

**International Health Program  
in  
National Yang-Ming University**



**Website: <http://ihp.web.ym.edu.tw>**

**Email: [ihp@ym.edu.tw](mailto: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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## ● 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**

	<b>TROPICAL MEDICINE/ INFECTIOUS DISEASES</b>	<b>HEALTH POLICY/ COMMUNITY HEALTH</b>
<b>CORE COURSES</b>	Epidemiology Introduction to Biostatistics	
<b>REQUIRED COURSES</b>	1. Seminar on Tropical Medicine and Infectious Diseases 2. Introduction to Tropical Medicine	1. Fundamentals of Health Policy and Management 2. Introduction to International Health 3. Seminar on International Health
<b>ELECTIVE COURSES OFFERED BY EACH CONCENTRATION</b>	<b>Tropical Medicine:</b> 1. Advanced Course in Infectious diseases 2. Advanced Tropical Medicine 3. Epidemiology, Virology and Control of HIV and Influenza Viruses 4. Molecular Tropical Medicine 5. Vector Biology	

	<p><b>Health Policy &amp; Community health:</b></p> <ol style="list-style-type: none"> <li>1. Comparative Health Care System</li> <li>2. Economic Evaluation in Health &amp; Medicine</li> <li>3. Health Economics</li> <li>4. Medicine, Ethics and Law</li> <li>5. Scientific Writing for Research</li> <li>6. Social and Cultural Aspects of Health</li> <li>7. A Practical Appraisal of International Community Health Programs</li> <li>8. Community Health Theory and Case Studies</li> <li>9. Designing and Conducting Health Survey</li> <li>10. International Health Regulations and Practices</li> <li>11. Medical Database Design &amp; Management</li> <li>12. Public Mental Health</li> <li>13. Qualitative Research Methodology</li> </ol> <p><b>General:</b></p> <ol style="list-style-type: none"> <li>1. Independent Study</li> <li>2. Practical Training</li> </ol>
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**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](mailto: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](mailto: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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■ **Scope of Curriculum**

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<b>CORE COURSES</b>	Epidemiology Introduction to Biostatistics	
<b>REQUIRED COURSES</b>	1. Seminar on Tropical Medicine and Infectious Diseases 2. Introduction to Tropical Medicine	1. Seminar on International Health 2. Fundamentals of Health Policy and Management 3. Introduction to International Health
<b>ELECTIVE COURSES</b>	<b>Tropical Medicine:</b> 1. Advanced Course in Infectious diseases 2. Advanced Tropical Medicine	

<b>OFFERED BY</b>  <b>EACH</b>  <b>CONCENTRATION</b>	3. Epidemiology, Virology and Control of HIV and Influenza Viruses  4. Molecular Tropical Medicine  5. Vector Biology  <b>Health Policy &amp; Community health:</b>  1. Comparative Health Care System  2. Economic Evaluation in Health & Medicine  3. Health Economics  4. Medicine, Ethics and Law  5. Scientific Writing for Research  6. Social and Cultural Aspects of Health  7. A Practical Appraisal of International Community Health Programs  8. Community Health Theory and Case Studies  9. Designing and Conducting Health Survey  10. International Health Regulations and Practices  11. Medical Database Design & Management  12. Public Mental Health  13. Qualitative Research Methodology  <b>General:</b>  1. Independent Study  2. Practical Training
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**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.)

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Contact person: Ms. Tina LU

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Contact Person: Ms. Justine JIAN

Tel: 886-2-2826-7000 ext 5333

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

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- 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) embassies/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 and potential subject of the doctoral thesis)
  - 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.



國立陽明大學國際學生入學申請表  
Application Form for International Student Admission  
National Yang-Ming University

<p>* Please read the regulations carefully before fill out this application form</p> <p>* Please type or write clearly in Chinese or English.</p> <p>* The Admission Office: Center of International Affairs : No.155, Sec. 2, Linong St., Beitou District, Taipei City 11221, Taiwan (R.O.C.)</p> <p>Website: <a href="http://www.ym.edu.tw/oia">www.ym.edu.tw/oia</a></p> <p>E-mail: <a href="mailto:cia@ym.edu.tw">cia@ym.edu.tw</a> FAX: 886-2-2823-3887 TEL: 886-2-2826-7393</p>	<p>Attach a passport-size photo taken</p> <p>within 6 months</p> <p>( about 1"x 2" )</p>
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**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: \_\_\_\_\_

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

Ⓒ 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)

Reading      Writing      Listening      Speaking

Chinese: \_\_\_\_\_

English: \_\_\_\_\_

Others : \_\_\_\_\_(Please specify)

**\* 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.

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Signature (Full Name)

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Signature of Legal Guardian

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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 : \_\_\_\_\_

## 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.

	Top 5%	Top 5-20%	Top 20-40%	Top 50%	Below Average	Bottom 20%	Unable to Assess
Breadth of general knowledge							
Academic performance							
Study motivation							
Creativity							
Emotional stability							
English language proficiency							
Participation of extracurricular activities							
Sense of responsibility							
Relation with other students							
Self confidence and maturity							
Honesty							
Communication ability							
Organizational ability							
Potential as a medical professional							

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 : \_\_\_\_\_

Name of the Service Organization	Dates Attended	Specific Nature of Activities	Total Time Spent (Hours)	Proof Documentation and Contact Phone Number

## 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.)

Signature : \_\_\_\_\_

Name of the Club	Dates Attended	Positions Held	Proof Documentation and Contact Phone Number



## Contest Record

- ※ 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.)

Signature : \_\_\_\_\_ °

Date of the Contest	Name of the Contest	Sponsor Organization	Contest Results (e.g., award won)	Proof Documentation and Contact Phone Number

## 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.
- ※ 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 : \_\_\_\_\_ °

Date	Position Held	Specify the responsibility	Proof Documentation and Contact Phone Number

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International Cooperation and Development Fund



## MEDICAL REPORT

FOR

**International Higher Education  
Scholarship Programs 2010**

PART 1: HEALTH DECLARATION

PART 2: MEDICAL EXAMINATION FORM

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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).

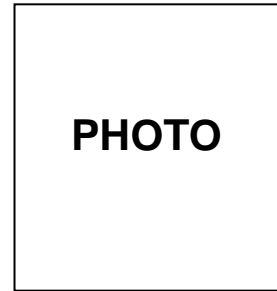
**PART 1: HEALTH DECLARATION**

**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

	<i>Yes</i>	<i>No</i>		<i>Yes</i>	<i>No</i>
Psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (PTB)	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (HPT)	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus (DM)	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Heart Diseases	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
			German Measles (rubella)	<input type="checkbox"/>	<input type="checkbox"/>

**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**

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International Cooperation and Development Fund



## MEDICAL REPORT

FOR

**International Higher Education  
Scholarship Programs 2010**

PART 1: HEALTH DECLARATION

PART 2: MEDICAL EXAMINATION FORM

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Applying for: National Yang-Ming University (NYMU)  
Ph.D. 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).

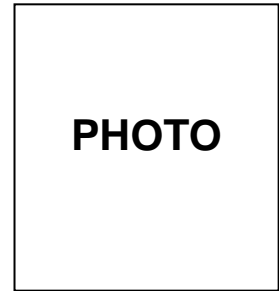
**PART 1: HEALTH DECLARATION**

**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

	<i>Yes</i>	<i>No</i>		<i>Yes</i>	<i>No</i>
Psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (PTB)	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (HPT)	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus (DM)	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Heart Diseases	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
			German Measles (rubella)	<input type="checkbox"/>	<input type="checkbox"/>

**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  
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