



HEALTH CERTIFICATE FORM / 健康證明表格

Part I: Applicant's Information (completed by applicant)

第一部份：報讀者資料 (需由報讀者填寫)

Name 姓名			Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
ID / Passport No. 身份證/護照號碼			Applicant No. 報讀編號	
Date of Birth 出生日期	(MM / DD / YYYY)	Email Address 電郵地址		
Postal Address 郵寄地址				

Part II: Medical History (all questions must be completed by the applicant)

第二部份：病歷資料 (必須由報讀者填寫作答)

1. Have you ever been diagnosed with, or had to take treatment for Tuberculosis (TB)?

閣下曾否患有肺結核病或接受肺結核病治療？

Yes 有 _____ No 沒有

2. Have you ever been in close contact with a person known to have Tuberculosis (TB)?

閣下曾否與肺結核病患者有密切接觸？

Yes 有 _____ No 沒有

3. Do you have any conditions or medical history that requires the university's attention (e.g. physical disability, mental illness)? If you choose "Yes", please provide details which will be reviewed to ensure the university can provide the necessary conditions for your study.

閣下有否其他需要知會本大學的病歷或狀況 (包括身體或精神障礙等)？如選擇「有」，請提供詳細資料以便本大學進行評估是否能提供相應學習條件。

Yes 有 _____ No 沒有

I declare the information provided on this form is correct. I understand also that if I have given false or misleading information, my application will be refused and the acceptance will be revoked.

本人聲明在本表格內所填報的資料均屬事實。同時亦明白如有提供任何虛假或不實資訊，聖若瑟大學有權拒絕接受本人的報讀申請，或取消本人的取錄資格。

Applicant's signature

報讀者簽署

Date

簽署日期



Note:

- Local Applicant: must complete this medical assessment at Macao Government health center, hospital or registered doctor / clinic accredited by the Health Bureau.
本地學生: 可選擇到澳門衛生中心、醫院或政府認可註冊西醫診所進行體檢。
 - Non-local Applicant: must complete this medical assessment at hospital or clinic accredited by their government of the country of origin or registered medical institution accredited by the Macao Health Bureau.
非本地學生: 可選擇原居地政府認可或澳門政府認可註冊之醫療機構進行體檢。
- Macao Health Center 澳門衛生中心 (<http://www.ssm.gov.mo/Portal/portal.aspx?lang=pt>)
 - Macao Hospital 澳門醫院 (<https://www.macaotourism.gov.mo/en/travelessential/before-you-travel/practical-info>)

Part III: Medical Assessment (completed by registered doctor)*

第三部份: 醫療評估 (必須由註冊醫生填寫) *

- Blood pressure | 血壓:** _____
- Eyes | 視力:** Normal | 正常 Abnormal | 異常 _____
- Hepatitis B Surface Antigen Test | 乙型肝炎表面抗原:**
 Normal | 正常 Abnormal | 異常 _____
- Chest X-Ray for Tuberculosis (Valid for three months only) | 胸部 X 光片報告 (三個月內有效):**
 Normal | 正常 Abnormal | 異常 _____

I certify that the information provided on this report is true and accurate, and this student (name) is

本人已對此報告所述學生進行體檢，在此確認此報告內全部屬實。且此學生姓名為

Physically fit | 適合 Physically not fit | 不適合

to pursue study at University of Saint Joseph.

就讀聖若瑟大學。

Official Stamp of Health Centre, Hospital
or Clinic

衛生中心、醫院或西醫診所
蓋章

Signature of Doctor

醫生簽署

Date

日期

Name of the doctor in full

醫生姓名

*This assessment is valid for three months from the date above. Without the doctor's signature and the official stamp of the health centre/ hospital/ clinic will not be regarded valid.

*此醫療評估自上述日期起三個月內有效。沒有醫生簽署及衛生中心/醫院/診所之蓋章均視為無效。