International Health Program
in
National Yang-Ming University

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Email: ihp@ym.edu.tw
Tel: 886+2+28267000 ext.5333
Fax: 886+2+28218165
No. 155, Sec. 2, Linong St., Beitou District,
Taipei City 11221, Taiwan
National Yang-Ming University (NYMU)

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- Master’s Program in International Health
  I. Introduction of Program.
  II. Qualification
  III. Admission
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- Ph.D. Program in International Health
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Introduction of National Yang-Ming University

In 1975, National Yang-Ming University was founded as National Yang-Ming Medical College. In the 32 years since her founding, Yang-Ming members have embraced the spirit of true knowledge, earnest actions, kind hearts, and conscientious practice. Careful nurturing and tireless efforts by dedicated Yang-Ming members contributed to the blossoming of Yang-Ming from a very humble beginning to being ranked among the leading educational institutions in Taiwan. In 1994, Yang-Ming became a University, with emphasis on biomedical education and research.

National Yang-Ming University has five schools: School of Medicine, School of Dentistry, School of Nursing, School of Medical Technology and Engineering, and School of Life Sciences. Approximately 3,800 students, half of them in graduate institutes, gather at Yang-Ming to study clinical medicine, basic and applied biomedical sciences, and public health. The establishment of humanity and social sciences education, upgrading the scope of biomedical education, and pursuing excellence in biomedical research continue to be the overall goal for Yang-Ming. Expanding collaboration with health service facilities, development of technologies for research, creating industrial collaboration and reinforcement of intellectual property right management are strategies for future development of the university. On the other hand, the university is also presented with a challenge and social responsibility to cope with diseases of our era by developing health policies and strategies, and making contributions in international health cooperation in education and research.
Master’s Program in International Health

I. Introduction of Program

The Master program is a two-year program which offers a Master of Science degree. Students are required to successfully accomplish at least 24 credits of formal lecture courses, and conduct a research-oriented thesis work. Grants Degree of Master of Public Health from the Graduate Institute of Public Health.

II. Qualification

Completion of a bachelor's degree in public health, medicine, and/or other health sciences or related fields at public or registered private universities and independent colleges; the diploma from these colleges and universities must be approved by the Taiwan Ministry of Education.

III. Admission

- Objectives

1. Providing education and training for students to cultivate the capacity to approach public health problems, and to design and carry out public health programs.
2. Providing the platform for mutual learning and collaboration among international and local students.

- IHP at a glance

The International Health Program at National Yang-Ming University became operational in 2002. This program seeks to train students with interests in international health issues and equip them with capabilities in dealing with complex challenges in public health affecting all societies. The program aims to recruit equal numbers of domestic and international students with the expectation
of active learning and experience sharing among students from different backgrounds. Mandarin Chinese is the language used in the majority of classes at Yang Ming, but all the classes in the International Health Program are in English. Entry level Mandarin conversation classes are offered for international students.

The International Health Program is a collaborative program of six graduate institutes at Yang Ming: Institute of Public Health, Institute of Health and Welfare Policy, Institute of Clinical and Community Health Nursing, Institute of Biomedical Informatics, Institute of Environmental Health Sciences and Institute of Tropical Medicine. Faculty members from other Institutes at Yang Ming also provide classes and tutoring.

### Scope of Curriculum

<table>
<thead>
<tr>
<th>TROPICAL MEDICINE/ INFECTIONOUS DISEASES</th>
<th>HEALTH POLICY/ COMMUNITY HEALTH</th>
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<tr>
<td><strong>CORE COURSES</strong></td>
<td>Epidemiology</td>
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<td>Introduction to Biostatistics</td>
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<td><strong>REQUIRED COURSES</strong></td>
<td>1. Seminar on Tropical Medicine and Infectious Diseases</td>
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<td>2. Introduction to International Health</td>
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<td>3. Seminar on International Health</td>
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<td><strong>ELECTIVE COURSES OFFERED BY EACH CONCENTRATION</strong></td>
<td>Tropical Medicine:</td>
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<td>1. Advanced Course in Infectious diseases</td>
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<td>2. Advanced Tropical Medicine</td>
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<td>4. Molecular Tropical Medicine</td>
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<td>Health Policy &amp; Community health:</td>
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<tr>
<td>1. Comparative Health Care System</td>
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<td>2. Economic Evaluation in Health &amp; Medicine</td>
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<td>3. Health Economics</td>
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<td>5. Scientific Writing for Research</td>
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<td>7. A Practical Appraisal of International Community Health Programs</td>
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<td>8. Community Health Theory and Case Studies</td>
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<td>10. International Health Regulations and Practices</td>
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<td>11. Medical Database Design &amp; Management</td>
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<td>12. Public Mental Health</td>
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<td>13. Qualitative Research Methodology</td>
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**General:**

1. Independent Study
2. Practical Training

**Note:**

1. Students are encouraged to take courses offered by other concentrations.
2. The courses may subject to minor changes.
3. A minimum of 24 credits in courses and a six-credit master’s thesis.
IV. Application Deadline: April 30, 2010

V. Contact Information

- The Admissions Office
  National Yang Ming University
  No. 155, Section 2, Li-Nong Street, Beitou District, Taipei City 112, Taiwan (R.O.C.)
  Tel: 886-2-2826-7393
  Fax: 886-2-2823-3887
  Contact person: Ms. Tina LU
  Email: tylu@ym.edu.tw

- The International Health Program Office
  Contact Person: Ms. Justine JIAN
  Tel: 886-2-2826-7000 ext 5333
  Fax: 886-2-2821-8165
  E-mail: ihp@ym.edu.tw
  Website: http://ihp.web.ym.edu.tw

If you are interested in our program and would like to request information, please contact us!

VI. Application Form & TaiwanICDF Medical Report

An application is considered to be completed only if it contains all the following documents:

a. Application form
b. Autobiography (written in English)

c. Two photocopies of the graduation certificate from the highest educational institution (with translation to English, if in other languages), two official transcripts obtained from school (with translation to English, if in other languages)

d. The graduation certificate of foreign educational institution and transcripts shall be subjected to validation by the R.O.C. (Taiwan) embassy/representative office in accordance with requirements of the Ministry of Education, R.O.C..

e. Health Examination Certificate (including an HIV test)

f. Two Letters of recommendation

g. Study and research plan (please specify fields/topics of interest)

h. Evidence of English proficiency-TOEFL internet-based test score of 79-80 (or paper-and-pencil test score of 550 or computer-based test score of 213) or higher, or former TOEFL test-IELTS test score of 6.5.

i. Other supporting materials

Please mail the entire application package to the Admissions Office of National Yang Ming University. And all of required documents should be filled in by typing or printed written. **The application deadline is April 30 of year 2010, but early application is recommended.** No application with missing articles or incomplete forms will be accepted by the National Yang Ming University. No late submission or any make-up practice will be accepted.
Ph.D. Program in International Health

I. Introduction of Program

The Doctoral program is aimed to provide education and training for those with a need and strong interest in independent research. The average length for accomplishing a PhD program at Yang Ming is about five years. The candidate is required to accomplish formal course works, a qualification examination, and independent research which leads to results publishable on international scientific journals. The diploma will be the Ph.D. of Public Health. Degree granted by the Graduate Institute of Public Health.

II. Qualification

Completion of a doctorate in medicine or dentistry or its equivalent; or a master's degree in public health, medicine, or other health sciences or related fields at public or registered private universities and independent colleges; the diploma must be approved by the Taiwan Ministry of Education.

III. Admission

■ Objectives

1. Providing education and training for students to cultivate the capacity to approach public health problems, and to design and carry out public health programs.
2. Providing the platform for mutual learning and collaboration among international and local students.

■ IHP at a glance

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12. Public Mental Health
13. Qualitative Research Methodology

General:
1. Independent Study
2. Practical Training

Note:
1. Students are encouraged to take courses offered by other concentrations.
2. Courses offered may subject to minor changes.
3. A minimum of 18 credits in courses and a Ph.D thesis must be completed.
IV. Application Deadline: April 30, 2010

V. Contact Information

■ The Admissions Office
National Yang Ming University
No. 155, Section 2, Li-Nong Street, Beitou District, Taipei City 112,Taiwan (R.O.C.)
Tel: 886-2-2826-7393
Fax: 886-2-2823-3887
Contact person: Ms.Tina LU
Email: tylu@ym.edu.tw

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∗ Please read the regulations carefully before fill out this application form.
∗ Please type or write clearly in Chinese or English.

The Admission Office:
Center of International Affairs:
No.155, Sec. 2, Linong St., Beitou District, Taipei City 11221, Taiwan (R.O.C.)

Website: www.ym.edu.tw/oia
E-mail: cia@ym.edu.tw FAX: 886-2-2823-3887 TEL: 886-2-2826-7393

Attach a passport-size photo taken within 6 months (about 1”x 2”)

Applicant

Full Name (English): __________ (First) ____________ (Middle) _____________ (Last)
Chinese name: ______________________ (if available)  Sex: □ Male / □ Female

Permanent Address: ___________________________________________________________

Correspondence Address _______________________________________________________

Email: _______________________ Contact Phone No. _______________________________

Date of Birth _____________________(day/Month/Year) Passport No.___________________

Place of Birth _________________ Nationality _____________ Marital Status ____________

Legal Guardian

Full Name (English): __________ (First) ____________ (Middle) _____________ (Last)

Sex: □ Male / □ Female

Permanent Address: ___________________________________________________________

Correspondence Address: _____________________________________________________
Email: _______________________ Contact Phone No. _______________________________

Date of Birth _________________ (day/Month/Year)  Place of Birth _________________

Occupation: _____________________ Relationship to the applicant: _________________

<table>
<thead>
<tr>
<th>Educational Background</th>
<th>Secondary School</th>
<th>College or University</th>
<th>Graduate School (MA Program)</th>
<th>Graduate School (Ph.D. Program)</th>
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</thead>
<tbody>
<tr>
<td>Name of School</td>
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<td>City and Country</td>
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<td>Degree Granted</td>
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<td>Graduate Date</td>
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<td>Major</td>
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<tr>
<td>Minor</td>
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</tbody>
</table>

◎ Department or graduate institute to be applied

_____________________________________________________________________

◎ Degree to be studied

☐ Bachelor  ☐ Master  ☐ PhD

◎ Financial resources
What will be your main financial source while you study in NYMU?
☐ NYMU Scholarship   ☐ Personal Savings
☐ Parental Support   ☐ Other (please specify)________________
※ US$1 : NT$32

◎ Health Condition   ☐ Good   ☐ Average   ☐ Poor
Please describe any physical assistance you need. _______________________________

◎ Extra-curricular Activities ________________________________

◎ Previous Employment ________________________________

◎ Publications (Reprints of the publications may be provided.)

◎ Language Proficiency: (Please use: excellent, good, fair or poor to describe)

<table>
<thead>
<tr>
<th>Reading</th>
<th>Writing</th>
<th>Listening</th>
<th>Speaking</th>
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<tbody>
<tr>
<td>Chinese:</td>
<td>________</td>
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<td>English:</td>
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<tr>
<td>Others:</td>
<td>________________</td>
<td>(please specify)</td>
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</tbody>
</table>

※ I have reviewed the above information carefully and hereby guarantee their correctness.

Applicant's Signature __________________________ Date __________________________
Declaration Form

1. 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 NYMU.

2. All the documents I provide (including my diploma, passport, and other related documents) are valid. If it is discovered that I have violated any university regulation, my admission to NYMU will be canceled, my student status revoked, and no transcript will be issued.

3. 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 NYMU registered students.

4. I authorize National Yang-Ming University to undertake a verification of the information (including diploma, passport and any photocopies of official documents) I have provided. And if any of it is found to be false after I enter NYMU registered student, I have no objection to be deprived of registered student status.

__________________________________  ________________________________________
Signature (Full Name)                     Signature of Legal Guardian

____________________________________
Date of Application (Day/ Month/ Year)
Autobiography

Please use the following form (500-1000 words). **Important: Please write the autobiography in Chinese or English** (If the institute requires both languages, applicants have to hand in your work both in Chinese and English). Some institutes stipulate applicants have to use their handwriting in this part, or it will not be evaluated. PLEASE notice the Article III. Admission Procedures.

Additional copies of the form or separate sheets are permitted in case of long writing.

Signature: 

________________________________________________________________________
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Study and Research Plan

Please use the following form (500-1000 words). **Important: Please write it down in Chinese or English (If the institute requires both languages, applicants have to hand in your work both in Chinese and English). Some institutes stipulate applicants have to use their handwriting in this part, or it will not be evaluated. PLEASE notice the Article III. Admission Procedures.**

Additional copies of the form or separate sheets are permitted in case of long writing.

Signature : _______________________________
Recommendation Form

(Please make additional copies of the form.)

Part I: To be filled in by the Applicant

To the applicant: Please complete the upper portion (Section 1) of the Recommendation Form and forward it to a teacher who is acquainted with your academic record. Important: If you forward this Form to your direct relative, this part will not be counted.

1. Applicant’s name: ____________________________________________________________
   Degree and faculty to which you are applying: _____________________________________
   Name of your high school: ______________________________________________________
   Applicant’s address: _____________________________________________________________
   Applicant’s telephone: __________________________________________________________

   About the recommendation content: (Please make a check)
   □ I waive the right of access to this recommendation
   □ I do not waive the right of access to this recommendation

   __________________________________________________________________________
   Applicant’s Signature                                          Date

※After filling out the information above, the applicant forwards the Recommendation Form with the envelope and stamp to the recommender. For the recommender, please complete the form and then mail it to the Institute you apply of National Yang-Ming University with your required documentation.

Part II: To be filled in by the Recommender

To the person completing the Recommendation Form: National Yang-Ming University appreciates your writing us as fully as you can concerning the candidate, saying how well and in what capacity you have known him/her and frankly stating deficiencies as well as merits. Please complete the remaining portion of this questionnaire by providing your candid opinion of the applicant’s abilities to undertake medical school study.
2. How long have you known the applicant and in what connection?

- I am his/her teacher and taught him/her _______ course(s)
- Research project or special study advisor
- Others, please specify: __________________________

How long have you known the applicant (years months)

What is the extent of your mutual contact?

- Very frequently
- Occasionally
- I know him/her but seldom interact
- I just taught the course he/she took

3. Please rate the applicant in comparison with others applying for medical school.

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<thead>
<tr>
<th></th>
<th>Top 5%</th>
<th>Top 5-20%</th>
<th>Top 20-40%</th>
<th>Top 50%</th>
<th>Below Average</th>
<th>Bottom 20%</th>
<th>Unable to Assess</th>
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<tr>
<td>Breadth of general knowledge</td>
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<td>Academic performance</td>
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<td>Study motivation</td>
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<td>Creativity</td>
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<td>Emotional stability</td>
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<td>Participation of extracurricular activities</td>
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<td>Sense of responsibility</td>
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<td>Relation with other students</td>
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<td>Self confidence and maturity</td>
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<td>Communication ability</td>
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<td>Organizational ability</td>
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<td>Potential as a medical professional</td>
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4. Other comments:
(Please make additional comments about the applicant’s record, deficiencies, merits, potential for a career in medicine, or personal qualities which you feel would be helpful to the admissions committee. If the space is not enough, please attach your statement on separate sheets (in the same size, please).

5. Overall rating of the applicant: (Please circle):

☐ Excellent (Top 5 %)   ☐ Very Good (5-20%)   ☐ Good (20-40%)
☐ Average (50%)        ☐ Below Average      ☐ Bottom (20%)
☐ Unable to Assess

Name of Reference: ______________________________________________________________
Signature of Reference: __________________________________________________________
Organization: _________________________________________________________________
Title: ___________________________________________________________________________
Address: _________________________________________________________________________
Telephone: _______________________________________________________________
**Volunteer Activities**

※ Only the following categories will be counted: medical service, child care service, education service, and community service. 【Military service, school required service, donation, or blood donation will not be counted. However, if it is a school club organized activity for out-of-school service, it will be counted.】
※ Please make sure to provide proof documentation, contact phone number, as well as total time spent.
※ If the space is not enough, please make extra copies of the form.

My signature below indicates that all my application is factually correct and honestly presented. (If any of the information is found to be false, the school has the right to revoke your admission.)

**Signature** : ______________________

<table>
<thead>
<tr>
<th>Name of the Service Organization</th>
<th>Dates Attended</th>
<th>Specific Nature of Activities</th>
<th>Total Time Spent (Hours)</th>
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</table>
Extracurricular Activities

※ Please list the activities in order of dates.
※ Please make sure to provide proof documentation and contact phone number.
※ If the space is not enough, please make extra copies of the form.
※ My signature below indicates that all my application is factually correct and honestly presented. (If any of the information is found to be false, the school has the right to revoke your admission.)

<table>
<thead>
<tr>
<th>Name of the Club</th>
<th>Dates Attended</th>
<th>Positions Held</th>
<th>Proof Documentation and Contact Phone Number</th>
</tr>
</thead>
<tbody>
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Signature : ________________________________
Contest Record

※ Please list the activities in order of dates.
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**Signature**: ________________________________________

<table>
<thead>
<tr>
<th>Date of the Contest</th>
<th>Name of the Contest</th>
<th>Sponsor Organization</th>
<th>Contest Results (e.g., award won)</th>
<th>Proof Documentation and Contact Phone Number</th>
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</thead>
<tbody>
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</table>


School Positions Held

※ Please list the positions (ordered by date)
※ Please make sure to provide proof documentation and contact phone number.
※ If the space is not enough, please make extra copies of the form.
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Signature: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Position Held</th>
<th>Specify the responsibility</th>
<th>Proof Documentation and Contact Phone Number</th>
</tr>
</thead>
<tbody>
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MEDICAL REPORT
FOR
International Higher Education Scholarship Programs 2010

PART 1: HEALTH DECLARATION
PART 2: MEDICAL EXAMINATION FORM

Applying for: National Yang-Ming University (NYMU)
Master’s Program in International Health

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 Yang-Ming University (NYMU) 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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric illness</td>
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<tr>
<td>Epilepsy</td>
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<td>Migraine</td>
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<td>Asthma</td>
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<tr>
<td>Tuberculosis (PTB)</td>
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<tr>
<td>German Measles (rubella)</td>
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</tbody>
</table>

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
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.

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Date of Birth:</th>
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<td>Y/ M/ D/</td>
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**Physical Examination:**

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<tr>
<td>HEIGHT:</td>
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<td>WEIGHT:</td>
<td></td>
</tr>
<tr>
<td>BLOOD PRESSURE:</td>
<td>/   mmHg</td>
</tr>
<tr>
<td>PULSE RATE:</td>
<td>/   min</td>
</tr>
<tr>
<td>VISUAL ACUITY:</td>
<td>R   L</td>
</tr>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th><strong>Serological Test for Syphilis:</strong></th>
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</thead>
<tbody>
<tr>
<td>POSITIVE □                    NEGATIVE □</td>
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<thead>
<tr>
<th><strong>HIV Test:</strong></th>
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*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.*

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<td>POSITIVE □           NEGATIVE □</td>
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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: ............................................................................................
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Signature ____________________________ Date ____________________________

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### Physical Examination:

- **HEIGHT**: 
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- **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:**

<table>
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