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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)** |