醫院標誌
Hospital's Logo

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
2021 / 09 / 22

基本資料 / Basic Data

姓名 Name : JYOTI PRAKASH SAHOO	性別 Sex : ☑ 男 / M ☐ 女 / F
身份證字號 ID No. :	護照號碼 Passport No. : U5441799
出生年月日 Date of Birth : 1981 / 06 / 10	國籍 Nationality : INDIAN
年齡 Age : 39	聯絡電話 Phone No. : +91 7008398078

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 : - Normal lung parenchyma, no c/o any cavitulary lesion/nodulo-opacity nodule / Tuberculosis on CXR at present

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

Kaushik Sahu
Senior Resident
Department of Radiology
IMS & SUM Hospital, BBSR

B. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites： NO PARASITE FOUND.

☐ 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

Dr. Siba Prasad Dalai
MD. Medicine
Asst. Professor
IMS & SUM HOSPITAL
Regd. No. - 16761 / 08

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 ☐ 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

Dr. Maitreyee Panda
Professor
Dept. of Skin & VD
IMS & SUM Hospital
Regd. No : 15276/04
OPD : MON/WED

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

Dr. Siba Prasad Dalai
MD Medicine
Asst. Professor
IMS & SUM HOSPITAL
Regd. No. - 16761 / 08

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At http://www.homeodisha.gov.in
>Branch>Passport>Certificate>Year"

AUTHENTICATED

24/9/2021

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

GOVERNMENT OF ODISHA
HOME DEPTT.

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

22/9/21

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：_____ 22.9.21

Dr. Debasish Sahoo, MD
Associate Professor
Deputy Director & in-charge
Central Laboratory
IMS & SUM Hospital, BBSR

負責醫師簽章 / Signature of Chief Physician：_____ 22.9.21

Dr. Siba Prasad Dalai
MD. Medicine
Asst. Professor
IMS & SUM HOSPITAL
Regd. No. - 16761 / 08

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

Medical Superintendent
IMS & SUM Hospital, BBSR

日期 / Date：2021 / 09 / 22

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

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AUTHENTICATED

24/9/2021

GOVERNMENT OF ODISHA
HOME DEPTT.

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