

## **NTU Health Exam Requirement** **for Incoming Students**

In order to understand the general health conditions of incoming students, and in accordance with National Taiwan University's admission policy, all incoming students must undergo a health exam performed by a qualified physician/doctor. The Health Exam Form must be submitted prior to orientation, failure to do so will result in an incomplete registration at National Taiwan University

Please use the Health Exam Form provided, and complete all of the items listed. The Health Exam Form must bear the doctor's signature and the stamp of the hospital or clinic where the exam was performed.

### ※ Special Instructions

1. Please inform the doctor if you are pregnant; you may skip the CXR exam if you are pregnant.
2. Fasting for at least 8 hours is required for laboratory tests.

# 國立臺灣大學交換暨訪問學生一般體格檢查表

## NTU Incoming Exchange / Visiting Students Health Exam Form

姓名 Name		性別 Sex: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		相片 Photo	
生日 Date of Birth: _____ 年 Y / _____ 月 M / _____ 日 D 國籍 Nationality: _____					
居留證或護照號碼 ARC or Passport No.: _____					
系所 Department :		學號 Student ID: _____			
<b>個人病史 Personal History</b>					
<input type="checkbox"/> 食物 Food allergies 或 <input type="checkbox"/> 藥物過敏 Drug allergies (名稱 Item name: _____)					
<b>理學檢查 Physical Examination</b>					
身高 Height:	cm	體重 Weight:	kg	腰圍 Waist circumference:	cm
血壓 Blood Pressure:	/		mmHg	脈搏 Pulse Rate:	/min
皮膚 Skin:		頭頸部 Head & Neck:			
胸部 Chest:		肺部 Lungs:			
腹部 Abdomen:		心臟 Heart:			
口腔 Oral Cavity:		其他 Others:			
肌肉、骨、關節 Muscles/Bones/Joints:					
視力 Visual Acuity: 裸視 Uncorrected (R      L      ) 矯正 Corrected (R      L      )					
辨色力 Color Differentiation: <input type="checkbox"/> 無異常 Normal <input type="checkbox"/> 異常 Abnormal					
聽力 Hearing: 右 Right <input type="checkbox"/> 通過 Pass <input type="checkbox"/> 未通過 Fail / 左 Left <input type="checkbox"/> 通過 Pass <input type="checkbox"/> 未通過 Fail					
<b>實驗室檢查 Laboratory Examinations</b>					
肝功能 ALT:	U/L	空腹血糖 AC sugar:	mg/dL	白血球數 WBC:	K/ $\mu$ L
肌酸酐 Creatinine:	mg/dL	尿酸 Uric acid:	mg/dL	血紅素 Hb:	g/dL
總膽固醇 T-cholesterol:	mg/dL	三酸甘油酯 Triglycerides:	mg/dL	血小板數 Platelet:	K/ $\mu$ L
尿液 Urine: 尿蛋白 Protein      尿糖 Sugar      尿潛血 Fecal Occult Blood					
胸部 X 光 Chest X-Ray (限大片 Standard Film Only) :					
個案目前是否因疾病服用藥物或接受治療 Is the student taking medications or treatment for any disease:					
總評及建議 Comments and Suggestions:					
醫師簽章 Doctor's signature: _____					
證書字號 Professional Identification number: _____ 檢查日期 Date of health exam: _____					
體檢醫療院所名稱 Name of the medical institution for the health exam:					
請務必加蓋機關印章，否則視同無效。 Not valid if without the institution's seal.					

※ 醫師理學評估檢查、胸部 X 光檢查為必要項目 ( Physical exam by physicians and Chest X-ray exam are mandatory items)