

National Taiwan University Hospital
Certificate of Pulmonary Tuberculosis and Hepatitis B for a Foreign Trainee

台大醫院外籍受訓人員肺結核及 B 肝切結書

Surname	Middle name	Given Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (dd/ mm/ yyyy):
Nationality	Present Address	
A. Certificate of Pulmonary Tuberculosis (To be completed by physician) 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. Waiver - Hepatitis 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) : _____		