

Residence Permit(居留證) Work Permit(工作證)

Passport No. (護照號碼)	
Name (姓名)	
Sex (性別)	<input type="checkbox"/> Male(男) <input type="checkbox"/> Female(女)
Date of Birth (出生年月日)	
Phone No. (電話)	
Address (地址)	
Blood type (血型)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Unknow
Get Married (婚姻狀況)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rubella vaccination certificates (德國麻疹抗體)	Vaccination Certificates : <input type="checkbox"/> Yes <input type="checkbox"/> NO If “No” , continue select , please: <input type="checkbox"/> Antibody test (blood test) (抽血) <input type="checkbox"/> Injection Rubella Ag (接種疫苗)

When you come to our hospital for the examination , you have to bring your:

1. Original passport
2. Copy of passport
3. 2 inches pictures x 3
4. Rubella vaccination certificates (If you have)

Date:

Residence Permit(居留證) → pm1:00

Work Permit(工作證) → pm12:30

When you come to our hospital for the examination , you have to bring your:

1. Original passport
2. Copy of passport
3. 2 inches pictures x 3
4. Rubella vaccination certificates (If you have)

Date:

Residence Permit(居留證) → pm1:00

Work Permit(工作證) → pm12:30