

在香濠驗身
範例



中華民國文件證明專用
REPUBLIC OF CHINA (TAIWAN)
DOCUMENT LEGALIZATION

No. A011090122

台北經濟文化辦事處(香港)
茲證明本文件確經公證人簽章屬實

簽發日期：中華民國 109 年 12 月 02 日

TAIPEI ECONOMIC AND CULTURAL OFFICE, HONG KONG

This is to certify that the Signature/Seal of NOTARY PUBLIC is authentic

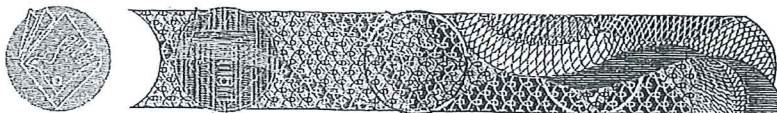
Date of Issue : Dec-02-2020

By authorization

CHEN TSUI-LING
SECRETARY

附註：僅證明簽章屬實，文件內容不在證明之列。

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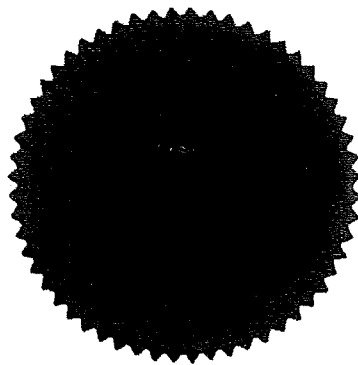
TO ALL TO WHOM THESE PRESENTS SHALL COME ~~YU YUK~~

YING VIVIAN of 11th Floor, Nan Fung Tower, No.88 Connaught Road Central, Hong Kong, Notary Public, by lawful authority duly admitted, authorised and affirmed, residing and practising at Hong Kong Special Administrative Region of The People's Republic of China, DO HEREBY CERTIFY that the HEALTH CERTIFICATE FOR RESIDENCE APPLICATION of MR. ~~YU YUK~~ issued by DR. LAU WAI LING PEGGY dated 18th November 2020 annexed hereto is an original true and complete document.

SAMPLE

IN TESTIMONY whereof I have hereunto subscribed my name and affixed my Seal of Office this 27th day of November, Two Thousand and Twenty.

YU YUK YING VIVIAN
Notary Public
Hong Kong Special Administrative Region
of The People's Republic of China





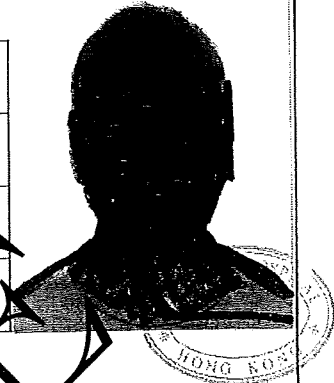
居留或定居健康檢查項目表
Health Certificate for Residence Application

(醫院名稱、地址、電話、傳真)
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination
20/2/2011 / 11 / 1011

基本資料 / Basic Data

姓名 : [REDACTED] Name	性別 : <input checked="" type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F Sex
身份證字號 ID No. [REDACTED]	護照號碼 : [REDACTED] Passport No.
出生年月日 Date of Birth [REDACTED]	國籍 : [REDACTED] Nationality
年齡 : [REDACTED] Age	聯絡電話 : [REDACTED] Phone No.



實驗室檢查 / Laboratory Examinations

A. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis :

X 光發現 / Findings : no active lung lesion

判定 / Result :

- 合格 / Passed 疑似肺結核 / TB suspect 無法確認診斷 / Pending 不合格 / Failed
 孕婦或 12 歲以下兒童免驗 / Not required for pregnant women or children under 12 years of age

B. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites :

- 陽性，種名 / Positive, Species 陰性 / Negative
 其他可不予治療之腸內寄生蟲 / Other parasites that do not require treatment
 來自附錄三之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 3

C. 梅毒血清檢查 / Serological Tests for Syphilis :

檢驗 / Tests :

- a. RPR VDRL
 陽性 / Positive, 效價 / Titers _____ 陰性 / Negative, 效價 / Titers non-reactive
b. TPHA TPPA TPA-abs TPLA EIA CIA
 陽性 / Positive, 效價 / Titers _____ 陰性 / Negative, 效價 / Titers non-reactive
c. other _____ 陽性 / Positive, 效價 / Titers _____
 陰性 / Negative, 效價 / Titers _____

判定 / Result : 合格 / Passed 不合格 / Failed

15 歲以下兒童免驗 / Not required for children under 15 years of age

D. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates :

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody 陽性 / Positive 陰性 / Negative 未確定 / Equivocal
 德國麻疹抗體 / Rubella Antibody 陽性 / Positive 陰性 / Negative 未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少間隔兩週 / 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 traveling overseas.)

- 麻疹預防接種證明 / Measles Vaccination Certificate Received one dose of mmr vaccine
 德國麻疹預防接種證明 / Rubella Vaccination Certificate on 16/11/2010

c. 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

DR LAU WAI LING PEGGY
 MBChB(CUHK) Dip.Med(CUHK)
 FPM(CUHK) FHKCFP FRACCP
 St. Paul's Hospital 2 Eastern Hospital Rd. Causeway Bay, H.K.
 Tel: 2850 6993 Fax: 2895 2956

at St Paul's Hospital

漢生病檢查 / Examinations for Hansen's Disease

全身皮膚視診結果 / Skin Examination

- 正常 / Normal
- 異常 / Abnormal :
 - 非漢生病 / Not related to Hansen's disease : _____
 - 疑似漢生病須進一步檢查 / Hansen's disease suspect who needs further examinations
 - a. 病理切片 / Skin Biopsy : _____
 - b. 皮膚抹片 / Skin Smear : 陽性 / Positive 陰性 / Negative
 - c. 皮膚病灶合併感覺喪失或神經腫大 / Skin lesions combined with sensory loss or enlargement of peripheral nerves : 有 / Yes 無 / No

判定 / Result :

- 合格 / Passed 須進一步檢查 / Needs further examinations 不合格 / Failed
- 來自附錄四之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 4

健康檢查總結果 / The final result of health examination :

- 合格 / Passed 須進一步檢查 / Need further examinations 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist : _____

劉麗雲醫生
 DR LAU WAI LING PEGGY
 MBChB(CUHK) DipMed(CUHK)
 DPM(CUHK) FHKCP FRACGP
 St. Paul's Hospital 2 Eastern Hospital Rd Causeway Bay HK
 Tel: 2599 6008 Fax: 2593 2574

負責醫師簽章 / Signature of Chief Physician : _____

劉麗雲醫生
 DR LAU WAI LING PEGGY
 MBChB(CUHK) DipMed(CUHK)
 DPM(CUHK) FHKCP FRACGP
 St. Paul's Hospital 2 Eastern Hospital Rd Causeway Bay HK
 Tel: 2599 6008 Fax: 2593 2574

醫院負責人簽章 / Signature of Superintendent : _____

劉麗雲醫生
 DR LAU WAI LING PEGGY
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 DPM(CUHK) FHKCP FRACGP
 St. Paul's Hospital 2 Eastern Hospital Rd Causeway Bay HK
 Tel: 2599 6008 Fax: 2593 2574

日期 / Date : 2020 / 11 / 10



備註 / Note : 本證明三個月內有效。 / The certificate is valid for three months.

SAMPLE