

國立高雄師範大學語文教學中心 NKNU CLCT

對外華語學習班

新生語言背景調查表

SURVEY OF THE APPLICANT'S LANGUAGE BACKGROUND

New Student Only

姓名 Name	母語 Native Language	國籍 Nationality
1. 你希望班上的同學都是同一個語系的嗎？ Do you prefer your classmates from the same language background?(For reference only) <input type="checkbox"/> 希望 Yes <input type="checkbox"/> 不希望 No <input type="checkbox"/> 沒意見 No comment		
2. 你學過哪些教材？（請詳細填寫） What study materials have you used in your study of Chinese? (Please answer in detail.)		
3. 你學過中文嗎？ Have you studied Chinese? <input type="checkbox"/> 學過 Yes <input type="checkbox"/> 沒學過 No		
4. a). 你學過多久的中文？（請詳細填寫） How long have you been studying Chinese? (Please answer in detail.) 每週_____小時，學了_____年_____個月(____ hr/per week, for ___years ___months) b). 一共學了_____年_____個月(____ years____ months in total) c). 你在哪裡學的中文？ Where did you learn Chinese? _____		
5. 你會不會說中國話？ Can you speak Chinese? <input type="checkbox"/> 會 Yes (<input type="checkbox"/> 流利 fluent <input type="checkbox"/> 尚可 fair <input type="checkbox"/> 一點 a little) <input type="checkbox"/> 不會 No		
6. 你會不會看中國字？ Can you read Chinese? <input type="checkbox"/> 會 Yes <input type="checkbox"/> 不會 No 如果會看，你會看： If you answered yes, you can read: <input type="checkbox"/> 正體字 standard characters <input type="checkbox"/> 簡體字 simplified characters		
7. 你會不會寫中國字？ Can you write Chinese? <input type="checkbox"/> 會 Yes <input type="checkbox"/> 不會 No 如果會寫，請回答以下問題。 If yes, please answer the following questions. 哪一種漢字？ Which characters you write? (可複選 Check both if necessary.) <input type="checkbox"/> 正體字 standard characters <input type="checkbox"/> 簡體字 simplified characters		
8. 你在中文環境一共住過： How long have you lived in a Chinese language environment? _____年 years _____個月 months 居住地 This was in : <input type="checkbox"/> 台灣 Taiwan <input type="checkbox"/> 中國大陸 China <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 其他 Other (Please specify: _____)		
9. 你參加過中文能力測驗嗎？ Have you ever taken a Chinese Proficiency Test? <input type="checkbox"/> 參加過 Yes <input type="checkbox"/> 沒參加過 No 如果參加過，請回答下面問題。 If yes, please answer the following questions. <input type="checkbox"/> CPT (in America) 分數 Score _____分(points) <input type="checkbox"/> SATII-Chinese (in America) 分數 Score _____分(points) <input type="checkbox"/> 漢語水平考試 HSK (in Mainland China) 證書 Certificate _____級證書 (Proficiency Level) <input type="checkbox"/> 中國語檢定試驗 (in Japan) 證書 Certificate _____級證書 (Proficiency Level) <input type="checkbox"/> TECC (in Japan) 分數 Score _____分(points)		

健康檢查證明應檢查項目表 (乙表)

(國名、醫院名稱、地址、電話、傳真機)

ITEMS REQUIRED FOR HEALTH CERTIFICATE (Type B)

(National Name, Hospital's Name, Address, Tel, FAX)

檢查日期 ____/____/____

(年)(月)(日)

____/____/____

(M)(D)(Y)

Date of Examination

基本資料 (BASIC DATA)

姓名: _____

性別: 男 Male 女 Female

Name

Sex

身份證字號: _____

護照號碼: _____

ID No

Passport No

出生年月日: ____/____/____

國籍: _____

Date of Birth

Nationality

照片

Photo

實驗室檢查 (LABORATORY EXAMINATIONS)

A. HIV 抗體檢查 (Serological Test for HIV Antibody): 陽性 (Positive) 陰性 (Negative) 未確定 (Indeterminate)

a. 篩檢 (Screening Test): EIA Serodia 其他 (Others) _____

b. 確認 (Confirmatory Test): Western Blot 其他 (Others) _____

B. 胸部 X 光檢查肺結核 (Chest X-Ray for Tuberculosis): (妊娠孕婦可免接受「胸部 X 光檢查」)

正常 (Normal) 異常 (Abnormal) _____ **※限大片攝影 (Standard Film Only)**

C. 腸內寄生蟲 (含痢疾阿米巴等原蟲) 糞便檢查 (採用離心濃縮法檢查)

(Stool examination for parasites includes *Entameba histolytica* etc.) (centrifugal concentration method):

陽性, 種名 (Positive, Species) _____ 陰性 (Negative)

D. 梅毒血清檢查 (Serological Test for Syphilis): 陽性 (Positive) 陰性 (Negative)

a. RPR b. VDRL c. TPHA/TPPA d. 其它 (Other)

E. 麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明 (proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates):

a. 抗體檢查 (Antibody test) 麻疹抗體 measles antibody titers 陽性 Positive 陰性 Negative
德國麻疹抗體 rubella antibody titers 陽性 Positive 陰性 Negative

b. 預防接種證明 Vaccination Certificates

麻疹預防接種證明 Vaccination Certificates of Measles

德國麻疹預防接種證明 Vaccination Certificates of Rubella

c. 經醫師評估, 有接種禁忌者, 暫不適宜接種。(Having contraindications, not suitable for vaccination)

漢生病檢查 (Check-up for Hansen's Disease)

漢生病視診結果 (Skin Check-up) 正常 Normal 異常 Abnormal (※視診異常者, 須進一步採檢確認)

(※If abnormal skin lesion is found, further skin biopsy or skin smear is required)

a. 病理切片 (Skin Biopsy): 陽性 (多菌、少菌性【Positive - MB, PB】; 診斷依據: 兩者之一即為陽性【Diagnostic if either of them positive】) 陰性 (Negative)

b. 皮膚抹片 (Skin Smear): 陽性 (Finding bacilli in affected skin smears) 陰性 (Negative)

※ 皮膚病灶合併感覺喪失或神經腫大 (Skin lesions combined with sensory loss or enlargement of peripheral nerves)

有 (Yes) 無 (No)

備註: Remark:

一、本表供外籍人士等申請在台灣定居或居留時使用。This form is for residence application.

二、兒童 6 歲以下免辦理健康檢查, 但須檢具預防接種證明備查(年滿 1 歲以上者, 至少接種 1 劑麻疹、德國麻疹疫苗)。

A child under 6 years old is not necessary to have laboratory examination, but the certificate of vaccination is necessary.

Child age one and above should get at least one dose of measles and rubella vaccines.

三、妊娠孕婦及兒童 12 歲以下免接受「胸部 X 光檢查」。

A pregnant woman or a child under 12 years old is not necessary to have chest X-ray examination.

四、兒童 15 歲以下免接受「HIV 抗體檢查」及「梅毒血清檢查」。

A child under 15 years old is not necessary to have Serological Test for HIV or Syphilis.

五、根據以上對 _____ 先生/女士/小姐之檢查結果為 合格 不合格。

Above the medical report of Mr./Mrs./Ms. _____, He/She passes fails the

負責醫檢師簽章_____ (Name & Signature)

(Chief Medical Technologist)

負責醫師簽章_____ (Name & Signature)

(Chief Physician)

醫院負責人簽章_____ (Name & Signature)

(Superintendent)

日期 (Date): ____/____/____

本證明三個月內有效 (Valid for Three Months)

附錄：健康檢查證明不合格之認定原則

檢查項目	不合格之認定原則
人類免疫缺乏病毒抗體檢查	一、人類免疫缺乏病毒抗體檢驗經初步測試，連續二次呈陽性反應者，應以西方墨點法(WB)作確認試驗。 二、連續二次(採血時間需間隔三個月)西方墨點法結果皆為未確定者，視為合格。
胸部 X 光檢查	一、活動性肺結核(包括結核性肋膜炎)視為「不合格」。 二、非活動性肺結核視為「合格」，包括下列診斷情形：纖維化(鈣化)肺結核、纖維化(鈣化)病灶及肋膜增厚。
腸內寄生蟲糞便檢查	一、經顯微鏡檢查結果為腸道蠕蟲蟲卵或其他原蟲類如：痢疾阿米巴原蟲 (<i>Entamoeba histolytica</i>)、鞭毛原蟲類，纖毛原蟲類及孢子蟲類者為不合格。 二、經顯微鏡檢查結果為人芽囊原蟲及阿米巴原蟲類，如：哈氏阿米巴 (<i>Entamoeba hartmanni</i>)、大腸阿米巴 (<i>Entamoeba coli</i>)、微小阿米巴 (<i>Endolimax nana</i>)、嗜碘阿米巴 (<i>Iodamoeba butschlii</i>)、雙核阿米巴 (<i>Dientamoeba fragilis</i>) 等，可不予治療，視為「合格」。 三、 妊娠孕婦如為寄生蟲檢查陽性者，視為合格；請於分娩後，進行治療。
梅毒血清檢查	一、以 RPR 或 VDRL 其中一種加上 TPHA(TPPA)之檢驗，如檢驗結果有下列情形任一者，為「不合格」： (一) 活性梅毒：同時符合條件 (一) 及 (二)、或僅符合條件 (三) 者。 (二) 非活性梅毒：僅符合條件 (二) 者。 二、條件： (一) 臨床症狀出現硬下疳或全身性梅毒紅疹等臨床症狀。 (二) 未曾接受梅毒治療或病史不清楚者，RPR(+)或 VDRL(+), 且 TPHA (TPPA)=1 : 320 以上 (含 320)。 (三) 曾經接受梅毒治療者，VDRL 價數上升四倍。 三、 梅毒血清檢查陽性者，檢具治療證明，視為合格。
麻疹、德國麻疹	麻疹、德國麻疹抗體陰性且未檢具麻疹、德國麻疹預防接種證明者為不合格。但經醫師評估有麻疹、德國麻疹疫苗接種禁忌者，視為合格。

Appendix: Principles in determining the health status failed

Test Item	Principles on the determination of failed items
Serological Test for HIV Antibody	1. If the preliminary testing of the serological test for HIV antibody is positive for two consecutive times, confirmation testing by WB is required. 2. When findings of two consecutive WB testing (blood specimens collected at an interval of three months) are indeterminate, this item is considered qualified.
Chest X-ray	1. Active pulmonary tuberculosis (including tuberculous pleurisy) is unqualified. 2. Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified foci and enlargement of pleura, is considered qualified.
Stool Examination for Parasites	1. By microscope examination, cases are determined unqualified if intestinal helminthes eggs or other protozoa such as <i>Entamoeba histolytica</i> , flagellates, ciliates and sporozoans are detected. 2. <i>Blastocystis hominis</i> and Amoeba protozoa such as <i>Entamoeba hartmanni</i> , <i>Entamoeba coli</i> , <i>Endolimax nana</i> , <i>Iodamoeba butschlii</i> , <i>Dientamoeba fragilis</i> found through microscope examination are considered qualified and no treatment is required. 3. Pregnant women who have positive result for parasites examination are considered qualified and please have medical treatment after delivery.
Serological Test for Syphilis	1. After testing by either RPR or VDRL together with TPHA(TPPA), if cases meet one of the following situations are considered failing the examination. (1)Active syphilis: must fit the criterion (1) + (2) or only the criterion (3). (2)Inactive syphilis: only fit the criterion (2). 2. Criterion: (1)Clinical symptoms with genital ulcers (chancres) or syphilis rash all over the body. (2)No past diagnosis of syphilis, a reactive nontreponemal test (i.e., VDRL or RPR), and TPHA(TPPA)=1 : 320↑(including 1 : 320) (3)A past history of syphilis therapy and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer. 3. Those that have positive results for serological test for syphilis submitting medical treatment certificate are considered qualified.
Measles, Rubella	The item is considered unqualified if measles or rubella antibody is negative and no measles, rubella vaccination certificate is provided. Those who having contraindications, not suitable for vaccinations are considered qualified.

01/01/2009 修訂

General Instruction:

The University requires all enrolled students to maintain adequate health insurance that meets certain criteria. Student Health Insurance Plan of Center of Language and Culture Teaching (CLCT) is now provided by Nanshan Life Insurance Company. Students are responsible for payment of the Student Health Plan.

Important:

Default enrollment is designed as a final measure to enforce the requirement. The Student Health Insurance Plan will be NT\$377 per semester (3 months) for the academic year 2012. Insurance fee is not included in tuition. Students who have questions referring to the insurance service should contact Miss Wu who is in charge of CLCT student insurance. Students who request a waiver must sign the Health Insurance affidavit:

Health Insurance Affidavit

I, _____ (Passport Number) _____,
(First Name/ Middle Initial/ Last Name)

born in _____ State of _____
(Country) (City, State)

on _____
(Date of Brith)

Resident at _____
(Permanent Address)

waive the Student Health Insurance Plan by CLCT and say:

- I will purchase an insurance policy with any private insurance company in Taiwan that will cover me for the same medical-hospitalization requirements, as specified by the Taiwan government, without exception or limitation to the coverage I purchase.
- That the above mentioned coverage will be for my entire stay in Taiwan and that I will be responsible for any other expenses of this nature I may sustain while in Taiwan.

Signature of the Affiant

Date

 To join the insurance plan, please make a check.

I am _____ I would like to join the insurance plan, please contact agent for me.

國立高雄師範大學語文教學中心
對外華語學習班
『不參加』學生團體平安保險切結書

【填表前，請先詳閱注意事項，本表中英雙面對照，中文版或英文版學生可擇一簽具】

注意事項：

- 一、本中心對外華語學習班之學員應加保學生平安保險，不參加學生平安保險之學生，需簽署切結書；未滿二十歲且未婚之學生不參加學生團體保險，須由家長(法定代理人)簽署切結書。
- 二、本中心學生平安保險，目前委由南山人壽受理，保費依學制規劃，每三個月為一期（新台幣377元整）。
- 三、投保方式採約定日期，由承保人員統一至本中心收費辦理。有關學生平安保險業務，請逕洽南山人壽服務員吳小姐。
- 四、凡簽署不願加保切結書之同學，在本國或外國應自行投保平安險，若於未投保期間發生事故，所有保險理賠相關事宜應由學生個人自行負責。

註：未滿二十歲之學生，若因家長無法陪同辦理，則可先由學生本人簽立切結書後，待家長確認同意不參加並簽署切結書後郵寄回學校，**才算完成不參加學生團體保險**。

填表人注意事項：(1)未滿二十歲且未婚之學生須由「家長/監護人或法定代理人簽章」。

(2)代辦者如代為切結，應自行負擔切結後所可能產生之保險理賠事宜。

切 結 書

學生：_____ 護照號碼：_____ 出生日期：_____

茲因 _____

選擇『不參加學生團體保險』，本人並已詳閱上述注意事項，所有安全保障事宜，由本人自行承擔，特此證明

◎ 請勾選，立切結書人：學生本人(滿二十歲) 家長/監護人 法定代理人

學生本人(未滿二十歲) 代辦(受託)人：_____ 關係

立切結書人：_____，身分證字號：_____
(護照號碼)

聯絡住址：_____，電話：_____

中華民國 年 月 日

如需加保，請勾選。

我是_____，我要參加學生平安保險，請幫我聯絡服務人員。