



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

1999 / 09 / 04
2021

基本資料 / Basic Data

姓名 : <u>Abhisek Panda</u> Name	性別 : ☒ 男 / M ☐ 女 / F Sex
身份證字號 : <u>35066288717</u> ID No. <u>Aadhaar</u>	護照號碼 : <u>V3715793</u> Passport No.
出生年月日 : <u>1998 / 04 / 27</u> Date of Birth	國籍 : <u>Indian</u> Nationality
年齡 : <u>23 years</u> Age	聯絡電話 : <u>8327768627</u> 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 abnormality detected.

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
☐ 其他可不需治療之腸內寄生蟲 / 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 (non reactive)
☐ 陽性 / Positive, 效價 / Titers ☒ 陰性 / Negative, 效價 / Titers
b. ☐ TPHA ☐ TPPA ☐ FTA-abs ☐ TPLA ☐ EIA ☐ CIA
☐ 陽性 / Positive, 效價 / Titers ☐ 陰性 / Negative, 效價 / Titers
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
☒ 德國麻疹預防接種證明 / Rubella Vaccination Certificate

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

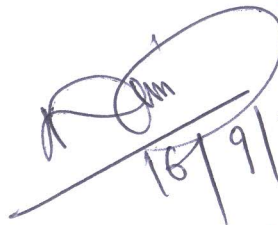
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At <http://www.homeodisha.gov.in>

> Branch > Passport > Certificate > Year

AUTHENTICATED


16/9/2021



Dr. Santosh Bala
Special Secretary
Home Department
Govt. of Odisha
Bhubaneswar (INDIA)

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 :

Chief District Medical &
Public Health Officer,
Balasore

負責醫師簽章 / Signature of Chief Physician :

Associate Professor
Department of Medicine

醫院負責人簽章 / Signature of Superintendent :

Govt. Medical College & Hospital, B.S.

日期 / Date : 2021 / 09 / 04

Registrar (Administration)
Cum General Superintendent
F.M.M.C&H, Balasore

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

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At <http://www.homeodisha.gov.in>
>Branch>Passport>Certificate>Yes

AUTHENTICATED

[Signature]
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Dr. Santosh Bala
Special Secretary
Home Department
Govt. of Odisha
Bhubaneswar (INDIA)

