# Kainan University International Honors Program

### Features

International Honors Program (IHP) was established in 2005, IHP has grown quickly into a highly competitive institution committed to academic excellence and internationalization. We offer several programs taught in English more than most schools of our size. As Kainan Students, you will enjoy the following:

* Unsurpassed academic learning opportunities
* Rich cultural learning experiences
* Broad perspectives and a global outlook

### An Enjoyable Campus Life

University life is often one of the most memorable times of our lives. To ensure that our students enjoy their campus life, we offer comfortable air-conditioned and furnished dormitory which is located within 10-minute walk from the classrooms. We also provide wireless Internet access within all campus buildings, excellent dining facilities, caring health professionals, a nurturing faculty, and the diverse students that provide abundant opportunities for making lifelong friends.

### Scholarship

Kainan University offers scholarship to qualified students who are admitted to the IHP on condition that they are enrolled full-time. For all IHP Freshman: free tuition and miscellaneous fees.

### Distinguished Faculty

Our highly qualified local instructors are more than 90 percent educated in the West (Primarily the United States and Europe). In addition, with 10 percent of our foreign instructors come from diverse backgrounds, such as the United States, New Zealand, Australia, Canada, Korea and Singapore.

### One Hundred Percent English Classes

We are proud to offer classes and programs taught entirely in English. We offer a bachelor of Business Administration. In addition, IHP students are also permitted to take a second major or a minor in other fields; however, Chinese proficiency is required to all IHP students.

# KAINAN UNIVERSITY

APPLICATION FOR INTERNATIONAL HONORS PROGRAM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please submit **all** required documents to complete your application:   * ＊Duly completed application form * ＊High school **diploma** and **transcript (Please attach its Chinese or English version.** * ＊Financial statement (**USD 3,000**) and affidavit of support.   ＊Photocopy of passport  ＊Certificate of English Ability (TOEFL, TOEIC, IELTS, etc.)  Please submit **all** required documents to complete your enrollment:  ＊ Photocopy of passport  ＊ Photocopy of visa  ＊ Photocopy of acceptance letter  ＊ Passport-size photo\*4  ＊ Health Certificate within 3 months  ＊ Financial statement (USD 3,000) and affidavit of support.  ＊Certificate of English Ability (TOEFL, TOEIC, IELTS, etc.)  ＊Application fee receipt  ＊High school **diploma** and **transcript** with **TECO** authentication **(Taipei Economic and Culture Office.**)   * au | All Required documents must be posted or e-mailed directly to:  Office of International and Cross-Strait Affairs  **(OICA) Kainan University**  **No.1 Kainan Road, Luzhu District, Taoyuan City 33857, Taiwan**  For further information and questions, please visit our website at  **http://oica.knu.edu.tw/en**  and/ or email us to [nc@mail.knu.edu.tw](mailto:nc@mail.knu.edu.tw) Telephone no. +886-3-3412500 #1022~1028 Fax no. +886-3-3413252  Deadline for Application: | | | |
|  | For Fall Term: Before May 31st |  | |
|  | For Spring Term: Before January 15th | |  |

#### Personal Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name First Name  **Full Name:** | | | | | | **Please attached your most recent photo here (Passport**  **size)** |
| **Citizenship:** | | | | **Gender: □** Male **□** Female | |
| **Date of Birth (y) (m) (d)** | | | **Place of Birth:** | | |
| **Marital Status: □** Single **□** Married | | | | | |
| **Passport Number:** | | **Date of Expiry** | | | |
| **Date of Issue:** | | **Place of Issue:** | | | | |
| **Complete Mailing Address: (please write clearly)**  **Postcode:** | | | | | | |
| **E-mail Address:** | | | | | | |
| **Telephone No:** | | | **Mobile No:** | | **Fax No:** | |
| **Emergency Contact** | **Name:** | | | | **Relationship:** | |
| **Telephone Nos:** | | | | | |
| **Mailing Address:** | | | | | |
| **E-mail Address:** | | | | | |

* 1. **Educational Background**

*Please list down in chronological order ALL schools attended since secondary school*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Institution** | **Location: City/ State** | **Year Attended** | **Degree(s) Earned** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Please list any academic distinctions, honors, awards and scholarships that you have received.*

*Please list your extra-curricular, community and professional activities or performances.*

#### Study Plan and Residence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Term** | | **Year** | **Dates** | **Deadline** |
| **□** | Fall | 201 | New term starts in September | May 31 st |
| **□** | Spring | 201 | New term starts in February | November 30th |

|  |  |  |
| --- | --- | --- |
| **Dormitory Request** | * Yes * No | All rooms are shared with another international student. |

* 1. **Financial Sponsor**

*Please indicate the person and/or organization that will be responsible for living expenses*

|  |  |  |
| --- | --- | --- |
| **Full Name:** | | |
| **Telephone No:** | **Mobile No:** | **Fax No:** |
| **Mailing Address:** | | |
| **E-mail Address:** | | |
| **Average Account Balance for the Last Six (6) Months** | **$** |  |

**外籍生切結書 Declaration for International Students**

一、本人保證未具僑生身份且不具中華民國國籍法第二條所謂中華民國國籍，或已喪失中華民國 國籍滿八年。

I, the undersigned applicant , guarantee that I have neither overseas Chinese status nor R.OC. citizenship as referred to in Article 2 of the Nationality Act, or have I been an R.O.C. national in the last eight years.

國籍法第二條所稱具中華民國國籍者為:

According to Article 2 of the Nationality Act, a person shall have the nationality of the Republic of China under any of the conditions provided by the following subparagraphs:

* + 1. 出生時父或母為中華民國國民。 His / Her father or mother was a national of the Republic of

China when he/she was born.

2. 出生於父或母死亡後，其父或母死亡時為中華民國國民。 He/ She was born after the death of his/ her father or mother, and his/ her father or mother was a national of the Republic of China at the time of death.

1. 出生於中華民國領域內，父母均無可考，或均無國籍者。 He/ She was born in the territory of

the Republic of China, and his/ her parents can’t be ascertained or both were stateless persons.

1. 歸化者 He/ She has undergone the nationalization process.

二、本人所提供之最高學歷畢業證書(報名大學部者為高中畢業證書、研究所者為大學或碩士畢 業證書)均為教育部認可、經駐外單位驗證屬實，保證於錄取報到時繳交經駐外單位驗證 之外國學校畢業證書正本。(中文或英文翻譯本)

The diploma I provided (secondary degree diploma for applying for undergraduate program, bachelor or master’s degree diploma for graduate program) is recognized by the Ministry of Education and verified by the Taiwan’s overseas representative office. Upon registration, a photocopy of the certificate of diploma obtained from a foreign education institution and verified by the Taiwan’s overseas representative office shall be submitted with a notarized translation in either Chinese or English.

三、 本人未曾遭中華民國各大專校院退學。如違反此規定並經查證屬實者，取消其入學資格並 註銷學籍。

I have never been expelled from other colleges and universities of the Republic of China. Should I breach any of the regulations, I will be denied admissions and student status.

四、 上述所陳之任一事項同意授權貴校查證，如有不實或不符規定等情事屬實者，本人願意學 校註銷學籍處分，絕無異議。

I agree to authorize Kainan University to verify any information provided above. If any of it is found to be false, I have no objection to being deprived of registered student status.

#### 申請人簽名 Applicant’s signature: 日期 Date:

## Application for Dormitory

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant | * Mr. □ Ms. | | |
| Program&  Major | * Undergraduate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * IHP | | * Graduate school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Exchange   2” X 2”  Color photo |
| Date of birth | (mm/dd/yyyy) | Height | (cm) |
| Passport No. |  | Nationality |  |
| Date of arrival |  | Semester | * Spring 201 * Fall 201 |
| Phone |  | E-mail |  |
| Regulations | All residents shall comply with the regulations of dormitory.  The resident will be terminated if he or she fails to comply with any rules. | | |
| Emergency Contact Information | | | |
| Name: Phone: Mobile: | | | |
| Address: | | | |
| I hereby certify that the facts set forth in this document are true and that any falsified statements shall be considered sufficient cause for denial or termination of residence.  Applicant’s Signature Date | | | |

### Checklist

**No documents should be overlooked, please submit all required documents.**

* Complete Application form 完整報名表
* Photocopy of passport 護照影本
* Diploma, English version畢業證書
* Transcript, English version成績單
* Financial statement 3,000 USD, English version 美金 3,000 元財力證明
* Certificate of English ability (TOEFL, IELTS, etc.) 英文檢定

### English Language Requirements

Students who are applying for the **International Honors Program** has to meet IHP’s English Language Requirements

|  |  |  |
| --- | --- | --- |
| **Qualification Type** | **Abbreviation** | **Required Level** |
| **Test of English as a Foreign Language (internet-based)** | TOEFL iBT | **68** |
| **Test of English as a Foreign Language**  **(Institutional Testing program)** | TOEFL ITP | **527** |
| **International English Language Test Score** | IELTS | **5.0** |
| **Test of English for International Communication** | TOEIC | **650** |
| **Cambridge Main Suite (First Certificate in English)** | FCE | **B-A** |

**居留或定居健康檢查項目表**

**Health Certificate for Residence Application**

(醫院名稱、地址、電話、傳真)

檢查日期 / Date of Examination

YYYY / MM / DD

(Hospital’s Name, Address, Tel, Fax)

**基 本 資 料 / Basic Data**

|  |  |  |
| --- | --- | --- |
| **姓名**  ：  **Name** | **性別**  ：□ **男 / M** □ **女 / F**  **Sex** | **照片 / Photo** |
| **身份證字號**  ：  **ID No.** | **護照號碼**  ：  **Passport No.** |
| **出生年月日**  ：YYYY / MM / DD  **Date of Birth** | **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)**

1. 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。
2. 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。
3. 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**

**(ให้โรงพยาบาลทีรับการตรวจแนบใบแจ้งนี้พร้อมกับใบตรวจสุขภาพให้กับเจ้าตัว)**

1. รัฐบาลไต้หวันได้ยกเลิกคำสั่งการห้ามชาวต่างชาติที่ติดโรคเอดส์ (HIV) เข้าประเทศ หยุดแวะและอยู่อาศัยในไต้หวัน รวมทั้งการตรวจสุขภาพในรายการนี้ด้วย
2. เนื่องจากรัฐบาลไต้หวันไม่ออกค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์ให้กับบุคคลที่ไม่ใช่สัญชาติไต้หวัน ค่ารักษาพยาบาลโรคเอดส์ตกประมาณปีละ NT$ 300,000 (หรือประมาณ US$ 10,000) จึงขอแนะนำชาวต่างชาติให้ตรวจโรคเอดส์ (HIV) ในประเทศของตนก่อนเดินทางมาไต้หวัน หากป่วยเป็นโรคเอดส์ให้รับการรักษาในประเทศของตนเสียก่อน ผู้ที่ประสงค์จะมาทำงานในไต้หวันให้ซื้อประกันการรักษาพยาบาลล่วงหน้า เพื่อป้องกันภาระที่อาจเกิดขึ้นในภายหลัง
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： 2. Without past history of syphilis therapy or with unknown history, the non-treponemal test and the treponemal test are positive. 3. With past history of syphilis therapy, the non-treponemal test titers are 4-fold rising. 4. Serological non-treponemal tests and treponemal tests: 5. Non-treponemal tests：RPR or VDRL. 6. Treponemal tests：TPHA, TPPA, TPLA, EIA, CIA, and FTA-abs. 7. 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. |