



國立臺灣大學 管理學院
College of Management
National Taiwan University

Instructions of NTU Health exam for foreign staff and students

Attention:

I

NTU International Students General Health Exam Form by Medical Institution

| | | | | | |
|--|------------------------|--------------------|--------------------------|-------------------------------|------------|
| Statu | 1. Undergraduate | 2. Graduat | 3. Exchange Student | | |
| | 4. Dual Degree Student | | | | |
| Name | | | Sex | Mal | Female |
| Date of Birth: _____ Y/_____ M/_____ D | | | | | |
| Nationality: | | | | | |
| ID or Passport No.: | | | | | |
| Department / Institute: | | | | | |
| Student ID: | | | | | |
| Height: _____ cm | | Weight: _____ kg | | Wrist circumference: _____ cm | |
| Blood Pressure: _____ mmHg | | | Pulse Rate: _____ /min | | |
| Skin: | | | Head & Neck: | | |
| Chest: | | | Lungs: | | |
| Abdomen: | | | Heart: | | |
| Oral Cavity: | | | Others: | | |
| Muscles/Bones/Joints: | | | | | |
| Visual Acuity: | | Uncorrected | R | L | |
| | | Corrected | R | L | |
| Color Differentiatio | | Normal | | Abnormal | |
| Hearin | Right | Pas | Fail | / | Left |
| | | | | | Pass |
| | | | | | Fail |
| Laboratory Examinations | | | | | |
| SGPT: | U/L | AC sugar: | mg/dL | WBC: | K/ μ L |
| Creatinine: | mg/dL | Uric acid: | mg/dL | RBC: | M/ μ L |
| T-cholesterol: | mg/dL | Hb: | g/dL | PLT: | K/ μ L |
| Triglyceride: | mg/dL | MCV: | fL | Hct: | % |
| Urine: | PH | Protein | Sugar | Occult Blood | |
| Chest X-Ray | | Standard Film Only | | | |
| Comments and Suggestion | | | | | |
| Doctor's signatur _____ | | | | | |
| Identification numbe _____ | | | Date of health exa _____ | | |
| Name of the medical institution for the health exam: | | | | | |
| Not valid if without the institution's seal. | | | | | |

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B

HBsAg

B

Anti-HBsAb

II

NTU International Students General Health Check List Self Evaluation

(Please fill in the following information and check where indicated.)

| Family Name | | Given Name | |
|---|--------------------------------------|--------------------------|-----------------------------|
| ID or Passport No | | Nationalit | |
| Statu | 1. Undergraduate | 2. Graduate | |
| | 3. Exchange Student | 4. Dual Degree Student | |
| Starting Dat | _____ Year/_____ | Month | Student I |
| Department / Institut | | | |
| Date of Birth: _____ | Year/_____ | Month /_____ | Day _____ |
| | Se | Male | Female |
| Marital Statu | Single | Married | Widowed |
| | | | Divorced |
| Permanent Addres | | Postal Code | |
| Tel. No | | Cell Phone No | |
| E-mail Addres | | | |
| Emergency Contact Perso | | _____ | Relatio _____ |
| Tel. No _____ | | Cell Phone No _____ | |
| Work/Study Experience | | | |
| Previous job/school before coming to NT | | | |
| Student | school _____ / department _____ | | |
| | Starting/Finishing Dat | _____ year / _____ month | to _____ year / _____ month |
| Non-student | Company nam _____ | | |
| | Starting/Finishing Date | _____ year / _____ month | to _____ year / _____ month |
| | Job descriptio _____ | | |
| | Physics-related | Chemistry-related | Biology-related |
| | Radiation-related | Computer-related | |
| Family Medical History | | | |
| | <input type="checkbox"/> | Heart diseases | |
| | <input type="checkbox"/> | Kidney diseases | |
| | <input type="checkbox"/> | Diabetes | |
| | <input type="checkbox"/> | Hyperlipidemia | |
| | Thyroid problems | | |
| | Hypertension | | |
| | Gout or hyperuricemia | | |
| | None of the diseases described above | | |
| | Others: _____ | | |

Personal Vaccination History

^v Have you received the following vaccine injections? If yes, please mark in the square and specify the date.

| | First dose / / date yr/month/day | Second dose / / date yr/month/day | Third dose / / date yr/month/day |
|-----------------------|--|---|--|
| Diphtheria | _____ | _____ | _____ |
| Pertussis | _____ | _____ | _____ |
| Tetanus | _____ | _____ | _____ |
| Measles | _____ | _____ | _____ |
| Mumps | _____ | _____ | _____ |
| Rubella | _____ | _____ | _____ |
| Polio | _____ | _____ | _____ |
| A Hepatitis A virus | _____ | _____ | _____ |
| B Hepatitis B virus | _____ | _____ | _____ |
| Japanese Encephalitis | _____ | _____ | _____ |
| BCG | _____ | _____ | _____ |
| others | _____ | _____ | _____ |

Personal Medical History

| | | |
|--|-----------------|------------------|
| TB | Stroke | Hemophilia |
| Asthma | Anemia | Epilepsy |
| Hypertension | Diabetes | Heart diseases |
| Hyperlipidemia | Kidney diseases | Peptic ulcer |
| Hepatitis B carrier | | Hepatitis C |
| Gout or hyperuricemia | | Thyroid problems |
| Psychiatric disorders _____ | | |
| Malignant neoplasm(tumor) _____ | | |
| Major operation (Age/ Reason) _____ | | |
| Hospital admission history (Reason) _____ | | |
| Food allergy (Item name) _____ | | |
| Drug allergy (Drug name) _____ | | |
| None of the diseases described above | | |
| Others: _____ | | |

Long term medication: No Ye Reason: _____

Name of the drug(s) _____

Health condition for the past 6 months

1. Sleeping habi

Average hours of Sleep: _____ hours per night.

Insomni _____ times per week.
2. Exercise habi

a. Regularly _____ Not regularly _____

b. exercise _____ times per week in average.

each exercise lasts for _____ minutes. Type of exercise _____
3. Eating habi

a. Regular meals 3 times a day _____ No regular breakfast _____

No regular lunch _____ No regular dinner _____

b. In average, you have _____ portion(s) of vegetables, _____ portion(s) of fruits, and _____ items of deep fried food on a daily basis.
4. Smoking habi

Never Yes In average _____ cigarettes per day

for _____ years Brand (_____ Name) _____

Quitted Not quitted
5. Drinking habit:

Never Yes In average _____ cc each time

approximately _____ times every month for _____ years

Quitted Not quitted
6. betel nut chewing habit:

Never Yes In average per day for _____ nuts

for _____ years Quitted Not quitted
7. Do you brush your teeth after each meal?

a. Yes No b. brush teeth _____ times per day.
8. Do you weigh yourself every month Yes No

| | | |
|--|--|--|
| | | |
|--|--|--|