## 僑務委員會、教育部

OCAC, MOE,

## 2018年南半球地區海外華裔青年英語服務營健康證明表

## 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 1]

valid for Three Months, Please man the completed form to the hearby regis	tration 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:	請黏貼 1.5 吋個人相片				
出生(月日年)Date of Birth:/ 國籍 Nationality:	_ Please attach a recent				
住址(address) :	1.5- inch photo here				
身體檢查 PHYSICAL EXAMINATIONS EXAMINATION	7				
A.身高 Height: □Ft / In □cm D.體重 Weight: □Lb □Kg □					
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:					
<b>A.</b> □ a TB Test has been taken within last 2 years. <b>B.</b> Hepatitis B series on					
<b>C.</b> DTP on <b>D.</b> MMR on <b>E.</b> 7	Γd 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				
B.氣喘病 Asthma:	Yes No				
C.高血壓 Hypertension:	Yes No				
D.糖尿病 Diabetes:	Yes No				
E.過敏病症 Allergies:					
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线	郭村工作。				
Remarks:					
The above named individual $\square$ is $\square$ 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				
	) /(D) / 201				
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					
priority over any other event.					

Date:

Volunteer's Signature