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|  结核诊断书 **Certificate of TB Test** | 照片(Photo)3㎝×4㎝※钢印或骑缝章 |
| 姓名(Name) | 性别(Sex)□ M(男) □ F(女) |
| 出生日期(Date of Birth) | 电话号码(Phone Number) |
| 护照号码(Passport Number) | 地址(Address) |

**检 查 内 容**

**Physical examination and Chest X-ray**

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| 胸部X射线检查日(Date of Chest X-ray) / / **I.** 结果**(1) (Result):**1. 非特異所見(Non-specific) □
2. 非活動性結核(Inactive TB) □
3. 活動性結核 (Active TB) □

→ 3-1. 傳染性(Infective) □, 非傳染性(Non-infective) □→ 3-2. 感受性結核(Drug-sensitive TB) □, 多劑耐性結核(MDR TB)**II.** 治療结果**(2) (Treatment Outcomes) - For person who has TB history** 1. 治療中(Under treatment) □,
2. 完治(Cured) □
3. 完了(Completed Treatment) □
4. 治療失敗 (Failed) □
5. 治療漏落 (Defaulted) □
 |

对上述项目进行了检查。

The examination was performed as above

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| 执照号码**(License No.): /** 医生姓名**(Name of Physician): (**签章**)**  |

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| 检 查 结 果(Summary of the examination) |  |
| 对受检者停留的意见(Remarks about examinee’s domestic stay) |  |
| 仔细检查的必要性(Additional close examination) | \* 若必要时补充医生的意见书(Attach doctor's opinion letter, if needed) |

以上是对受检者健康状态的结果与评估。

We hereby certify that the examinee's heath status is assessed as above.

**dd.mm.yyyy.**

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| **○○○○**医院院长 **(**印章**)****( ○○○○ Chief of Hospital) (signature)** |