บันทึกข้อความ

ส่วนราชการ สำนักงานวิเทศสัมพันธ์ มหาวิทยาลัยราชภัฏเชียงใหม่ โทร. ๕๘๖๒

ที่ อว ๐๖๑๒.๒๓.๐๒/๓๙๑ **วันที่** ๓ ตุลาคม ๒๕๖๖

เรื่อง ประชาสัมพันธ์การรับสมัครนักศึกษาโครงการแลกเปลี่ยน ณ Feng Chia University สาธารณรัฐจีน (ไต้หวัน) (๒๐๒๔ Spring)

เรียน คณบดีทุกคณะ/วิทยาลัย

สิ่งที่ส่งมาด้วย ๑. FCU Fact Sheet-๒๐๒๔ Spring จำนวน ๑ ฉบับ

๒. Health Report_Form B (1 year exchange for Immigration Agency) จำนวน ๑ ฉบับ

๓. Health Report_Form C (1 semester exchange for Immigration Agency) จำนวน ๑ ฉบับ

ด้วย สำนักงานวิเทศสัมพันธ์ได้รับการประสานจาก Feng Chia University (FCU) สาธารณรัฐจีน (ไต้หวัน) เรื่องประชาสัมพันธ์การรับสมัครนักศึกษาโครงการแลกเปลี่ยนเพื่อเดินทางไปศึกษาในภาคเรียนฤดูใบไม้ผลิ (Spring Semester) ประจำปี ๒๕๖๗ ณ FCU ตั้งแต่เดือนกุมภาพันธ์ ๒๕๖๗ เป็นต้นไป โดยนักศึกษาที่มีความประสงค์จะลงทะเบียนในรายวิชาที่มีการเรียนการสอนเป็นภาษาอังกฤษจะต้องมีทักษะความสามารถด้านการใช้ภาษาอังกฤษในระดับ TOEFL iBT 61 / TOEFL ITP 500 / TOEFL CBT 173 / TOEIC 550 / IELTS 4.0 และนักศึกษาที่มีความประสงค์จะลงทะเบียนในรายวิชาที่มีการเรียนการสอนเป็นภาษาจีนจะต้องมีทักษะความสามารถด้านการใช้ภาษาจีนในระดับ HSK Level 5 / TOCFL Level 3 (HSK Level 4 / TOCFL Level 2 อาจจะได้รับการพิจารณา) มีผลการเรียนเฉลี่ยสะสมไม่น้อยกว่า ๒.๘๐ และมีสุขภาพแข็งแรง

ทั้งนี้ นักศึกษาจะต้องสามารถรับผิดชอบค่าตั๋วเครื่องบิน ไป - กลับ ค่าธรรมเนียมวีซ่า ค่าธรรมเนียมการตรวจสุขภาพ ค่าประกันสุขภาพและอุบัติเหตุและค่าประกันการเดินทางต่างประเทศ ค่าธรรมเนียมแรกเข้าศึกษา ๓,๐๐๐ ดอลลาร์ไต้หวัน ค่าที่พักประมาณ ๗,๐๐๐ – ๘,๕๐๐ ดอลลาร์ไต้หวันต่อเดือน ค่าประกันห้องพักประมาณ ๑๐,๐๐๐-๑๕,๐๐๐ ดอลลาร์ไต้หวัน และค่าใช้จ่ายส่วนตัวอื่นๆ

ในการนี้ สำนักงานวิเทศสัมพันธ์ จึงขอความอนุเคราะห์ท่านในการประชาสัมพันธ์โครงการดังกล่าวไปยังนักศึกษาที่สนใจ โดยสามารถศึกษารายวิชาที่เปิดสอนและรายละเอียดเพิ่มเติมได้ตามเอกสารที่แนบมาพร้อมนี้ และแจ้งชื่อนักศึกษาที่สนใจพร้อมเอกสารประกอบการสมัครผ่านคณะมายังสำนักงานวิเทศสัมพันธ์ภายในวันศุกร์ที่ ๒๗ ตุลาคม ๒๕๖๖ เพื่อที่สำนักงานวิเทศสัมพันธ์จะได้ประสานดำเนินการในส่วนที่เกี่ยวข้องต่อไป

จึงเรียนมาเพื่อโปรดพิจารณา

(ผู้ช่วยศาสตราจารย์ ดร.ดุษฎี รังษีชัชวาล)
ผู้อำนวยการสำนักงานวิเทศสัมพันธ์

FCU Fact Sheet – 2024 Spring

Contact	
Office	☖: Administration Building II, Room 304, No. 100, Wenhwa Rd., Xitun Dist, Taichung 407102, Taiwan (R.O.C.) ☏: +886 4 2451 7250 ext. 2501 ✉: oia@fcu.edu.tw
Coordinators	Inbound — Ms. Asa Hu ☏: +886 4 2451 7250 ext.2496 ✉: oia_in@o365.fcu.edu.tw
	Outbound — Ms. Valerie Sun ☏: +886 4 2451 7250 ext. 2506 ✉: tsun@fcu.edu.tw
Website	https://oia.fcu.edu.tw/en/overseas-students/ *Please note our website includes the most recent information

Academic Calendar - for more details please check the FCU Calendar	
Study Semester	Spring Semester
Orientation	February 13~February 15, 2024
Semester Term	Spring: February 19th, 2024 ~ June 18th, 2024 Fall: Early September, 2024 ~ Mid-January, 2025
Summer Vacation	June 24th, 2024 ~ August 31st, 2024

Application Procedure		
Nomination & Application	Home University nominate its students and send application documents of the qualified students	Deadline: October 31st , 2023
Acceptance	FCU send Acceptance Letters and admission package to both Home University and students	Deadline: November 20th, 2023

Qualification	
GPA	**2.8 or above**
Language Proficiency	For English-taught Courses: TOEFL iBT 61 / TOEFL ITP 500 / TOEFL CBT 173 / TOEIC 550 / IELTS 4.0 For Chinese-taught Courses: HSK Level 5 / TOCFL Level 3 (HSK Level 4 / TOCFL Level 2 is considerable)

Application Documents

Completed application form attached with the following documents

(1) Official academic transcripts

(2) Proof of language proficiency

(3) Course pre-selection form: Check Information-courses

(4) Two recommendation letters

(5) A copy of passport (if not available yet, please provide a copy of Official Identification Card)

(6) ID photo (for making FCU student card)

※Please combine **(1)~(5) into one PDF file**, and provide **(6) in JPG file form**.

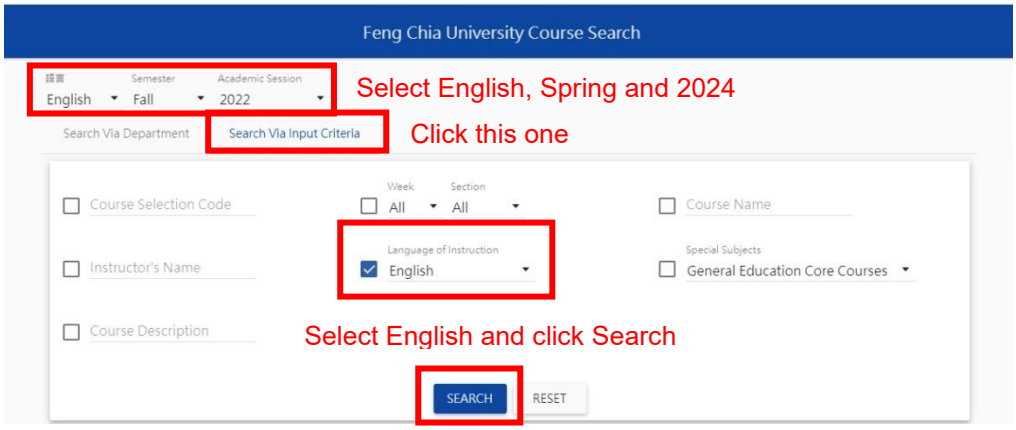
Information

Courses

Regular Courses:

1. Click the link of the **Course Search System**
2. Find the English Courses List

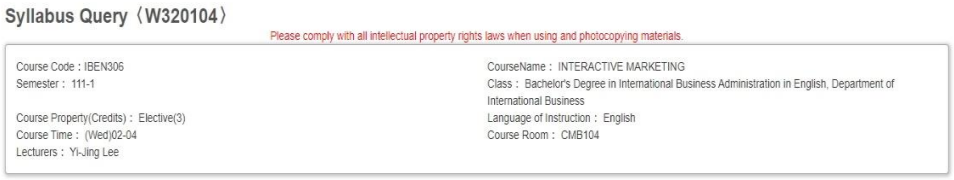
   *Courses of Spring 2024 will be released later. You can browse previous website as a reference.



3. Record code on the Course Pre-selection form

0785	IBEN306	INTERACTIVE MARKETING	3	Elective	Classroom teaching	English EMI	BIBA-B-3	(Wed)02-04 CMB104 Yi-Jing Lee	45/80
0786	ITRA272	INTERNATIONAL CHANNEL MANAGEMENT	3	Elective	Classroom teaching	English EMI	BIBA-B-3	(Wed)06-08 LB201 Yao-Te Tsai	28/80

4. Detailed syllabus can be found clicking on the course title.

	 Syllabus Query〈W320104〉 Please comply with all intellectual property rights laws when using and photocopying materials. Course Code：IBEN306 Semester：111-1 Course Property(Credits)：Elective(3) Course Time：(Wed)02-04 Lecturers：Yi-Jing Lee CourseName：INTERACTIVE MARKETING Class：Bachelor's Degree in International Business Administration in English, Department of International Business Language of Instruction：English Course Room：CMB104 5. Register courses after arrival ※Programs under the International School of Technology and Management (ISTM) are **not available** for exchange students ※**Masters** courses are **not available** for undergraduate students. **Chinese Language Center:** Paid classes: Chinese Language Center (CLC) is an independent institution on FCU campus. Students can pay to take its Chinese class before the semester begins. For more information, click the CLC website. Free classes: It's available for exchange students if CLC has slots. (The slots will be released after the first week of each CLC's new semester)
Accommodation	On-campus dorms are **not available** for exchange students, please check the links for housing information: https://student.fcu.edu.tw/en/rent/ Rent average around NT$7,000-8,500 per month, plus a deposit fee of NT$10,000-15,000
VISA	FCU will issue an Acceptance Letter for students to apply for their Taiwan VISA. Visitor VISA For **1-semester** exchange students Complete Health Report (Form C), please see the attachment. Residence VISA For **1-year** exchange students Complete Health Report (Form B), please see the attachment.
Health Checks	All students need to do 2 health checks in total (before& after arrival) Before Health check for VISA application (see info at VISA part above) After Exchange students need to take the campus health check arranged by FCU. If the student doesn't submit a certificate of measles vaccine, then he/she also needs to get vaccinated in Taiwan. **Please provide the vaccination certificate of Measles & Rubella. Exchange student needs to be vaccinated within 15 days of arrival if without the certificate.**

Estimated Cost	Administration Fee: NT$3,000 (Including student group insurance, internet, student card, and airmail fee). Insurance: All exchange students are required to buy both accident insurance and medical insurance in their home country before arriving at Taiwan. They may add the FCU international student insurance for an additional $500 per month if needed. Living cost: Refer to Living Cost Estimator.
Buddy System	Every exchange student will be assigned with 1~2 volunteer students. *Students are unable to help with the accommodation contract.
Welcome Service	Our buddy group will help with the airport pick-up, registration and courses selection. *Airport pick-up service requires an extra fee.
Transcripts	E-transcripts will be provided to both the home university coordinator and exchange students.

Appendix 1: Course Pre-Selection Form for Inbound Exchange Students

Semester: 2024 Spring

Name:

Student ID: keep blank

*Please find your FCU student ID number from the acceptance letter

Course Number 選課代號 (4 digit number)	Course Title 科目名稱	Time 時間	Credits 學分數

(Add columns if you need more classes)

※ Please pay attention to the class periods and avoid choosing classes that are scheduled at the same time. The course selection will be failed if you have a class timetable clash. The following table indicates the FCU class periods.

※ FCU has 3 phases of courses selection. This is the first period pre-selection. All courses will **not** be confirmed until the second phase starts. Please follow the Calendar of Course Selection.

Period	Time	Period	Time
01	08:10--09:00	08	15:10--16:00
02	09:10--10:00	09	16:10--17:00
.03	10:10--11:00	10	17:10--18:00
04	11:10--12:00	11	18:30--19:20
05	12:10--13:00	12	19:25--20:15
06	13:10--14:00	13	20:25--21:15
07	14:10--15:00	14	21:20--22:10

醫院標誌

居留或定居健康檢查項目表

Health Certificate for Residence Application (FORM B)

(醫院名稱、地址、電話、傳真)
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination
YYYY / MM / DD

基 本 資 料 / Basic Data

姓 名 Name ：	性別 Sex ：☐ 男 / M ☐ 女 / F	照片 / Photo
身份證字號 ID No. ：	護 照 Passport No. ：	
出生年月日 Date of Birth ：YYYY / MM / DD	國 籍 Nationality ：	
年齡 Age ：	聯絡電話 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：

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：

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

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：

醫院負責人簽章 / Signature of Superintendent：

日期 / Date：YYYY / MM / DD

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

附錄一 愛滋篩檢與治療費用通知書

(請健檢醫院將此通知書併同健康檢查證明發給受檢者)

一、 中華民國政府已修改法規，取消非本國籍人類免疫缺乏病毒(HIV)感染者之入境、停留及居留限制，也取消此項健康檢查項目。

二、 由於非本國籍人士在中華民國治療 HIV 感染之費用，中華民國政府不提供補助，每年治療費用約為新臺幣三十萬元(約美金一萬元)，建議非本國籍人士先於母國接受 HIV 篩檢，了解自身健康狀況；如為 HIV 感染者，建議留在母國接受治療。欲來中華民國工作者，請先行購買醫療保險，以免造成個人財務負擔。

三、 外籍人士進入中華民國後，可自行至醫院進行 HIV 篩檢，了解自身感染狀況，傳染病諮詢電話為0800-001922。

Appendix 1 Notice for HIV Screening and Treatment Costs

(Health examination hospitals shall issue this notice and health certificate to the examinee)

1. The Government of Republic of China (Taiwan) has revised its laws to lift restrictions on entry, stay and residence of non-ROC nationals infected with human immunodeficiency virus (HIV) in addition to removing this item from health examination.
2. The Government of Republic of China (Taiwan) does not offer subsidies to non-ROC nationals infected with HIV infection for treatment in Taiwan. The annual treatment costs for HIV is NTD$300,000 (approximately USD$10,000). It is strongly advised that non-ROC nationals to undergo HIV screening in their homeland prior to visiting Taiwan in order to understand their own health conditions. Persons infected with HIV are strongly advised to stay in their homeland for treatment. Persons intending to work in Taiwan are advised to purchase medical health insurance in advance to avoid financial burdens.
3. Upon entry into the Republic of China (Taiwan), foreigners may undergo HIV screening at a hospital to determine their infection status. The consultation hotline for infectious diseases is 0800-001922.

Phụ lục 1 Giấy thông báo chi phí xét nghiệm và điều trị HIV

(Đề nghị bệnh viện khi cấp Báo cáo khám sức khỏe thì cấp kèm Giấy thông báo này)

1. Chính phủ Đài Loan đã sửa đổi pháp lệnh, hủy bỏ quy định hạn chế nhập cảnh, tạm trú và cư trú đối với người nước ngoài bị Hội chứng suy giảm miễn dịch mắc phải (HIV), và cũng hủy bỏ hạng mục xét nghiệm này trong quy định khám sức khỏe.
2. Do Chính phủ Đài Loan không trợ cấp chi phí điều trị HIV tại Đài Loan cho người nước ngoài, mà chi phí điều trị mỗi năm khoảng 300 ngàn Đài tệ (khoảng 10 ngàn Đô la Mỹ), nên kiến nghị người nước ngoài, trước khi đến Đài Loan hãy tiến hành xét nghiệm HIV ở nước mình để nắm bắt tình hình sức khỏe của bản thân; nếu bị nhiễm HIV, kiến nghị hãy ở lại nước mình để điều trị. Đối với người dự định đến Đài Loan làm việc, kiến nghị hãy mua Bảo hiểm Sức khỏe trước, nhằm tránh gánh nặng tài chính cho bản thân.
3. Người nước ngoài sau khi đến Đài Loan có thể tự đến bệnh viện xét nghiệm HIV để nắm bắt tình hình nhiễm bệnh của mình, số điện thoại tư vấn bệnh truyền nhiễm tại địa bàn Đài Loan là: 0800-001922.

ภาคผนวก 1 ใบแจ้งค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์

(ให้โรงพยาบาลที่รับการตรวจแนบใบแจ้งนี้พร้อมกับใบตรวจสุขภาพให้กับเจ้าตัว)

1. รัฐบาลไต้หวันได้ยกเลิกคำสั่งการห้ามชาวต่างชาติที่ติดโรคเอดส์ (HIV) เข้าประเทศ หยุดแวะและอยู่อาศัยในไต้หวัน รวมทั้งการตรวจสุขภาพในรายการนี้ด้วย
2. เนื่องจากรัฐบาลไต้หวันไม่ออกค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์ให้กับบุคคลที่ไม่ใช่สัญชาติไต้หวัน ค่ารักษาพยาบาลโรคเอดส์ตกประมาณปีละ NT$ 300,000 (หรือประมาณ US$ 10,000) จึงขอแนะนำชาวต่างชาติให้ตรวจโรคเอดส์ (HIV) ในประเทศของตนก่อนเดินทางมาไต้หวัน หากป่วยเป็นโรคเอดส์ให้รับการรักษาในประเทศของตนเสียก่อน ผู้ที่ประสงค์จะมาทำงานในไต้หวันให้ซื้อประกันการรักษาพยาบาลล่วงหน้าเพื่อป้องกันภาระที่อาจเกิดขึ้นในภายหลัง
3. ชาวต่างชาติเมื่อเดินทางเข้ามาไต้หวันสามารถขอตรวจโรคเอดส์ (HIV) จากโรงพยาบาลได้ด้วยตนเอง เพื่อรับรู้สภาพร่างกายตนเอง หรือติดต่อสอบถามได้ที่ศูนย์ให้คำปรึกษาโรคติดต่อ 0800-001922

Lampiran 1 Surat Pemberitahuan Seleksi AIDS dan Biaya Pengobatan

(Mohon rumah sakit yang mengadakan pemeriksaan menyampaikan surat pemberitahuan ini beserta dengan surat keterangan pemeriksaan kesehatan kepada orang yang melakukan pemeriksaan)

1. Pemerintah Taiwan telah mengubah peraturan , dimana telah membatalkan non warga negara Taiwan yang terjangkit virus (HIV）masuk ke negara ini , menetap dalam jangka waktu pendek atau menetap dalam jangka waktu yang lama yang dibatasi waktunya dan juga telah membatalkan item ini dari pemeriksaan kesehatan .

2. Mengenai biaya pengobatan dari non warga negara Taiwan yang terjangkit virus (HIV）di Taiwan tidak ditanggung oleh pemerintah Taiwan lagi , pemerintah Taiwan tidak akan memberikan subsidi , setiap tahun biaya pengobatan kira-kira sebesar tiga ratus ribu NT$ (kira-kira sepuluh ribu US $) , sarankan sebelum non warga negara Taiwan datang ke Taiwan , terlebih dahulu mengadakan pemeriksaan HIV di negara asal , dan untuk mengetahui kondisi kesehatan badan sendiri ; bila telah terjangkit HIV , sarankan mengadakan pengobatan di negara asal terlebih dahulu . Bagi yang hendak bekerja di Taiwan mohon terlebih dahulu membeli asuransi pengobatan , demi untuk menghindari terjadinya beban keuangan secara pribadi .

3. Setelah pendatang asing masuk ke Taiwan , dapat melakukan pemeriksaan seleksi HIV ke rumah sakit dengan sendiri , demi untuk lebih jelas tentang kondisi terjangkit virus ini , boleh telpon ke nomor telepon konseling penyakit menular di wilayah Taiwan adalah : 0800-001922 .

附錄二 辦理居留或定居健康檢查補充說明事項

Appendix 2 Additional instructions of health examination for residence application

一、6歲以下兒童免辦理健康檢查，但須檢具預防接種證明備查(年滿1歲以上者，至少接種1劑麻疹、德國麻疹疫苗)。Children under 6 years of age are exempt from health examination, but the certificate of vaccination is necessary. (Child age one and above should get at least one dose of measles and rubella vaccines).

二、懷孕婦女及12歲以下兒童免驗胸部 X 光檢查；懷孕婦女於產後應補辦理胸部 X 光檢查。Pregnant women and children under 12 years of age are exempt from chest X-ray examination; Pregnant women should undergo chest X-ray examination after the child's birth.

三、得申請免驗胸部 X 光檢查之資格：來自結核病盛行率低於十萬分之三十的國家，並檢具由精神科醫師出具申請人在心理上不適合進行胸部 X 光檢查之診斷證明書，經衛生福利部疾病管制署審核通過者，始得免除此項檢查。Qualifications for applying exemption from chest X-ray examination: People who are from countries with a tuberculosis prevalence rate of under 30/100,000 and who have received the physical examination certificate that deemed the individual as being unsuitable to undergo chest X-ray examination, which is verified by CDC, are exempt from the examination.

四、腸道寄生蟲糞便檢查採離心濃縮法。Stool examination for parasites should be done with centrifugal concentration.

五、15歲以下兒童免驗梅毒血清檢查。Children under 15 years of age are exempt from serological test for syphilis.

六、漢生病檢查為全身皮膚檢查，受檢者可穿著內衣內褲，並由親友或女性醫護人員陪同受檢。檢查時逐步分部位受檢，避免一次脫光全身衣物，維護受檢者隱私。Hansen's disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant's privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibility to protect the privacy of the applicant, and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

附錄三 免驗腸內寄生蟲糞便檢查之國家/地區表

Appendix 3 List of countries/areas not required to undergo stool examination for parasites

西太平洋區 Western Pacific Region	
澳洲 Australia	汶萊 Brunei Darussalam
香港 Hong Kong	日本 Japan
澳門 Macao	紐西蘭 New Zealand
韓國 Republic of Korea	新加坡 Singapore
臺灣之無戶籍國民 nationals without registered permanent residence in Taiwan	
東地中海區 Eastern Mediterranean Region	
巴林 Bahrain	科威特 Kuwait
卡達 Qatar	沙烏地阿拉伯 Saudi Arabia
阿拉伯聯合大公國 United Arab Emirates	
美洲區 Region of the Americas	
阿根廷 Argentina	加拿大 Canada
智利 Chile	美國 United States of America
歐洲區 European Region	
阿爾巴尼亞 Albania	安道爾 Andorra
亞美尼亞 Armenia	奧地利 Austria
白俄羅斯 Belarus	比利時 Belgium
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	喬治亞 Georgia
德國 Germany	希臘 Greece
匈牙利 Hungary	冰島 Iceland
愛爾蘭 Ireland	以色列 Israel
義大利 Italy	哈薩克 Kazakhstan
拉脫維雅 Latvia	立陶宛 Lithuania
盧森堡 Luxembourg	馬爾他 Malta
摩納哥 Monaco	蒙特內哥羅 Montenegro
荷蘭 Netherlands	挪威 Norway
波蘭 Poland	葡萄牙 Portugal
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania
俄羅斯 Russian Federation	聖馬利諾 San Marino
塞爾維亞 Serbia	斯洛伐克 Slovakia
斯洛維尼亞 Slovenia	西班牙 Spain
瑞典 Sweden	瑞士 Switzerland
馬其頓 The former Yugoslav Republic of Macedonia	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
英國 United Kingdom	

附錄四 免驗漢生病檢查之國家/地區表

Appendix 4 List of countries/areas not required to undergo examination for Hansen's disease

西太平洋區 Western Pacific Region	
澳洲 Australia	汶萊 Brunei Darussalam
香港 Hong Kong	日本 Japan
澳門 Macao	紐西蘭 New Zealand
韓國 Republic of Korea	新加坡 Singapore
臺灣之無戶籍國民 nationals without registered permanent residence in Taiwan	
美洲區 Region of the Americas	
加拿大 Canada	智利 Chile
美國 United States of America	
歐洲區 European Region	
阿爾巴尼亞 Albania	安道爾 Andorra
亞美尼亞 Armenia	奧地利 Austria
白俄羅斯 Belarus	比利時 Belgium
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	喬治亞 Georgia
德國 Germany	希臘 Greece
匈牙利 Hungary	冰島 Iceland
愛爾蘭 Ireland	以色列 Israel
義大利 Italy	哈薩克 Kazakhstan
拉脫維雅 Latvia	立陶宛 Lithuania
盧森堡 Luxembourg	馬爾他 Malta
摩納哥 Monaco	蒙特內哥羅 Montenegro
荷蘭 Netherlands	挪威 Norway
波蘭 Poland	葡萄牙 Portugal
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania
俄羅斯 Russian Federation	聖馬利諾 San Marino
塞爾維亞 Serbia	斯洛伐克 Slovakia
斯洛維尼亞 Slovenia	西班牙 Spain
瑞典 Sweden	瑞士 Switzerland
馬其頓 The former Yugoslav Republic of Macedonia	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
英國 United Kingdom	

附錄五：健康檢查不合格之認定及處理原則

檢查項目	不合格之認定及處理原則
胸部 X 光肺結核檢查	一、活動性肺結核或結核性肋膜炎視為不合格。 二、非活動性肺結核視為合格，包括下列診斷情形：纖維化(鈣化)肺結核、纖維化(鈣化)病灶及肋膜增厚。 三、經診斷為「疑似肺結核」或「無法確認診斷」者，請攜帶體檢報告、胸部 X 光片至指定機構再檢查；所在縣市無指定機構者，得至鄰近醫院之胸腔科門診再檢查。 四、不合格者得留臺治療後重新體檢，但時間依其停留簽證或入出境許可證之效期為限。
腸內寄生蟲糞便檢查	一、經顯微鏡檢查結果為腸道蠕蟲蟲卵或其他原蟲類如：痢疾阿米巴原蟲(*Entamoeba histolytica*)、鞭毛原蟲類，纖毛原蟲類及孢子蟲類者為不合格。 二、經顯微鏡檢查結果為人芽囊原蟲及阿米巴原蟲類，如：哈氏阿米巴(*Entamoeba hartmanni*)、大腸阿米巴(*Entamoeba coli*)、微小阿米巴(*Endolimax nana*)、嗜碘阿米巴(*Iodamoeba butschlii*)、雙核阿米巴(*Dientamoeba fragilis*)、唇形鞭毛蟲(*Chilomastix mesnili*)等，可不予治療，視為「合格」。 三、不合格者得接受治療，檢具複檢陰性證明者，視為合格。 四、妊娠孕婦如為寄生蟲檢查陽性者，視為合格；請於分娩後，進行治療。
梅毒血清檢查	一、具下列任一條件，視為不合格： (一)未曾接受梅毒治療或病史不清楚者，其血清非特異性梅毒螺旋體試驗及特異性梅毒螺旋體試驗陽性。 (二)曾經接受梅毒治療者，其血清非特異性梅毒螺旋體試驗效價≧4倍上升。 二、血清非特異性梅毒螺旋體試驗及特異性梅毒螺旋體試驗： (一)非特異性試驗：快速血漿反應素試驗(RPR)或性病研究實驗室試驗(VDRL)。 (二)特異性試驗：梅毒螺旋體血液凝集試驗(TPHA)、梅毒螺旋體粒子凝集試驗(TPPA)、梅毒抗體間接螢光染色法(FTA-abs)、梅毒螺旋體乳膠凝集試驗(TPLA)、梅毒螺旋體酵素免疫分析法(EIA)或梅毒螺旋體化學冷光免疫分析法(CIA)。 三、梅毒血清檢查如使用中央衛生主管機關所增列之檢驗方法，得於其他下增列。 四、不合格者得接受治療，檢具治療證明者，視為合格。
麻疹及德國麻疹抗體檢查	麻疹或德國麻疹抗體檢查報告為陰性或未確定者，且未檢具麻疹及德國麻疹預防接種證明者，視為不合格。但經醫師評估有麻疹及德國麻疹疫苗接種禁忌者，視為合格。
漢生病檢查	一、經診斷為「須進一步檢查」者，請至指定機構進一步檢查；所在縣市無指定機構者，得至鄰近醫院之皮膚科門診。 二、不合格者得留臺治療後重新體檢，但時間依其停留簽證或入出境許可證之效期為限。

註：胸部 X 光肺結核檢查或漢生病檢查之再檢查指定機構名單請洽衛生福利部疾病管制署(http://www.cdc.gov.tw)/國際旅遊與健康/外國人健檢/健檢指定醫院/「胸部 X 光檢查確認機構名單」或「漢生病個案確診及治療指定機構」。

Appendix 5: Principles in determining the health examination failed and further procedures

Test	Principles in determining the health examination failed and further procedures
Chest X-ray for Tuberculosis	1. Active pulmonary tuberculosis or tuberculous pleurisy is failed. 2. Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified foci and enlargement of pleura, is considered passed. 3. Those who are determined to be "TB suspect" or whose results are diagnosed "pending" diagnosis by the designated hospital in Taiwan must take the report and X-ray films to the referred institution for re-examination; those living in cities/counties without a referred institution, please visit the department of chest medicine at a nearby hospital. 4. People with failed results are allowed to stay for re-examination after receiving treatment, but the duration of stay depends on his/her vistor visa or entry/exit permit.
Stool Examination for Parasites	1. By microscope examination, cases are determined failed if intestinal helminthes eggs or other protozoa such as *Entamoeba histolytica*, flagellates, ciliates and sporozoans are detected. 2. *Blastocystis hominis* and Amoeba protozoa such as *Entamoeba hartmanni, Entaboeba coli, Endolimax nana, Iodamoeba butschlii, Dientamoeba fragilis, Chilomastix mesnili* found through microscope examination are considered passed and no treatment is required. 3. People with failed results can accept treatment, and people with negative re-examination results are considered passed. 4. Pregnant women who have positive result for parasites examination are considered passed and please have medical treatment after the child's birth.
Serological Test for Syphilis	1. Meeting one of the following criterion are considered failed： (1) Without past history of syphilis therapy or with unknown history, the non-treponemal test and the treponemal test are positive. (2) With past history of syphilis therapy, the non-treponemal test titers are 4-fold rising. 2. Serological non-treponemal tests and treponemal tests: (1) Non-treponemal tests：RPR or VDRL. (2) Treponemal tests：TPHA, TPPA, TPLA, EIA, CIA, and FTA-abs. 3. Those who had failed serological test for syphilis but have accepted treatment are considered passed
Measles and Rubella Antibody test	It is considered failed if measles or rubella antibody is negative (or equivocal) and no measles and rubella vaccination certificate issued. Those who have contraindications, not suitable for vaccinations, are considered passed.
Examination for Hansen's Disease	1. Those who are determined to need further examinations by the designated hospital in Taiwan must go to the referred institution for further examinations; those living in cities/counties without a referred institution can visit the department of dermatology at a nearby hospital. 2. People with failed result are allowed to stay for re-examination after receiving treatment, but the duration of stay depends on his/her vistor visa or entry/exit permit.

短期研修健康檢查表（丙表）
Medical Examination Requirements for Short-Term Students（Form C）
(參考用)(For Reference Only)

檢查日期 ____/____/____
(年) (月) (日)
Date of Examination ____/____/____
(M) (D) (Y)

基 本 資 料 (Basic data)

姓 名 Name : _____ 性別 Sex : □男 Male □女 Female

國籍 Nationality : _____ 護照號碼 Passport No. : _____

出生年月日 Date of Birth : _____ / _____ / _____

檢 查 項 目 (Items required)

A. 麻疹及德國麻疹(風疹)之抗體陽性檢驗報告或預防接種證明（Proof of Positive Measles and Rubella Antibody Titers or Measles and Rubella Immunization Certificates）:

a.抗體檢查 Antibody Test

麻疹抗體 Measles antibody titer □陽性 Positive □陰性 Negative □未確定（Equivocal）

德國麻疹(風疹)抗體 Rubella antibody titer □陽性 Positive □陰性 Negative □未確定（Equivocal）

b.預防接種證明 Immunization Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。如檢附幼時接種紀錄，其接種年齡必須大於1歲。)

(The certificate must include information such as the date of immunization, and the name of the hospital or clinic administering the vaccine or the signature of the physician administering the vaccine. If the childhood immunization record is submitted, it is important to include the record of the vaccines administered only after one year of age.)

□麻疹預防接種證明 Measles Immunization Certificate

□德國麻疹(風疹)預防接種證明 Rubella Immunization Certificate

c. □經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

B. 胸部 X 光檢查肺結核（Chest X-Ray for Tuberculosis）:

X 光發現(X-ray Findings)：

判定(Results)：

□合格(Passed) □疑似肺結核(TB Suspect) □須進一步診斷(Pending) □不合格(Failed)

□孕婦免驗 (Maternity Exemption)

備註(Note)：

一、本表為外籍學生、大陸及港澳地區學生來臺停留研修之健康檢查項目表。**本表僅供參考用，學生可分別檢具預防接種證明及胸部 X 光檢查報告。**This form lists the required medical examination items for students applying for short-term study in Taiwan. **This form is only used for reference. Students may submit a copy of immunization certificates and the chest X-ray report instead of completing this form.**

二、**根據以上對_____先生/女士/小姐之檢查結果為**

□合格 □不合格 □須進一步檢查

Results：According to the above medical report of Mr./Mrs./Ms._____, he/she

□has passed the examination □has failed the examination □needs further examination.

(Chief Medical Technologist) : _____ (Name & Signature)

(Chief Physician) : _____ (Name & Signature)

(Superintendent) : _____ (Name & Signature)

日期（Date）: ___/___/

麻疹及德國麻疹(風疹)之抗體陽性檢驗報告或預防接種證明(二擇一)

Proof of Positive Measles and Rubella Antibody Titers or Measles and Rubella Immunization Certificates (alternative)

姓 名 Name : _____ 性別 Sex : □男 Male □女 Female

國籍 Nationality : _____ 護照號碼 Passport No. : _____

出生年月日 Date of Birth : _____ / _____ / ____

a.抗體檢查 Antibody Test

麻疹抗體 Measles antibody titer

□陽性 Positive □陰性 Negative □未確定（Equivocal）

德國麻疹(風疹)抗體 Rubella antibody titer

□陽性 Positive □陰性 Negative □未確定（Equivocal）

b.預防接種證明 Immunization Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。如檢附幼時接種紀錄，其接種年齡必須大於1歲。)

(The certificate must include information such as the date of immunization, and the name of the hospital or clinic administering the vaccine or the signature of the physician administering the vaccine. If the childhood immunization record is submitted, it is important to include the record of the vaccines administered only after one year of age.)

□麻疹預防接種證明 Measles Immunization Certificate

□德國麻疹(風疹)預防接種證明 Rubella Immunization Certificate

c. □經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

(Chief Medical Technologist) : _____ （Name ＆ Signature）

(Chief Physician) : _____ （Name ＆ Signature）

(Superintendent) : _____ （Name ＆ Signature）

檢查日期（Date of Examination）: ___/___/

Please do the X-Ray check within 14 days AFTER entry to Taiwan.

胸部 X 光檢查肺結核報告

Chest X-Ray for Tuberculosis Report

姓 名 Name : _____

性別 Sex : □男 Male □女 Female

國籍 Nationality : _____

護照號碼 Passport No. : _____

出生年月日 Date of Birth : _____ / _____ / ____

X 光發現(X-ray Findings)：

判定(Results)：□合格(Passed) □疑似肺結核(TB Suspect)

□須進一步診斷(Pending) □不合格(Failed)

(Chief Physician) : _____ (Name & Signature)

(Superintendent) : _____ (Name & Signature)

檢查日期 (Date of Examination) : ___/___/