KALINGA INSTITUTE OF MEDICAL SCIENCES ★ BHUBANESWAR ★
KIMS 醫院簡稱 Dt. 2021/12/30

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: 2021/12/30

基本資料 / Basic Data

姓名 Name : Rajesh Kumar Panda	性別 Sex : ☑ 男 / M ☐ 女 / F
身份證號 ID No. :	護照 Passport No. : S4252620
出生年月日 Date of Birth : 1994/05/03	國籍 Nationality : INDIAN
年齡 Age : 27 yrs	聯絡電話 Phone No. +91-8114616617

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 radiograph of chest
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

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 _____
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 – Attached
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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5/1/2022

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：_____

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

Dr. Manmath Kumar Das
MS (Opnthal), FMRF
Consultant Retina Surgeon
PBM Hospital (KIMS)
BHUBANESWAR-24

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

Dr. Ashwini Sharma
Deputy Medical Superintendent
PBM Hospital (KIMS)
Bhubaneswar-24

日期 / Date：2024/12/30

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

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