

# National Taiwan University Hospital

## Certificate of Pulmonary Tuberculosis and Hepatitis B for Foreign Trainees

<b>Surname</b>	<b>Middle name</b>	<b>Given Name</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth</b> (dd/ mm/ yyyy):
<b>Nationality</b>	<b>Present Address</b>	
<b>A. Certificate of Pulmonary Tuberculosis (To be completed by physician)</b>		
I have examined the x-ray of _____ (name of trainee), and find the individual appears to be free of communicable tuberculosis.		
Name & title of physician: _____		
Address: _____		
Signature: _____		
Date (dd-mm-yyyy): _____		
<b>B. Waiver - Hepatitis B</b>		
I am aware of the fact that Taiwan is a high-prevalence area of Hepatitis B. I understand the risk of being infected and will consider taking proper actions, including undergo Hepatitis B tests and take vaccine, to protect myself.		
Applicant's Signature: _____		
Date (dd-mm-yyyy) : _____		