醫院標誌 Hospital Logo	**傷寒、副傷寒及桿菌性痢疾檢查結果表** （國名、醫院名稱、地址、電話、傳真機） **Typhoid, Paratyphoid and Shigella Diagnostic Evaluation Form** （Country Name, Hospital Name, Address, Phone Number, Fax Number）	檢查日期 ___/___/___ (年)(月)(日) ___/___/___ (D)(M)(Y) **Date of Examination**

姓名： Name	出生年月日： Date of Birth
護照號碼： Passport No.	國籍： Nationality
居住縣市別： City/County (Stay while in Taiwan)	聯絡電話： Phone No.

症狀問診(Symptom Inquiry)

發燒(fever)(demam) □無(No) □有(Yes) **(發燒個案加做血液培養/ Blood culture test required for individual with fever)**

腹痛(abdominal pain)(sakit perut) □無(No) □有(Yes)

腹瀉(diarrhea)(diare) □無(No) □有(Yes)

傷寒、副傷寒及桿菌性痢疾檢查(糞便)培養結果(Stool Culture)

(在印尼健康檢查免驗，not required for medical examination done in Indonesia)

□陽性(Positive) _____

□陰性(Negative) □檢驗結果確認中(Pending)

傷寒、副傷寒及桿菌性痢疾檢查(血液)培養結果(Blood Culture)

(在印尼健康檢查免驗，not required for medical examination done in Indonesia)

(發燒個案須加做血液培養/ Blood culture test required for individual with fever)

□陽性(Positive) _____

□陰性(Negative) □檢驗結果確認中(Pending)

備註：

1. 入國後3日內健檢之傷寒、副傷寒及桿菌性痢疾檢查結果，未能於7日內完成鑑定者，健檢醫院得勾選「檢驗結果確認中」出具報告，以利雇主申辦聘僱許可。If the typhoid, paratyphoid and shigella diagnostic evaluation of your health examination performed within 3 days of arrival fails to be completed within 7 days, the hospital where you received your health examination can check the "Pending" box to indicate the status of the evaluation result and issue your health examination report in order to facilitate your employer' application for a work permit.
2. 糞便培養與血液培養結果,任一為陽性者,即視為陽性;任一為結果確認中者,即視為結果確認中。If you have a positive result on either your stool culture or blood culture test, you will be regarded as testing positive. If the result of your blood culture or stool culture test hasn't come back, it will be regarded as pending.

負責醫檢師簽章 (Chief Medical Technologist)：_____（Name & Signature）

負責醫師簽章 (Chief Physician)：_____（Name & Signature）

醫院負責人簽章 (Superintendent)：_____（Name & Signature）

日期(Date)：_____/_____/_____