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CONFIDENTIAL 機密

## **Medical Examination Report**

# 體檢報告表

SATA/F/020

		Personal Information	個人資料			
English name in full 英文姓名(拼音)			Name in Chinese (if any) 中文姓名(如適用)			
		(use BLOCK LETTERS 以正楷填寫)				
Applicant ID			Telephone			
申請編號	AP		電話			
			<u></u>			
Emergency Contact Person 緊急聯絡人						
English name in full			Name in Chinese (if any)			
英文姓名(拼音)			中文姓名(如適用)			
		(use BLOCK LETTERS 以正楷填寫)	<del></del>			
Relationship with applicant		Telephone				
與申請人之關係		電話				

#### Guidelines for Medical Examination 入學體檢指引

- 1. All new students of IFT Diploma and Degree Programmes must bring along this Medical Examination Report to following places to complete medical examination.
  - Macao students: Hospital, Macao Government Health Centre or clinic accredited by the Health Bureau. Mainland or non-local students: Hospital or clinic in their country of origin.
- 2. This Medical Examination Report is valid for 6 months.
- 3. In order not to delay your registration procedures, please complete the medical examination as soon as possible.
- 4. Procedures for medical examination at Macao Government Health Centre:
  - (1) Making an appointment for chest X-ray at the Tuberculosis Prevention and Treatment Centre.
  - (2) Complete chest X-ray on the scheduled date.
  - (3) Making an appointment for medical examination at the Health Centre.
  - (4) After obtaining the chest X-ray report, bring along this Medical Examination Report and your vaccination record to the Health Centre to complete the medical examination on the scheduled date.
- 5. Students may also complete the medical examination at the hospital or the clinic. Please contact the hospital or the clinic for details. Students must bring along this Medical Examination Report and your vaccination record when having the medical examination.
- 1. 所有錄取入讀本院文憑及學位課程之新生必須帶同此「體檢報告表」,到以下醫療單位進行體格檢查:
  - 本地學生:可選擇到醫院、澳門衛生中心或政府認可西醫診所進行體檢;

內地學生或非本地學生:於原居地之註冊醫療機構進行體檢。

- 2. 「體檢報告表」有效期為六個月。
- 3. 學生應儘早到有關單位預約體檢,以免延誤入學手續。
- 4. 澳門衛生中心體檢程序:
  - (1) 到衛生局結核病防治中心預約胸部 X 光片檢查;
  - (2) 按預約日期拍攝胸部 X 光片;
  - (3) 到衛生中心預約體檢;
  - (4) 取得胸部×光片報告後,按預約日期帶同此「體檢報告表」及疫苗接種記錄到衛生中心進行體檢。
- 5. 學生亦可選擇到醫院或西醫診所進行體檢,建議自行查詢相關手續,進行體檢時必須帶同此「體檢報告表」及疫苗接種記錄。

	PART I 第一部份 (To be completed by student 由學生填寫)					
1. Have you or any members of your family ever had any of the following diseases? 台端或家人是否曾患有以下疾病?						
Mental illness 精神病 □ No 沒有 □ Yes 有 □ N	<i>I</i> le 本人  □ Family member 家人					
Syncope 昏厥 □ No 沒有 □ Yes 有 □ N	<i>I</i> le 本人  □ Family member 家人					
Epilepsy 癲癇	<i>I</i> le 本人  □ Family member 家人					
Serious disease 嚴重疾病 ☐ No 沒有 ☐ Yes 有 ☐ N	<i>I</i> le 本人  □ Family member 家人					
Name of the disease 疾病名稱:						
2. Please state the date of your last tetanus vaccination: 請註明最近一次注射破傷風疫苗的日期:						
Remark: Your last dose of tetanus vaccine must be within 10 years. 註:接種日期必須距離註冊日不超過 10 年。						
3. Have you completed all the required vaccinations as listed in the table on page 3? □ Yes 是 □ No 否 (Proof of vaccinations must be presented upon registration.)						
台端是否已完成第三頁附表要求的所有疫苗接種?(必須於註冊	時出示疫苗接種記錄。)					
I hereby declare in the presence of the registered doctor that the 本人在註冊醫生前簽署並聲明上述填寫資料全部屬實。	information given above is true and correct.					
Signature of Medical Examiner 醫生簽署	Signature of Student 學生簽署					
Date 日期: Date 日期:						
PART II 第二部份 (To be completed by a licensed doctor 由註冊執業醫生填寫)						
PART II 第二部份 (To be completed by a	licensed doctor 由計冊執業醫牛填寫)					
1. Height 2. V	licensed doctor 由註冊執業醫生填寫) Weight 體重					
1. Height	Veight					
<ol> <li>Height 身高</li> <li>Blood □ Normal 正常</li></ol>	Weight 體重  Urine □ Normal 正常 录常規 □ Abnormal 異常 (Please specify 請註明)					
<ol> <li>Height 身高</li> <li>Blood □ Normal 正常 pressure □ Abnormal 異常 (Please specify 請註明) □</li> <li>Chest X-ray examination □ Normal 正常</li> </ol>	Weight 體重  Urine Normal 正常 录常規 Abnormal 異常 (Please specify 請註明)  cify 請註明)  results of my examination are provided above. Based on my					
1. Height 身高  3. Blood □ Normal 正常 pressure □ Abnormal 異常 (Please specify 請註明) □ Mormal 正常 胸部 X 光片報告 □ Normal 正常 □ Abnormal 異常 (Please specify that I have examined the applicant on this day and the professional experience, I certify that the applicant is:	Weight 體重  Urine Normal 正常 录常規 Abnormal 異常 (Please specify 請註明)  cify 請註明)  results of my examination are provided above. Based on my					
1. Height 身高	Weight 體重  Jrine Normal 正常 R常規 Abnormal 異常 (Please specify 請註明)  cify 請註明)  esults of my examination are provided above. Based on my 根據本人專業分析,茲證明申請人:  NOT medically fit to pursue study at IFT 不適合就讀旅遊學院課程					
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### Table: Minimum vaccination requirements for non-medical related students

ltem	No. of doses required	Remarks	
Measles-containing vaccine	≥ 2 doses	<ul> <li>Only applicable to persons born in 1970 or after.</li> <li>The two doses must be administered at least 4 weeks apart.</li> </ul>	
2. Rubella-containing vaccine	≥ 1 dose	Only applicable to persons born in 1970 or after.	
3. Tetanus-containing vaccine	≥ 3 doses	Doses must be given at least 4 weeks apart, and the most recent shot must be given within the past ten years.	
Diphtheria and pertussis-containing vaccine	≥ 1 dose		
5. Poliomyelitis-containing vaccine	≥ 4 doses	<ul> <li>Only applicable to students from Pakistan, Nigeria and Afghanistan.</li> <li>Doses must be given at least 4 weeks apart.</li> </ul>	

Source: Macao Health Bureau

### 附表:非醫學類學科學生疫苗接種最低要求

項目	必須已完成劑數	#####################################
1. 含麻疹疫苗	至少2劑	僅適用於 1970 年起出生者; 2 劑之間須相隔至少 4 周。
2. 含德國麻疹 (風疹)	至少1劑	僅適用於 1970 年起出生者。
3. 含破傷風疫苗	至少3劑	每劑之間須相隔至少4周,且最後一劑在最近10年接種。
4. 含白喉、百日咳疫苗	至少1劑	
5. 含脊髓灰質炎疫苗	至少4劑	<ul><li>僅適用於來自巴基斯坦、尼日利亞和阿富汗的學生。</li><li>每劑之間須相隔至少4周。</li></ul>

來源:澳門衛生局