



Medical Form for Visitors at CTTB

萬佛聖城訪客健康狀況表

Name 姓名 _____ Sex 性別 _____

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 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 _____

(over 接另一面)

3) List the standard U.S. Gov't required immunizations that you have had and their dates
接受過何種預防及免疫針藥？請說明年月

4) 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: Positive Negative **Date** _____
肺結核檢驗結果 陽性 陰性 **日期** _____

5) 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？

6) 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。

您是否有發燒或呼吸道感染徵狀？ 是 Yes 否 No

Do you have fever and respiratory symptoms?

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）

If yes, where have you traveled in the 10 days prior to illness?

Signature of Applicant

Date

填表人簽名 _____ 日期 _____