

僑務委員會、教育部、客家委員會、原住民族委員會
OCAC, MOE, HAC, CIP,

2025 年海外青年英語服務營健康證明表

Health Certificate for English Teaching Volunteer Service Program for Overseas Youth 2025

【Valid for Three Months ; Please upload the completed form to OCAC check-in area before April 30, 2025】

中文姓名： (Name in Chinese) i-Compatriot Card No:

Name in English: Home Tel:

性別 Gender: 男 Male 女 Female 其他 Other Passport or SSN ID No:

出生(月日年)Date of Birth: ___/___/___ 國籍 Nationality:

衣服尺寸(Size): XS/S/M/L/XL/XXL/XXXL 住址(Address):

請黏貼 1.5 吋個人
相片

Please attach a recent
1.5 inch photo here

身體檢查 PHYSICAL EXAMINATIONS

A. 身高 Height: Ft / In cm

D. 體重 Weight: Lb Kg

B. 脈搏 Pulse: ___ 次 / 分 time / min

E. 血壓 Blood pressure: ___ / ___ 毫米汞柱 mm Hg

C. 心臟 Heart: 正常 Normal 異常 Abnormal F. 體肢運動 Locomotors: 正常 Normal 異常 Abnormal

免疫注射證明 PROOF OF VACCINATIONS

The above named individual has completed each immunization of:

A. a TB Test has been taken. B. Hepatitis B series on _____

C. DTP on _____ D. MMR on _____ E. Td on _____

F. Polio on _____

疾病史 MEDICAL HISTORY

♥ 您是否曾經感染下列疾病 Have you ever had the following diseases?

A. 心臟病 Heart disease:

Yes No

F. 癲癇 Epilepsy:

Yes No

B. 氣喘病 Asthma:

Yes No

G. 腎臟病 Kidney disease:

Yes No

C. 高血壓 Hypertension:

Yes No

H. 瘧疾 Malaria:

Yes No

D. 糖尿病 Diabetes:

Yes No

I. 肝病 Liver Disease:

Yes No

E. 過敏病症 Allergies:

Yes No

J. She/He is allergic to: _____

結論：根據以上的檢查結果，他/她 適合 不適合 在偏遠學校擔任志工。

Remarks:

The above named individual is is not recommended for working in a volunteer program at a remote school.

Healthcare Provider's name (print)

Clinic's name

Healthcare Provider's signature

License Number

Issuing State

負責醫師簽章

Located in the county of

Tel: _____

Date:(M)___/(D)___/2025

Chief Physician:

I hereby submit this document and agree to participate in the Volunteer Program for assisting students in the remote areas in Taiwan. I have carefully reviewed my summer schedule and give my commitment to this program in the highest priority over any other event.

Volunteer's Signature _____

Date: _____