2026 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 2026

中文姓名：（Name in Chinese）	請黏貼 1.5 吋個人相片 Please attach a recent 1.5 inch photo here
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：	

身體檢查 PHYSICAL EXAMINATIONS

A.身高 Height：_____ □Ft / In □cm
B.脈搏 Pulse：_____ 次 / 分 time / min
C.心臟 Heart：□正常 Normal □異常 Abnormal
D.體重 Weight：_____ □Lb □Kg
E.血壓 Blood pressure：_____ / _____ 毫米汞柱 mm Hg
F.體肢運動 Locomotors：□正常 Normal □異常 Abnormal

免疫注射證明 VACCINATIONS

The above named individual has completed the following immunizations and test: (check as applicable):
□a TB Test has been taken □Hepatitis B series □DTP □MMR □Td □Polio

疾病史 MEDICAL HISTORY

您是否曾經感染下列疾病 Have you ever had the following diseases？
如心臟病、氣喘病、高血壓、糖尿病、過敏病症(請說明過敏原)、癲癇、腎臟病、瘧疾、肝病等；
Heart disease, asthma, hypertension, diabetes, allergies (please specify allergens), epilepsy, kidney disease, malaria, liver disease, etc.

_____

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)_____ / 2026
Chief Physician：

I hereby certify that all information provided is true, complete, and accurate to the best of my knowledge, and I voluntarily agree to participate in the Volunteer Program for educational assistance in remote areas of Taiwan.

Volunteer's Signature: _____ Date: _____

Parent' s Signature: _____ Date: _____