

同學您好：

依據本國法規規定，來臺研習6個月以上之外籍生、僑生、大陸港澳地區學生，及來臺研習3個月以上且未滿6個月之外籍學生、僑生、華語文生，及港澳學生，或來臺研習2個月以上且未滿6個月之大陸地區學生，需繳交【居留或定居健康檢查項目表】或【短期研修健康檢查項目表】，健康檢查相關問題。

如果您是已在台灣的外籍人士，請到指定的醫院檢查: <https://www.cdc.gov.tw/Category/Page/nU7y97g0GqJbB3kn5B-nPg>



Dear student,

According to national regulations, foreign students, overseas Chinese students, and students from mainland China, Hong Kong and Macau who plan to study in Taiwan for **more than 6 months**, and foreign students, overseas Chinese students, students studying in the Chinese Language Center, and students from Hong Kong and Macau who plan to study in Taiwan for **more than 3 months but less than 6 months**, and students from mainland China who plan to study in Taiwan for **more than 2 months but less than 6 months** should turn in either the 【Health Certificate for Residence Application】 or 【Health Certificate for Short-Term Student】.

If you're the overseas student who is in Taiwan already, please go to the specified hospital: <https://www.cdc.gov.tw/Category/Page/nU7y97g0GqJbB3kn5B-nPg>

對象	1. 來臺研習 3 個月以上且未滿 6 個月之外籍學生、僑生、華語文生，及港澳學生 2. 來臺研習 2 個月以上且未滿 6 個月之大陸地區學生	Target	1. Foreign students, overseas Chinese students, students studying in the Chinese Language Center, and students from Hong Kong and Macau who plan to study in Taiwan for more than 3 months but less than 6 months . 2. Students from mainland China who plan to study in Taiwan for more than 2 months but less than 6 months .
應辦事項	提供中文版或英文版【短期研修健康檢查項目表】內容報告電子檔給輔導單位，如全球處或各系所，轉交衛保組審核： 1. 麻疹及德國麻疹預防接種證明：接種年齡必須大於 1 歲。 2. 胸部 X 光肺結核檢查：須為 3 個月內之報告。	Before arrival	Please provide the soft copy of Chinese or English version of 【Health Certificate for Short-Term Student】 to CLC. They would then hand it over to the Division of Health Service for review: 1. Measles and rubella vaccination certificates: should be at least one year old when receiving the vaccination. 2. Chest X-Ray for Tuberculosis: the report should be within the last three months .

Please upload page 2 to CLC's singing up website when you finish the health examination. Thank you!

國立清華大學短期研修生健康檢查項目表

NTHU Health Certificate for Short-Term Students

Basic information 學生基本資料	學號 Student No.	護照號碼 Passport No.
	姓名 Name	國籍 Nationality
	出生日期 Date of birth	性別 Gender
	科別系所 Department	華語中心 Chinese Language Center

A. 胸部 X 光檢查結果，請務必由醫院勾選

The results of the chest X-ray examination must be selected by the hospital.

- ☐ 無明顯異常 No obvious abnormality
- ☐ 疑似肺結核病徵 TB suspect
- ☐ 孕婦免驗 Not required for pregnant women
- ☐ 其他 Others : _____

B. 麻疹預防接種確認，請務必由醫院勾選 Confirm vaccination for Measles must be selected by the hospital.

- ☐ 已完成麻疹預防接種（含持有預防接種證明或接種疫苗） Confirmation of completed Measles vaccination, including proof of vaccination or vaccine administration.
- ☐ 無麻疹預防接種證明，且有接種禁忌，暫不適宜預防接種 Measles vaccination is not advised due to unavailable records and contraindications.

備註 Remarks :

- (1) 敬請攜帶麻疹及德國麻疹預防接種證明至醫院，請醫生為您核實麻疹及德國麻疹預防接種證明（包含接種年齡須大於 1 歲），並填寫本健康檢查項目表。
Bring your measles and rubella vaccination certificates to the hospital. Please consult with the doctor to verify the certificates, including whether the vaccination was received after one year of age, and complete the NTHU Health Certificate for Short-Term Students.
- (2) 無麻疹、德國麻疹預防接種證明者，可不檢驗抗體，直接在母國接種疫苗，但經醫師評估有接種禁忌者，得免接種疫苗。
Those without measles and rubella vaccination records can choose to receive vaccinations in your home country without antibody testing. However, individuals with contraindications, as determined by a physician, are exempt from vaccination.

C. 德國麻疹預防接種確認，請務必由醫院勾選 Confirm vaccination for Rubella must be selected by the hospital.

- ☐ 已完成德國麻疹預防接種（含持有預防接種證明或接種疫苗） Confirmation of completed Rubella vaccination, including proof of vaccination or vaccine administration.
- ☐ 無德國麻疹預防接種證明，且有接種禁忌，暫不適宜預防接種 Rubella vaccination is not advised due to unavailable records and contraindications.

本校短期研修生只需提交近 3 個月內，經醫生核實後，醫療院所核章之本「短期研修生健康檢查項目表」，「不需要」額外提供其它文件證明。請務必確認已完成本表格中所列所有檢查項目，含承辦檢查醫院簽章。

Our Short-Term Students are required to submit **only** the 「NTHU Health Certificate for Short-Term Students」 completed within the last three months that were verified and endorsed by a medical professional. No additional documentation is required. Please make sure to complete all items listed in this form, including the stamp of the hospital where examination was done.

承辦檢查醫院簽章

Stamp of hospital where examination was done

檢查日期 Date of exam :

年 yyyy / 月 mm / 日 dd