时补充医生的意见书 (Attach doctor's opinion letter, if needed)

以上是对受检者健康状况的结果与评估。

We hereby certify that the examinee's health status is assessed as above.

dd.mm.yyyy.

○○○○医院院长 (印章)

(○○○○ Chief of Hospital) (signature)