Fall Semester 2010

Taiwan ICDF International Higher Scholarship

Taiwan ICDF International Higher Scholarship

International Health and Nursing Administration Undergraduate Program

National Taipei College of Nursing

International Health and Nursing Administration Undergraduate Program:
http://dhcm.ntcn.edu.tw/new/EnglishDHCM/Programs.htm

Contents

Introduction of College

International Health and Administration Undergraduate Program

I. Introduction of Program

II. Qualification

III. Admission

IV. Application Deadline

V. Contact Information

VI. Application Form and TaiwanICDF Medical Report

Introduction of College

National Taipei College of Nursing (NTCN) is located on 365, Ming Te Road, Peitou District, Taipei, Taiwan. Founded in 1954, NTCN was first known as “Taiwan Provincial Junior College of Nursing.” In August 1994, it was upgraded as fully-fledged college and became the first independent nursing college in Taiwan. Upon the demand for nursing taskforce, NTCN has pioneered the nursing and healthcare education in Taiwan. As of the 2009 academic year, NTCN has a total of three schools, five departments and twelve graduate institutes, which offer 5 undergraduate programs.

The Department of Health Care Management, established in 1994 aims to promote practice and research in the field of health care management, and to provide students with training pertaining to the management of health care and health enterprise. Starting from 1999, the MSc. program majoring in health care management was launched in this department, and a 4-year undergraduate program was initialized in 2008. Students who graduate from this department are expected to serve as middle-level health care administrators.

International Health and Administration Undergraduate Program

I. Introduction of Program

The program is provided by the Department of Health Care Management at NTCN, aiming to provide comprehensive training courses concerning managerial professional development for licensed registered nurses who seek advanced knowledge on health and nursing administration. This program also set its focus on broadening students' horizons of medical knowledge and skill of hospital management, and on cultivating students' research capacity and leadership in health care and nursing program.

With qualified health and nursing administration specialists, we have accumulated abundant teaching experience and distinguished research accomplishment which can fulfill your every need of being a health and nursing administrative professional. The students will obtain the "Bachelor of Science (BS)" degree from the Department of Health Care Management after the four-year program (including a non-hands-on hospital practicum) is successfully completed.

Course Module

- Total Credits (128): minimum 88 professional compulsory credits, 28 general education program credits, and 12 elective credits.

- Compulsory Core Courses:

		1st year	2nd year	3rd year	4th year
General education curriculum (36 credits)		Chinese 1 & 2	Chinese 3 & 4	Chinese 5 & 6	Chinese 7 & 8
		Practical English 1	Practical English 2	Philosophy &Methodology in Logical Thinking	
		Computer literacy and applications of computer networks	Arts and Life		
		Caring and Communication			
Courses required for specialty:		Chemistry	Pharmacology	Biostatistics	Healthcare Human Resources Management
		Chemistry Experiment	Experimental of Pharmacology	Health Economics	Healthcare of Quality Management
		Anatomy	Pathology	Comprehensive Nursing Practice	Health Insurance
		Anatomy Laboratory	Pathology Experiment	Financial Management in Healthcare	Healthcare Information Management
Professional foundation course (43 credits)		Physiology	Nutrition & Nutrition Experiment	Operations Research	Practicum of Health Care Management
		Physiology Laboratory	Introduction of Medical Science1&2	Teaching Theory	
		Biochemistry	Introduction of Public Health	Physical Examination	
Professional core courses (47 credits)		Biochemistry Lab.	Accounting	Introduction to Nursing Research	
		Microbiology and Immunology	Epidemiology		
		Microbiology and Immunology Experiments	Organizational Behavior		
		Physical Education 1 & 2			
		Calculus			
		sociology			
		Business And Managerial Psychology			
		The Development & Growth in Health Care Delivery Systems			

Ⅱ. Qualification

Eligibility for application is limited to students,

- who must be graduated from nursing schools and have working experiences as a nurse for at least one year.
- who do not have the oversea Chinese status and do not hold a Republic of China passport for at least the past eight years,
- who have the evidence of English proficiency that is equivalent to the TOEFL computer-based test score of 213 (or paper-and-pencil test score of 500) or higher. The applicants those who are recommended the R.O.C. (Taiwan) embassies or representative offices would receive a preferential consideration and may be waived from the formal English test, if they have been examined to have English proficiency by the R. O. C. (Taiwan) embassies or representative offices.
-

※A Tip for TOEFL Test:

All applicants who have not received a high school certificate from an educational institution in the United States or from one of the exempt countries (Canada, the U.K., the Republic of Ireland, New Zealand, or Australia) are required to submit official IELTS or TOEFL scores in order to be considered for admission . The test is administered by Educational Testing Service. Information regarding the TOEFL is available at www.toefl.org.

Program Duration

It is a policy of the ICDF scholarship that the duration for this undergraduate's program is limited to 4 years. International students shall successfully pass all courses within four years and receive the Bachelor of Science degree conferred by the National Taipei College of Nursing in accordance with the laws of the R.O.C. Ministry of Education. If a student fails to finish the requirements for the bachelor's degree within the stipulated time period, the scholarship provided by the ICDF shall not be extended. Those who have completed all the required courses may continue to apply for the ICDF international graduate program in related-fields.

Ⅲ. Admission

1. The following items must be submitted with the application when applying to the National Taipei College of Nursing.
   - Application form
   - **One photocopy of diploma** of the highest degree attained (with official translation to Chinese or English if in other languages) and **official transcript** of the degree program in English. The diploma shall be subject to validation by the R.O.C.

(Taiwan) embassies or representative offices in accordance with requirements of the R.O.C. Ministry of Education.

- Certificate of health status within 3 months (*please refer to NTCN medical report*), **which must include test for HIV** as required by the Department of Health, Executive Yuan, R.O.C.
- One letter of recommendation
- One curriculum vitae
- One statement of purpose / study plan in English
  A 500-1000 word statement concerning your past work, preparation for the intended field of study, relevant background and interests, academic plans, and career objectives is required. It should be used to describe your reasons for applying to NTCN or the program. This statement may assist the admissions committee in evaluating your aptitude and motivation for undergraduate study.
- Evidence of English proficiency—all applicants must pass oral exam conducted in English at the R.O.C. (Taiwan) embassy or representative office stationed in the respective country, or submit tests of English within the last two years. The students examined by the embassy to have English proficiency equivalent to TOEFL computer-based test score of 213 (or paper-and-pencil test score of 500) or higher can be waived the formal TOEFL test.
- Other supporting documents such as publications, awards, or academic honors. (optional)

2. Application forms and relevant materials must be forwarded by the R.O.C. (Taiwan) embassies or cultural offices to the following address:

Office of International Academic Exchange Program
National Taipei College of Nursing
No.365, Ming Te Road, Peitou District, Taipei City 112, Taiwan (R.O.C.)
Tel: 886-2-28227101 ext. 2731 Fax: 886-2-28206729
E-mail:

3. No application with missing articles or incomplete forms will be accepted by the National Taipei College of Nursing. No late submission or any make-up practice will be accepted.

Notification of Admission and Registration

1. As soon as we receive your application materials, we will inform you via e-mail with your application status.
2. After being reviewed and approved by the International Health and Nursing Administration Program, applications will be submitted to the Committee of International Student Admission at the National Taipei College of Nursing for final approval.
3. After being notified of admission, students must complete registration procedures

within the specified time. Late registration will not be accepted.

4. If any information provided by the student was found falsified, student shall be denied of admission.
5. Students must provide original diploma at registration and official English translation is required if the original document is in other languages.

Scope of Scholarship

Entitlements:

The scholarship, including airfare (A one-way ticket per annum), housing, tuition, credit fees, insurance, book costs and a monthly allowance, will be provided to each student. The scholarship is itemized as follows:

- Airfare—the ICDF shall provide one economy class ticket of the most direct flights to and from Taiwan.
- Housing— the scholarship shall cover the rents of the undergraduate students' dormitory at National Taipei College of Nursing.
- Tuition fees—the scholarship shall cover registration and tuition fees at the National Taipei College of Nursing.
- Credit fees—the scholarship shall cover the fees for the credits required for obtaining the B.S. degree at the National Taipei College of Nursing.
- Insurance—in addition to the mandatory insurance, students shall be insured for accidental and medical coverage while they are in Taiwan. The insurance fees will be paid by the scholarship.
- Book costs—assigned textbooks shall be provided upon the approval of the Department of Health Care Management.
- Allowance—each Scholarship Program student shall receive NT$12,000 per month (NT$144,000 per annum) as allowance for food and miscellaneous living expenses. The sum will be deposited monthly into students' local bank account.

Notices

1. Undergraduate Health and Nursing Administration Program students must take 128 compulsory credits (including 28 credits/36 hours' general education curriculum and 88 credits/ 139 hours' courses required for specialty.

2. Waiving of the required courses may be granted upon the review and the approval of the Education Committee of the International Health and Nursing Administration Program if the student had successfully completed the same course in recent five years. Waiving of the required courses may be approved by the Education Committee if the program instructor acknowledges that the working experience of the student is related to the content of the courses.

Ⅳ. Application Deadline

Application Deadline: April 30, 2010

Ⅴ. Contact Information

Contact Person: Annie Chen
Tel: 886-2-28227101 ext. 2731
Fax: 886-2-28206729
E-mail:

Contact Address
Office of International Academic Exchange
National Taipei College of Nursing
No.365, Mingde Rd., Peitou District, Taipei City 112, Taiwan (R.O.C.)

Program webpage

Please check our website for latest update of the application forms

Ⅵ. Application Form & TaiwanICDF Medical Report

Thank for your interest in our program.
We are looking forward to receiving your application!

NTCN

APPLICATION FOR ADMISSION

Only one application can be submitted; multiple applicants will not be processed

Office of International Program
National Taipei College of Nursing
No.365, Ming Te Road, Peitou 112, Taipei, Taiwan (R.O.C.)

BIOGRAPHICAL INFORMATION

Name:_____
last (family) suffix first middle

※ Attach recent 3 months bust photograph here
(about 1"x 2")

Do you have or have you gone by any other name? ☐ No ☐ Yes

Name:_____
last (family) suffix first middle

Home address:_____
number, street, and apartment

_____
city state or province postal or zip code country

Current telephone number:_____ Fax number:_____
country code/area code/ number country code/area code/ number

Final date you can be reached at above address:_____
month/day/year

Is current mailing address identical to home address? ☐ No ☐Yes

Current mailing address:_____
number, street, and apartment

_____
city state or province postal or zip code country

E-mail address:_____

Date of birth:_____ Age: _____ Gender:☐ Male ☐ Female
month/day/year

Citizenship:_____City of birth: _____ Country of birth:_____
Country

LEGAL GUARDIAN

Name:_____
last (family) suffix first middle

Date of birth:_____ Age: _____ Gender:☐ Male ☐ Female
month/day/year

Citizenship:_____City of birth: _____ Country of birth:_____
country

Home address:_____
number, street, and apartment

_____
city state or province postal or zip code country

Current telephone number:_____
country code/area code/ number

E-mail address:_____

Occupation:_____ Relation to the applicant:_____

ACADMIC INFORMATION

Proposed degree: ☐ M.S. ☐ Undergraduate

Proposed field of study: ☐ Nursing of Science ☐ Nursing management

Major subject or concentration:_____

Proposed term and year of admission: ☐ Fall_____
Year

List all colleges or universities / high schools you have attended or now are attending:

1._____
institution

_____ _____ _____
city state country

_____ _____ _____ _____ ____/____
entering date (mm/yy) leaving date (mm/yy) major subject degree date

2._____
institution

_____ _____ _____
city state country

_____ _____ _____ _____ ____/____
entering date (mm/yy) leaving date (mm/yy) major subject degree date

3._____
institution

_____ _____ _____
city state country

_____ _____ _____ _____ ____/____
entering date (mm/yy) leaving date (mm/yy) major subject degree date

Academic and other employment related to your proposed field of study:

position	employer or institution	dates
		/ /

nature of work

position	employer or institution	dates
		/ /

nature of work

position	employer or institution	dates
		/ /

nature of work

Academic honors, fellowships, scholarships or other awards you have received:
(*please list the names, dates, and grantors*)

Publications and original work
(please give titles or other publications and of any research, inventions, or other creative work that you have done.)

GRADE POINT AVERAGE

※Please enter your grade point average (GPA) information. Please figure your average by using either the A-F system or the numerical system (0-100, 0-20 scale, etc.) To compute the GPA on the A-F system, take the total number of credit hours of As and multiply by 4; the number of credit hours of Bs by 3; Cs by 2; Ds by 1; Fs by 0. Add these results to get the total number of Grade points. Now add all of the credit hours of As, Bs, Cs, Ds and Fs. Divide the total number of Grade points by the total number of credit hours. If your school uses a system of plus or minus Grades and assigns a value to the plus or minus Grades, for example A=4, B+=3.33, then you should use that system in computing the GPA. Courses Graded on the Pass/No Pass, or S/U scale should not be figured into the GPA.

A-F GPA (Overall Undergraduate): _____
*.**

A-F GPA (Overall graduate, if applicable): _____
*.**

Numerical GPA (Overall Undergraduate):_____
(e.g., 1-5, 1-10, 1-20, 1-100)

Numerical GPA (Overall graduate if applicable):_____
(e.g., 1-5, 1-10, 1-20, 1-100)

LANGUAGE PROFICIENCY

Language	Reading	Listening	Speaking	Writing
Chinese	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L
English	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L
	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L
	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L
Others	R	L	S	W
	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L
	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L
	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L	☐ E ☐ G ☐ F ☐ L

※ *E: excellent, G: good, F: fair, L: limited*

TEST SCORES

TOEFL (if applicable)
TOEFL tests must have been taken within the last two years. If your test date is older than two years, please schedule to take the TOEFL again.

Native Language: Test ID:

IBT: *(Taken after Sept. 1, 2007)*

Test date: _____

Listening: _____

Reading: _____

Speaking: _____

Writing: _____

Total: _____

CBT or PAPER TEST:

Test date: _____

Section1: _____

Section2: _____

Section3: _____

Total: _____

ESTIMATED EXPENSES

Finances must be secured for a minimum of the years of the program you apply for.
Yearly totals must meet or exceed the minimum estimated annual expenses shown below.
Please keep in mind that the estimates for living expenses are approximations and that, depending on your lifestyle, these cost may be higher. Transportation to and from Taiwan is not included in these estimates

2010-2011 Estimated Annual Expenses
$(Us dollars)

Breakdown of Costs	*Annual*
Tuition and fees	*$2136*
Room and Board	*$1453*
Book and Supplies	*$606*
Living Expenses	*$2909*
Health Insurance	*$219*
Total	*$7323*

STATEMENT OF UNDERSTANDING

I certify that the information on this application is complete and accurate. I understand the following:

1. that this form is only for applicants who do not have overseas Chinese status and do not hold a Republic of China passport, except for applicants who hold Hong Kong or Macau citizen status. Foreign applicant who held R.O.C. citizenship within the past eight years is not eligible for application. The provision specified in the preceding paragraph “eight years” is from the loss of R.O.C. nationality to the first term beginning on the calendar of NTCN.

2. that misrepresentation of application information is sufficient grounds for denial of admission and for cancellation of admission or registration;

3. that submission of fraudulent credentials may also be a criminal offense;

4. that due to a perceived increase in forged transcripts the admissions office will write to the schools of selected students and verify their credentials;

5. that if a student's transcripts are forgeries, the NTCN will drop the student from The Graduate / Undergraduate School and may refer the matter to law enforcement authorities for prosecution;

6. that official notification of admission or rejection is sent only by Office of International Program;

7. that foreign students who have already completed in Taiwan the applied degree program or have been expelled from university are not eligible to re-apply for admission. Breaking this rule would result in immediate cancellation of the applicant’s admission or the deprivation of the applicant’s recognized status as NTCN registered students.

Signature (Full Name)_____

Date of application _____ (Day/ Month/ Year)

NTCN	National Taipei College of Nursing Office of International Nursing Program No.365, Ming Te Road, Peitou 112, Taipei, Taiwan	RECOMMENDATION FORM

The applicant should complete all relevant sections below and submit this form to the person providing a recommendation. Materials submitted in support of application become the property of the College, and neither originals nor copies will be provided.
(please type or print)

TO BE COMPLETED BY THE APPLICANT

LAST/FAMILY NAME	*FIRST/GIVEN NAME*	*MIDDLE/OTHER*

DATE OF BIRTH (MM/DD/YYY)	*E-MAIL*

PROPOSED PROGRAM	*SEMESTER/TERM AND YEAR FOR WHICH YOU ARE APPLYING*

TO BE COMPLETED BY THE COMMENDER

You have been requested to provide a recommendation on behalf of the above named applicant to a graduate program at National Taipei College of Nursing. Please assist us in evaluating this applicant's potential academic success and general suitability of the proposed graduate program of study.

The Office of International Nursing Program will greatly appreciate your cooperation in providing an evaluation of the applicant's potential as a graduate student.

IMPORTANT - *Please seal the competed form and your letter in an envelope with your signature across the seal portion. You may return the sealed envelop to the applicant or sent it directly to Office of International Nursing Program, National Taipei College of Nursing, No.365, Ming Te Road, Peitou 112, Taipei, Taiwan (R.O.C.)*

NAME OF RECOMMENDER	*POSITION*	*INSTITUTION*

E-mail	*Phone*

HOW LONG HAVE YOU KNOWN THE APPLICANT?	*IN WHAT CAPACITY?*

1.What makes this candidate especially promising for this specific program when compared to other applicants who may appear equally well-qualified. If for any reason you have substantial reservations about the candidate's potential for success. Please explain. (Attach a separate sheet if necessary.)

2. Please summarize your evaluation by checking your estimate on the following items.

	Lowest 50%	Next Higher 25%	Next Higher 20%	Highest 5%	Truly Exceptional	Unable to Judge
Intellectual and academic ability	○	○	○	○	○	○
Ability to work well with others	○	○	○	○	○	○
Emotional stability and maturity	○	○	○	○	○	○
Leadership ability and administrative potential	○	○	○	○	○	○
Esteem in which the applicant is held by peers	○	○	○	○	○	○
Esteem in which the applicant is held by faculty or other supervisors	○	○	○	○	○	○
Ability to communicate- a. Orally	○	○	○	○	○	○
- b. In writing	○	○	○	○	○	○
Creativity (including the ability too see implications and synthesize ideas)	○	○	○	○	○	○
Judgment, industry, initiative, and motivation	○	○	○	○	○	○
Clinical potential	○	○	○	○	○	○
Research potential	○	○	○	○	○	○
Teaching potential						
Overall competence and potential						

SIGNATURE

DATE (MM/DD/YYYY)

Check List

Please fill out the forms below according to the instruction.

Full Name in English: _____ Phone Number: _____

Fax Number: _____ Institute: _____

E-mail: _____

Graduated？ □Yes □No If no, Date of（Expected）Graduation _____M_____Y

****

A complete application must include the followings; <u>all documents must be arranged in the order according to this 'checklist', and do not put documents in a binder or folder. Please read instruction first before preparing the documents.</u>

Tick	Items of Documents	Copies
	a、Application Form	
	b、Certified Photocopy of the Original Diploma in English	
	c、Certified Original Transcripts in English Issued and Stamped by the School	
	d、TaiwanICDF Medical Report (one original)	
	e、Letter of Recommendation in English	
	f、Statement of Purpose / Study Plan in English	
	g、Evidence of English Proficiency	
	h、Curriculum Vitae and Other Supporting Materials	
	i. Photocopy of Passport and Other Supporting Documents (optional)	

Please TYPE your mailing address in the blank space below so that we can mail the admission result to you.

International Cooperation and Development Fund

MEDICAL REPORT

FOR

International Higher Education Scholarship Programs 2010

PART 1: HEALTH DECLARATION
PART 2: MEDICAL EXAMINATION FORM

Applying for: National Taipei College of Nursing (NTCN)
International Health and Nursing Administration Undergraduate Program

INSTRUCTION：

PART 1: Personal Details and Health Declaration — to be completed by the applicant

I hereby certify that the following information is true and complete, and agree that any misrepresentation or deliberate omission of a material fact on this form may result in the withdrawal of an offer of a place or scholarship, or may result in the termination of any such offer at a future date. I hereby grant the TaiwanICDF permission to share information contained in my Medical Examination Form with relevant authorities.

X _____

Signature Date

PART 2: Medical Examination — to be completed by certified physician

☆National Taipei College of Nursing (NTCN) reserves the right to require the applicant to undergo a future medical examination after he/she arrives in the Republic of China (Taiwan).

PART 1: HEALTH DECLARATION

PHOTO

Nationality: _____

Name: (*Last*) _____

(*First*) _____

(*M. Initial*)_____

Gender: *Male*☐ *Female*☐ **Date of Birth:**_____Y/_____M/_____D/_

Health History:

Have you ever suffered any of the following conditions? Please mark X in appropriate box

	Yes	*No*		*Yes*	*No*
Psychiatric illness	☐	☐	Thyroid Diseases	☐	☐
Epilepsy	☐	☐	Kidney Diseases	☐	☐
Migraine	☐	☐	Cancer	☐	☐
Asthma	☐	☐	HIV/AIDS	☐	☐
Tuberculosis (PTB)	☐	☐	Venereal Diseases	☐	☐
Hypertension (HPT)	☐	☐	Leukemia	☐	☐
Diabetes Mellitus (DM)	☐	☐	Hemophilia	☐	☐
Heart Diseases	☐	☐	Hepatitis	☐	☐
Malaria	☐	☐	Measles	☐	☐
			German Measles (rubella)	☐	☐

Please State (if any)

Other illnesses

……

Operation / Surgical

……

Allergic to

……

Family Medical History **(if any)**

Father:…… Mother: ……

Past Year Life: Please select

1. Sleep: ☐7~8 hours every day ☐Under 7~ 8 hours ☐Often suffer from insomnia

2. If that is basic to exercise each time for 30 minutes and 3 times every week at least, did you achieve? ☐No ☐Yes

4. Do you often feel anxious and worried? ☐Few or not ☐Sometimes ☐Often

5. Do you often feel the chest is stuffy? ☐No ☐Sometimes ☐Yes

6. Stomach-ache? ☐No ☐Sometimes ☐Often;. Headache? ☐No ☐Sometimes ☐Often

7. The menarche (girl only): (1) The age of the menarche: _____years-old

(2) Is menstrual cycle regular? ☐No ☐Yes(Date of partition _____day)

(3) Do you ever have menstrual cramp phenomenon ☐No ☐Yes

PART 2: MEDICAL EXAMINATION

Physician must complete all questions and give additional comment where necessary. Kindly note that physician is responsible for the information, suggestions and recommendation regarding the applicant's health given in this form.
Certified original lab data need to be attached as reference.

Name of Applicant: **Date of Birth**

_____ Y/ M/ D/

Physical Examination:

HEIGHT： _____cm WEIGHT： _____kg

BLOOD PRESSURE： _____/_____mmHg PULSE RATE： _____/min

VISUAL ACUITY： R_____ L_____

EYES：☐normal ☐color anomalous ☐other_____

EAR/NOSE/THROAT：☐normal ☐auditory meatus abnormal ☐cleft lip and palate ☐impending infarction ☐allergic rhinitis ☐chronic rhinitis ☐other_____

NECK：☐normal ☐wryneck ☐goiter ☐the lymphoid swelling of gland is big ☐other_____

CHEST：☐normal ☐thoracic anomaly ☐core noise ☐arrhythmias ☐other_____

CHEST X RAY：☐normal ☐advertise for like the tuberculosis ☐pleura effusion ☐thoracic abnormality ☐tuberculosis calcify ☐the spinal column side is curved up ☐cardiac hypertrophy ☐bronchiectasis ☐other_____

ABDOMEN：☐normal ☐hepatomegaly ☐splenomegaly ☐hernia ☐other_____

SPINAL COLUMN ARMS AND LEGS：☐normal ☐scoliosis ☐frog limb ☐articulation deformity ☐edema ☐other_____

SKIN：☐normal ☐wart ☐purple plague ☐scabies ☐a dermatitis ☐other_____

MOUTH CAVITY：☐normal ☐oral hygiene is poor ☐calculus ☐gingivitis ☐milk tooth ☐other_____

Urine Test:

NAD ☐ WBC ☐ RBC ☐ PROTEIN ☐ CLUCOSE ☐

Hepatitis B Test:

POSITIVE ☐ NEGATIVE ☐

Serological Test for Syphilis:

POSITIVE ☐ NEGATIVE ☐

HIV Test:

POSITIVE ☐ NEGATIVE ☐

THE ORIENTATION INSTITUTION WILL REQUIRE A FURTHER HIV TEST AFTER HE/SHE ARRIVES IN ROC (TAIWAN). THE ONE WITH POSITIVE TEST RESULT WILL BE REJECTED AND SENT BACK HOME IMMEDIATELY.

Pregnancy Test:

POSITIVE ☐ NEGATIVE ☐

Is the applicant now under treatment for any physical or emotional condition?

……

Do you have any recommendations for the health care of this applicant?

……

By history and physical examination, is this applicant a carrier of any communicable disease?

……

CERTIFICATION BY THE MEDICAL OFFICER:

I certify that I have examined the above applicant and in my opinion:

☐ The applicant is medically fit to undertake a program in Taiwan

☐ The applicant suffers mental or physical defects and is NOT in good health

Name of physician, Title :……

Name of Hospital / Clinic :……

Address :……

……

……

Not valid if without the hospital or clinic's seal