



CTTB Medical Form for Visitors 萬佛聖城訪客健康況表

English Name _____ 中文姓名 _____ Gender 性別 _____

Address 地址 _____

Date of Birth 出生日期 _____

Person to Contact in Emergency 緊急事件通知人姓名電話及地址

Name 姓名 _____ Phone 電話 _____

Address 地址 _____ Relationship 關係 _____

Please answer the following questions in detail 請詳細回答下列問題:

1) Describe your general state of health 一般健康狀況如何?

2) List the name of illness, year of illness, and seriousness of illness for any major health problems you have had in your life (including mental illness) 過去得過何種疾病(包括精神疾病)? 其嚴重性及期間

3) All applicants for residence must have a tuberculin test within the last two years

所有填表人皆須在過去兩年內曾受過肺結核檢驗

Tuberculin test result 檢驗結果: Positive陽性* Negative陰性 Date日期 _____

* If TB test is positive, a chest X-ray is required. 陽性反應者需另照胸腔X光。

4) If you have any health problems, please list them below and indicate any restrictions to your activities 有何健康問題?對日常活動有無妨礙?

5) List the names and dosages of all medications you are now taking and identify the illness that requires such medication. 現在服用何種藥物?並說明服用劑量與原因。

6) Do you have fever and respiratory symptoms? 您是否有發燒或呼吸道感染徵狀? 是Yes 否No If yes, where have you traveled in the 10 days prior to illness?

如有,請問在發燒等徵狀之前十日,您曾去那些地方?(請詳列之)

I certify that the information above is true and correct. 本人證明上述的資料確實無訛。

Signature of Applicant 填表人簽名 _____

Date日期 _____

I agree to respond to any emergency situations and certify that the information above is true and correct.

我同意做為緊急事件通知人,並證明上述的資料確實無訛。

Signature of Emergency Contact 緊急事件通知人簽名 _____ Date日期 _____