

Medical Form for Visitors at CTTB 萬佛聖城訪客健康狀況表

Name 姓名	Sex 姓 別
Address 地 址	
Date of Birth 出生日期	Blood Type 血型
Weight 體 重	Height 身 高
Color of Eyes 眼睛顏色	Color of Hair 頭髮顏色
Person to contact in case of emergency	
Name 姓名	Phone 電話
Address 地 址	Relationship 關係
1) Describe your general state of health	lestions in detail 請詳細回答下列問題: 一般健康狀況如何?
2) List the name of illness, year of illnes	s, and seriousness of illness for any major health
problems you have had in your life (in	acluding mental illness)
過去得過何種疾病(包括精神疾	(病)? 其嚴重性及期間

	All applicants for residence must have a tuberculin test within the past year 所有填表人皆須在過去一年內曾受過肺結核檢驗	
	Tuberculin test result:	
	肺結核檢驗結果 □陽性 □陰性 日期	
	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。	
您.	you have fever and respiratory symptoms?	