



Fu Jen Catholic University

Health Certificate for International Exchange Student

Basic Data																									
Name				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Photo stamped (Taken within last six months)																			
Passport No.		Nationality		Blood Type																					
Date of Birth (MM/DD/YYYY)		Country of Birth		Age																					
Phone No.																									
Present Mailing Address																									
Medical History																									
<p>■ Have you ever had any of the following diseases ? (Each item must be answered “No” or “Yes”.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Heart Disease <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="width: 50%;">8. Epilepsy <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>2. Hypertension <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>9. Malaria <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>3. Lung Disease <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>10. Tuberculosis <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>4. Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>11. Dengue Fever <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>5. Liver Disease <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>12. Allergy <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>6. Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>13. Others _____</td> </tr> <tr> <td>7. Kidney Disease <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td></td> </tr> </table>						1. Heart Disease <input type="checkbox"/> No <input type="checkbox"/> Yes	8. Epilepsy <input type="checkbox"/> No <input type="checkbox"/> Yes	2. Hypertension <input type="checkbox"/> No <input type="checkbox"/> Yes	9. Malaria <input type="checkbox"/> No <input type="checkbox"/> Yes	3. Lung Disease <input type="checkbox"/> No <input type="checkbox"/> Yes	10. Tuberculosis <input type="checkbox"/> No <input type="checkbox"/> Yes	4. Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes	11. Dengue Fever <input type="checkbox"/> No <input type="checkbox"/> Yes	5. Liver Disease <input type="checkbox"/> No <input type="checkbox"/> Yes	12. Allergy <input type="checkbox"/> No <input type="checkbox"/> Yes	6. Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes	13. Others _____	7. Kidney Disease <input type="checkbox"/> No <input type="checkbox"/> Yes							
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Laboratory Examinations **The relevant reports must be attached*

1. **Serological Test for HIV:** Positive Negative Indeterminate

a. Screening Test: EIA PA Other: _____

b. Confirmatory Test: Western Blot Others: _____

2. **Chest X- Ray for Tuberculosis:**

a. Findings: _____

b. Results: Passed TB Suspect Pending Failed

3. **Stool Examination for Parasites includes Entameba histolytica etc.** (centrifugal concentration method):

a. Positive, Species: _____ Negative

b. Other parasites that do not require treatment: _____

c. Applicants living in USA, Canada, Europe, New Zealand, Australia, Japan, South Korea, Hong Kong, Macao, Singapore or Israel are not required to undergo a stool examination for parasites.

4. **Serological Test for Syphilis:**

Tests: a. RPR or VDRL: _____ b. TPHA/TPPA: _____ c. Others: _____

Results: Passed Failed

5. **Proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates:**

a. Antibody test: (1) measles antibody titers Positive Negative Equivocal

(2) rubella antibody titer Positive Negative Equivocal

b. Vaccination Certificates (The Certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to going abroad.)

(1) Vaccination Certificates of Measles (2) Vaccination Certificates of Rubella

c. Having contraindications, not suitable for vaccination.

6. **Examination for Hansen's Disease:**

Normal

Abnormal:

Not related to Hansen's disease: _____

Hansen's disease suspect needs further exam

a. Skin Biopsy: _____

b. Skin Smear: Finding bacilli in affected skin smears Negative

c. Skin lesions combined with sensory loss or enlargement of peripheral nerves: Yes No

Results: Passed Failed

Applicants living in USA, Canada, Europe, New Zealand, Australia, Japan, South Korea, Hong Kong, Macao, Singapore or Israel are not required to undergo an examination for Hansen's disease.

※ **Result** : According to the above medical report of Mr./Mrs./Ms. _____, he/she
 has passed the examination has failed the examination needs further examination.

Signature of Physician: _____ (Valid for three months only)

Name & Signature

Official Stamp: _____

Date: _____