

國立聯合大學

Handbook for Incoming Overseas Chinese Student 2025

National United University

2025 年僑生新生入學須知



Website <http://www.nuu.edu.tw>

Address: No.2, Lianda, Miaoli City, Miaoli County 360302, Taiwan, R.O.C

本校網址：<http://www.nuu.edu.tw>

本校地址：360302 苗栗縣苗栗市南勢里聯大 2 號

服務電話：【國際及兩岸事務組】+886-37-381407

【註冊組】+886-37-381121~5



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Airport Pick-up & Accommodation 機場接機服務與住宿

The airport pick-up service is free, only provided upon request and the student shall arrive in Taiwan on the arranged date. Overseas Chinese Student who request this service must fill out the Airport Pick-up Service Form, which must reach our office at least 14 days prior to arrival. Once the pick-up appointment is arranged, we will send you a confirmation e-mail. In academic year 114, we only pick you up at Taoyuan International Airport, on August 27th, 2025, and please arrive in Taiwan before 3 p.m.

本校提供僑生新生免費機場接機服務，114 學年度訂於西元 2025 年 8 月 27 日(開學前兩週的星期三)桃園國際機場接機。需要本服務的新生請務必在飛機到達臺灣前 14 天，將申請表送達服務單位，服務人員安排接機事宜後，將以電子郵件通知。如因疫情入境管制，請屆時依通知資訊為主。

Contact Information 聯絡資訊 --

Mailing Address 聯絡地址	International and cross-strait Division, office of Research and Development, National United University No. 2, Lienda, Nanshi Li, Miaoli City, Miaoli County 36063, Taiwan, R.O.C. 國立聯合大學研發處國際及兩岸事務組 臺灣苗栗縣苗栗市南勢里聯大2號
E-mail	wanyu0928@nuu.edu.tw
Fax傳真	+886-37-381409
Telephone電話	+886-37-381407

There is on-campus accommodation for Overseas Chinese Student. The students need to complete the application form in order to have guaranteed accommodation. For more information, please contact student Housing Service Center on the second floor of Building H1, Erping Shan Campus.

本校提供僑生學生校園宿舍，如要申請住宿，請向本校住宿服務中心填交申請單並洽詢相關問題。住宿服務中心位於二坪山校區，H1 大樓 2 樓。

- Dormitory priority for Overseas Chinese Student. Since foreigners must apply for juridical and academic registration documents in the first year, such as enrollment and alien resident certificate, for your convenience to receive the latest information, **living in the school dormitory is required for first-year Overseas Chinese Student.** 僑生學生可優先住宿。由於僑生人士第一年必須申請眾多法律及學籍文件，如註冊與居留證，為了方便新生得到最新資訊，**第一年就讀的僑生學生必須住宿學校宿舍。**
- One academic year includes two semesters, per semester costs about NT\$11,800 (**NOT** including winter & summer vacation). 一學年含二學期，每學期住宿約繳新臺幣 12,000-23,000 元 (視配宿舍房型定價，**不含**寒假和暑假)。

c. Student Residence Hall Price List of First Campus 第一校區學生宿舍收費價目表

房型 Room Type	住宿費 Accommodation Fee	網路費 Internet Fee	超額能源使用費 Energy Overuse Fee	押金 Dormitory Deposit	總計 Total Amount
女生宿舍 Female Residence					
六人房 6-People Rooms	NT \$8,000	NT\$800	NT \$2,000	NT \$1,000	NT \$11,800
男生宿舍 Male Residence					
六人房 6-People Rooms	NT \$8,000	NT\$800	NT \$2,000	NT \$1,000	NT \$11,800
<p>※A bed frame, closet, desk, and chair are provided for each resident. Students must purchase other necessary accessories on their own.每個床位皆附有床、衣櫥、書桌與椅子。學生需另外自行購買其他生活必需品。</p> <p>※The dormitory deposit will be refundable if the residents obey the dormitory regulations and contract. 住宿學生若遵守宿舍規範與條款，押金將退還到帳戶。</p> <p>為便於日後退費存匯款，僑生學生請自行在台灣開立銀行中文帳戶，必需要持護照與居留證並年滿 18 歲才能辦理。</p> <p>In order to refund the fees for Overseas Chinese Student, please open a savings account yourself in Taiwan .The applicants shall take photo copy of passport and Alien Resident Certificate, and being over 18-year-old.</p> <p>相關訊息/Information：臺灣銀行 Bank of Taiwan-http://www.bot.com.tw/English 郵局 Chunghwa Post Co., Ltd http://www.post.gov.tw/post/interent/U_english 若未滿 18 歲，請家長同意未成年子女開戶，同時提供同意書、身份證號碼及影本。 If the student is under 18, please take the consent letter as proof to open a savings account .The letter shall include the passport or ID number of the student ,the photocopy of passport or identification , the signature of student and parent and the date (year/month/day).</p>					

Contact Information 聯絡資訊 --

Mailing Address 聯絡地址	Student Housing service Center, Division of Student Affairs, National United University No. 1, Lienda, Gongjing Li, Miaoli City, Miaoli County 36003, Taiwan, R.O.C. 國立聯合大學學生事務處住宿服務中心 臺灣苗栗縣苗栗市恭敬里聯大1號
E-mail	nuuroom@nuu.edu.tw
Telephone電話	+886-37-381750
Fax傳真	+886-37-353843

Registration Procedure & Orientation 註冊程序與新生學涯導航

The registration deadline for the first semester is September ?, 2025. Please be present at the university for registration on the date specified, or the status of admission shall be revoked.

第 1 學期註冊截止日為 2025 年 9 月 7 日，請於學校規定之註冊日到校註冊，否則將取消入學資格。

The new student orientation starts on September 4. There are two days of orientation to help the new students adjust to the new environment.

新生學涯導航於 9 月 1 日開始，為期二天的研習，可協助新生適應新環境。

Contact Information 聯絡資訊 --

Mailing address 聯絡地址	Registration Section, Office of Academic Affairs, National United University No. 2, Lienda, Nanshi Li, Miaoli 36063, Taiwan, R.O.C. 國立聯合大學教務處註冊組 臺灣苗栗縣苗栗市南勢里聯大2號
E-mail	chun2070@nuu.edu.tw
Fax傳真	+886-37-381129
Telephone電話	+886-37-381122

Alien Resident Certificate (ARC) 僑生學生居留證

After registering at the University, Overseas Chinese Student can apply for an Alien Resident Certificate (ARC) at Miaoli Office of National Immigration Agency. The application for an Alien Resident Certificate Card requires the following documents:

1. One two-inch sized colored photograph taken within 6 months with white background
2. One original and photocopy of the valid passport (with resident visa)
3. One photocopy of admission certificate
4. One original and photocopy of student status certificate (offered by the Registration Section after the registration procedure completed)
5. Annual processing fee of NT\$1,000

The applicant should bring the receipt of application to Miaoli Office of National Immigration Agency to get the ARC. **Every student, including those already hold ARC, shall go to there to register the new identity.**

僑生學生完成註冊後，可前往移民署苗栗服務站申請居留證，申請時應繳交文件如下：

1. 6個月內拍攝之2吋白色背景彩色照片1張
2. 有效護照正本及影印本各1份（持居留簽證）
3. 錄取通知書影印本1份
4. 在學證明正本及影印本各1份（完成註冊程序後向註冊組申請）
5. 僑生手續費每年新臺幣1,000元整；港澳生手續費新臺幣2,600元（3年可多次進出）

申請人須帶申請手續費之收據前往移民署苗栗服務站，以簽收居留證。

Contact Information 聯絡資訊 --

Application address 申請地址	Miaoli Office, National Immigration Agency No.8, Ln. 1291, Zhongzheng Rd., Miaoli City, Miaoli County 360, Taiwan, R.O.C. 移民署苗栗縣服務站 苗栗市中正路1291巷8號
Telephone 電話	+886-37-322350 （Miaoli Office, National Immigration Agency, 移民署苗栗縣服務站）

Health Insurance and National Health Insurance (NHI) 傷病醫療保險與全民健康保險

The first-year Overseas Chinese Student who have not stayed in Taiwan for more than 6 months are required to subscribe health insurance and the period is 6 months, from the date students finish the registration; those who meet the requirement of National Health Insurance (NHI) should subscribe NHI program according to law. The fee of insurances is included in the enrolment fee, NT\$580 per month of health insurance, NT\$826 per month

of NHI. To apply for health insurance, students should deliver one photocopy of passport or ARC to Section of Life Guidance before the end of the first week of a new semester.

第一年就讀的僑生學生，若尚未在臺居留滿6個月，必須投保傷病醫療保險，保險期間為自完成註冊後6個月；學生符合全民健康保險（健保）資格者，依法必須投保健保。註冊費內含保險費，傷病醫療保費為6個月新臺幣3,000元，僅第一學期可加保，第二學期符合健保資格後，需投保健保，健保費為每月新臺幣826元，6個月為4956元。

To apply for NHI and NHI IC card, please hand in the following documents:

1. One photocopy of ARC
2. One two-inch sized colored photograph taken within 6 months with white background
3. Official certificate of poverty

申請健保與健保IC卡，投保時應繳交文件如下：

1. 居留證影印本1份
2. 6個月內拍攝之2吋白色背景彩色照片1張
3. 清寒證明開立單位(欲辦理健保補助者)

★清寒證明開立單位

I. 留臺校友會 II. 前一學程畢業學校 III. 同鄉會 IV. 僑居地政府機構 V. 保薦單位。

Contact Information 聯絡資訊 --

Mailing Address 聯絡地址	International and Cross-strait Division, Office of Research and Development, National United University No. 2, Lienda, Nanshi Li, Miaoli City, Miaoli County 36063, Taiwan, R.O.C. 國立聯合大學學生研發處國際及兩岸事務組 臺灣苗栗縣苗栗市南勢里聯大2號
E-mail	wanyu0928@nuu.edu.tw
Fax傳真	+886-37-381409
Telephone電話	+886-37-381407

The student volunteers of Overseas Chinese and Overseas Chinese Student Club can help you complete the applications during your stay at the university.

僑生學生在本校期間，境外學生義工可提供協助，陪同辦理各種申請。

※Smoking is banned on all NUU campuses Violators will be dealt with in accordance with the Tobacco Hazards Prevention Act.

本校全面禁菸，違規者依菸害防制法辦理。

Course Registration 選課作業

The course registration is operated on the Web Registration System. Since the system is in Chinese, please consult with the assistant from your department about course registration if you need any help to use the system.

School classes begin on September 9, 2024. There are two weeks of Add/Drop Course Period for students to add/drop courses after school classes begin. All Overseas Chinese Student can take any courses offered by departments and institutes other than their majors. 選課作業是線上操作的網路系統。由於本系統是中文介面，僑生學生如有操作問題，可請系上助理協助。

開學上課日為 2025 年 9 月？日。開學上課後，有兩週時間供學生加退選課程，僑生學生除選讀主修課程外，亦可選讀外系院之課程。

Contact Information 聯絡資訊 --

Department 學系	Tel 電話	E-mail
Department of Civil and Disaster Prevention Engineering 土木與防災工程學系	+886-37-382362	xiaohui@nuu.edu.tw
Department of Electronic Engineering 電子工程學系	+886-37-382501	nancyge@nuu.edu.tw
Department of Electrical Engineering 電機工程學系	+886-37-382472	una@nuu.edu.tw
Department of Electro-Optical Engineering 光電工程學系	+886-37-382552	wcandy@nuu.edu.tw
Department of Business Management 經營管理學系	+886-37-381599	tjhwu@nuu.edu.tw
Department of Information Management 資訊管理學系	+886-37-381501	im@nuu.edu.tw

Department of Finance 財務金融學系	+886-37-381541	finance@nuu.edu.tw
Department of Architecture 建築學系	+886-37-381641	kung_ling@nuu.edu.tw
Department of Industrial Design 工業設計學系	+886-37-381651	vvno9@nuu.edu.tw
Department of Taiwan Languages and Communication 臺灣語文與傳播學系	+886-37-382730	nous@nuu.edu.tw
Department of Chinese Language and Literature 華語文學系	+886-37-382701	venus@nuu.edu.tw
Department of Cultural Tourism 文化觀光產業學系	+886-37-382621	guanyin@nuu.edu.tw
Department of Materials Science and Engineering 材料科學工程學系	+886-37-382230	ayuan263175@nuu.edu.tw
Department of Department of Chemical Engineering 化學工程學系	+886-37-382203	han@nuu.edu.tw
Department of Mechanical Engineering 機械工程學系	+886-37-382302	chi1997@nuu.edu.tw
Department of Safety,Health and Environmental Engineering 環境與安全衛生工程學系	+886-37-382255	mimi@nuu.edu.tw

Institute of Hakka Language and Communication 客家語言與傳播研究所	+886-37-382651	fanfen@nuu.edu.tw
Ph. D. Program in Materials and Chemical Engineering 材料與化學工程博士學位學程	+886-37-382243	pyliu@nuu.edu.tw
Ph. D. Program, College of EECS, NUU 電機資訊學院博士班	+886-37-382121	agnest@nuu.edu.tw

Tuition Fees & Living Expenses 學雜費與生活費

The tuition fees listed in the following table are the fees for one semester. Tuition and incidental fees may be annually revised.

收費表所列之學雜費是 1 學期收費基準，學雜費可能會隨年度調整費用。

undergraduate fee 學士班收費	Tuition 學費	incidental fees 雜費
College of Engineering and Science 理工學院	NT\$16,900	NT\$9,100
College of Design 設計學院		
College of Electrical Engineering and Computer Science 電機資訊學院		
Department of Information Management 資訊管理學系		
College of Management 【Department of Business Management、Department of Finance】 管理學院【經營管理學系、財務金融學系】	NT\$14,690	NT\$7,910
College of Humanities and Social Sciences 人文與社會學院	NT\$14,485	NT\$7,800
College of Hakka Studies 客家研究學院		

Please note that/請注意：

- Undergraduate students need to pay tuition and incidental fees during the 4 years of study (5 years for students in Dept. of Architecture).
學士班學生正常修業年限 4 年(建築學系 5 年)收取學雜費。
- If a student has to postpone his/her graduation:
he/she shall pay tuition and incidental fees under the condition that there are 9 or more credits to be taken, and for the student who has less than 9 credits to be taken, he/she shall pay credit fees and extra 11% of the incidental fees for per credit. (**Credit Fee for Bachelor Program : Department of Information Management, College of Engineering and Science, College of Electrical Engineering and Computer Sciences, College of Design: NT\$2,060 per credit; College of Management, College of Humanities and Social Sciences: NT\$1,920 per credit**)
學士班延修生修課達 9 學分者收取學雜費；修課未達 9 學分者收取學分費及每學分 11% 之雜費。(資管學系及理工、電資、設計學院等每學分 NTD\$1,030 元；管理、人社學院每學分 NTD\$960 元)

graduate fee 碩士班收費	Tuition 學雜費基數	incidental fees 學分費/每學分
College of Engineering and Science 理工學院	NT\$12,180	NT\$1,523
College of Design 設計學院		
College of Electrical Engineering and Computer Science 電機資訊學院		
Department of Information Management 資訊管理學系		
College of Management 【Department of Business Management】 管理學院【經營管理學系】	NT\$12,180	NT\$1,523
College of Humanities and Social Sciences 人文與社會學院		
College of Hakka Studies 客家研究學院		

Please note that/請注意：

碩士班學生各年級每學期均繳交學雜費基數(如上表)及依修課學分數繳交學分費；僅修畢業論文或未完成論文繳交或未通過各系自訂「語文能力」而不能畢業者，須繳交學雜費基數。Graduate students need to pay tuition and incidental fees (as chart above) for each semester, and also pay credit fees (NT\$1,523 per credit). But if these students only (1) need to revise the paper, (2) have not submitted the paper yet, (3) have not passed the language proficiency test which is the requirement of the departments, they shall pay the basic tuition and incidental fees (NT\$12,180).

item 項目	cost 費用
On-campus Accommodation 校園住宿	NT\$11,800/semester
Textbooks/Stationery 參考書與文具	NT\$3,000/semester
Computer Lab/E-mail Account 電腦與網路使用	NT\$500/semester
Student Group Insurance 學生平安保險	依年度招標結果而定
Overseas Student Health Insurance 僑生傷病醫療保險(僅未符合健保前加保)	NT\$826
National Health Insurance 全民健康保險	NT\$826/month
Food 飲食	NT\$5,000/month
Heath Certificate for Residence Application 居留健檢	NT\$2,000

Scholarships 獎學金

The University provides scholarships per semester for Overseas Chinese Student.

The application for scholarships and assistantships is served by the Extracurricular Section on the first floor of the Administration Building. If you want to apply for scholarships or assistantships, please complete the application form and submit it to the Extracurricular Section. For more information, please contact the officials of the section directly.

本校提供僑生學生獎學金，僑生學生如要申請，請洽詢研發處國際及兩岸事務組僑生輔導業務承辦人。

Contact Information 聯絡資訊 --

Mailing address 聯絡地址	Extracurricular Section, Student Affairs Division, National United University No.2, Lien-Da, Miao-Li 36063, Taiwan, R.O.C 國立聯合大學研究發展處國際及兩岸事務組 台灣苗栗縣苗栗市南勢里聯大2號
E-mail	Wanyu0928@nuu.edu.tw
Fax傳真	+886-37-381409
Telephone電話	+886-37-381407(Miss Huang)

Airport Pick-up Application Form

接機服務申請表

2 吋照片
Attach recent bust
photo here
(2 inches long)

基本資料(Personal information)

姓名(中文全名)：_____ (男 / 女) English Name：_____ (同護照)

國籍(Nationality)：_____ 護照號碼(Passport No.)：_____

電話(Tel.)：_____ E-mail：_____

緊急聯絡人(Emergency Contact Person)

姓名(Name)：_____

電話(Tel.)：_____

E-mail：_____

接機服務(Airport Pick-up Service)

服務時間：西元 2025 年 8 月 27 日 15 時(因疫情，僅供參考，請以實際通知為主)

(Service Available: before 3P.M. on August 27, 2025 only)

☐需要(Require) ☐家人陪同(accompanying number)，人數：_____ 不含學生本人(excluding the student in person)

☐不需要(Do not Require)

班機號碼(Flight No.)：_____ (航空公司 Airline+航班 Flight No.)

抵達航廈(Terminal No.)： ☐第一航廈(Terminal 1) ☐第二航廈(Terminal 2)

抵達時間(Arrival Time)：_____

1. Please send this form to (wanyu0928@nuu.edu.tw) at least 14days before your arrival in Taiwan. (敬請抵臺 14 天前，將接機申請表電郵給承辦人，以利接機安排。)

2. Please arrive in Taiwan **before 3P.M.on (August 27), 2025** A senior form National United University will meet you at the airport and bring you to our campus.
(敬請於西元 2025 年 8 月 27 日 15 時前抵達台灣，我們將安排學長姐接機)

3. It is strongly recommended that students exchange the home currency to NT dollar at Taoyuan International Airport before arriving the school.
(抵校前，十分建議同學先於桃園國際機場兌換新臺幣。)

承辦人：黃琬俞(Wendy) Tel: +886-37-381407 E-mail: wanyu0928@nuu.edu.tw



居留或定居健康檢查項目表 Health Certificate for Residence Application

(醫院名稱、地址、電話、傳真)
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination
YYYY / MM / DD

基本資料 / Basic Data

姓名： Name	性別： <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F Sex	照片 / Photo
身份證字號： ID No.	護照號碼： Passport No.	
出生年月日： Date of Birth	國籍： Nationality	
年齡： Age	聯絡電話： Phone No.	

實驗室檢查 / Laboratory Examinations

A. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis :
X 光發現 / Findings :
判定 / Result :
☐ 合格 / Passed ☐ 疑似肺結核 / TB suspect ☐ 無法確認診斷 / Pending ☐ 不合格 / Failed
☐ 孕婦或 12 歲以下兒童免驗 / Not required for pregnant women or children under 12 years of age

B. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites :
☐ 陽性，種名 / Positive, Species _____ ☐ 陰性 / Negative
☐ 其他可不予治療之腸內寄生蟲 / Other parasites that do not require treatment
☐ 來自附錄三之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 3

C. 梅毒血清檢查 / Serological Tests for Syphilis :
檢驗 / Tests :
a. ☐ RPR ☐ VDRL
☐ 陽性 / Positive，效價 / Titers _____ ☐ 陰性 / Negative，效價 / Titers
b. ☐ TPHA ☐ TPPA ☐ FTA-abs ☐ TPLA ☐ EIA ☐ CIA
☐ 陽性 / Positive，效價 / Titers _____ ☐ 陰性 / Negative，效價 / Titers
c. ☐ other _____ ☐ 陽性 / Positive，效價 / Titers
☐ 陰性 / Negative，效價 / Titers
判定 / Result : ☐ 合格 / Passed ☐ 不合格 / Failed
☐ 15 歲以下兒童免驗 / Not required for children under 15 years of age

D. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates :
a. 抗體檢查 / Antibody Tests
麻疹抗體 / Measles Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal
德國麻疹抗體 / Rubella Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal
b. 預防接種證明 / Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少間隔兩週 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to traveling overseas.)
☐ 麻疹預防接種證明 / Measles Vaccination Certificate
☐ 德國麻疹預防接種證明 / Rubella Vaccination Certificate
c. ☐ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

漢生病檢查 / Examinations for Hansen's Disease

全身皮膚視診結果 / Skin Examination

☐ 正常 / Normal

☐ 異常 / Abnormal : ☐ 非漢生病 / Not related to Hansen's disease :

☐ 疑似漢生病須進一步檢查 / Hansen's disease suspect who needs further examinations

a. 病理切片 / Skin Biopsy :

b. 皮膚抹片 / Skin Smear : ☐ 陽性 / Positive ☐ 陰性 / Negative

c. 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

判定 / Result :

☐ 合格 / Passed ☐ 須進一步檢查 / Needs further examinations ☐ 不合格 / Failed

☐ 來自附錄四之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 4

健康檢查總結果 / The final result of health examination :

☐ 合格 / Passed ☐ 須進一步檢查 / Need further examinations ☐ 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist :

負責醫師簽章 / Signature of Chief Physician :

醫院負責人簽章 / Signature of Superintendent :

日期 / Date : YYYY / MM / DD

備註 / Note : 本證明三個月內有效。 / The certificate is valid for three months.

附錄一 愛滋篩檢與治療費用通知書

(請健檢醫院將此通知書併同健康檢查證明發給受檢者)

- 一、 中華民國政府已修改法規，取消非本國籍人類免疫缺乏病毒(HIV)感染者之入境、停留及居留限制，也取消此項健康檢查項目。
- 二、 由於非本國籍人士在中華民國治療 HIV 感染之費用，中華民國政府不提供補助，每年治療費用約為新臺幣三十萬元(約美金一萬元)，建議非本國籍人士先於母國接受 HIV 篩檢，了解自身健康狀況；如為 HIV 感染者，建議留在母國接受治療。欲來中華民國工作者，請先行購買醫療保險，以免造成個人財務負擔。
- 三、 外籍人士進入中華民國後，可自行至醫院進行 HIV 篩檢，了解自身感染狀況，傳染病諮詢電話為 0800-001922。

Appendix 1 Notice for HIV Screening and Treatment Costs

(Health examination hospitals shall issue this notice and health certificate to the examinee)

1. The Government of Republic of China (Taiwan) has revised its laws to lift restrictions on entry, stay and residence of non-ROC nationals infected with human immunodeficiency virus (HIV) in addition to removing this item from health examination.
2. The Government of Republic of China (Taiwan) does not offer subsidies to non-ROC nationals infected with HIV infection for treatment in Taiwan. The annual treatment costs for HIV is NTD\$300,000 (approximately USD\$10,000). It is strongly advised that non-ROC nationals to undergo HIV screening in their homeland prior to visiting Taiwan in order to understand their own health conditions. Persons infected with HIV are strongly advised to stay in their homeland for treatment. Persons intending to work in Taiwan are advised to purchase medical health insurance in advance to avoid financial burdens.
3. Upon entry into the Republic of China (Taiwan), foreigners may undergo HIV screening at a hospital to determine their infection status. The consultation hotline for infectious diseases is 0800-001922.

Phụ lục 1 Giấy thông báo chi phí xét nghiệm và điều trị HIV

(Đề nghị bệnh viện khi cấp Báo cáo khám sức khỏe thì cấp kèm Giấy thông báo này)

1. Chính phủ Đài Loan đã sửa đổi pháp lệnh, hủy bỏ quy định hạn chế nhập cảnh, tạm trú và cư trú đối với người nước ngoài bị Hội chứng suy giảm miễn dịch mắc phải (HIV), và cũng hủy bỏ hạng mục xét nghiệm này trong quy định khám sức khỏe.
2. Do Chính phủ Đài Loan không trợ cấp chi phí điều trị HIV tại Đài Loan cho người nước ngoài, mà chi phí điều trị mỗi năm khoảng 300 ngàn Đài tệ (khoảng 10 ngàn Đô la Mỹ), nên kiến nghị người nước ngoài, trước khi đến Đài Loan hãy tiến hành xét nghiệm HIV ở nước mình để nắm bắt tình hình sức khỏe của bản thân; nếu bị nhiễm HIV, kiến nghị hãy ở lại nước mình để điều trị. Đối với người dự định đến Đài Loan làm việc, kiến nghị hãy mua Bảo hiểm Sức khỏe trước, nhằm tránh gánh nặng tài chính cho bản thân.
3. Người nước ngoài sau khi đến Đài Loan có thể tự đến bệnh viện xét nghiệm HIV để nắm bắt tình hình nhiễm bệnh của mình, số điện thoại tư vấn bệnh truyền nhiễm tại địa bàn Đài Loan là: 0800-001922.

Appendix 2 Additional instructions of health examination for residence application

- 一、6歲以下兒童免辦理健康檢查，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)。Children under 6 years of age are exempt from health examination, but the certificate of vaccination is necessary. (Child age one and above should get at least one dose of measles and rubella vaccines).
- 二、懷孕婦女及12歲以下兒童免驗胸部 X 光檢查；懷孕婦女於產後應補辦胸部 X 光檢查。Pregnant women and children under 12 years of age are exempt from chest X-ray examination; Pregnant women should undergo chest X-ray examination after the child's birth.
- 三、得申請免驗胸部 X 光檢查之資格：來自結核病盛行率低於十萬分之三十的國家，並檢具由精神科醫師出具申請人在心理上不適合進行胸部 X 光檢查之診斷證明書，經衛生福利部疾病管制署審核通過者，始得免除此項檢查。Qualifications for applying exemption from chest X-ray examination: People who are from countries with a tuberculosis prevalence rate of under 30/100,000 and who have received the physical examination certificate that deemed the individual as being unsuitable to undergo chest X-ray examination, which is verified by CDC, are exempt from the examination.
- 四、腸道寄生蟲糞便檢查採離心濃縮法。Stool examination for parasites should be done with centrifugal concentration.
- 五、15歲以下兒童免驗梅毒血清檢查。Children under 15 years of age are exempt from serological test for syphilis.
- 六、漢生病檢查為全身皮膚檢查，受檢者可穿著內衣內褲，並由親友或女性醫護人員陪同受檢。檢查時逐步分部位受檢，避免一次脫光全身衣物，維護受檢者隱私。Hansen's disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant's privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibility to protect the privacy of the applicant, and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

附錄三 免驗腸內寄生蟲糞便檢查之國家/地區表

Appendix 3 List of countries/areas not required to undergo stool examination for parasites

西太平洋區 Western Pacific Region	
澳洲 Australia	汶萊 Brunei Darussalam
香港 Hong Kong	日本 Japan
澳門 Macao	紐西蘭 New Zealand
韓國 Republic of Korea	新加坡 Singapore
臺灣之無戶籍國民, nationals without registered permanent residence in Taiwan	
東地中海區 Eastern Mediterranean Region	
巴林 Bahrain	科威特 Kuwait
卡達 Qatar	沙烏地阿拉伯 Saudi Arabia
阿拉伯聯合大公國 United Arab Emirates	
美洲區 Region of the Americas	
阿根廷 Argentina	加拿大 Canada
智利 Chile	美國 United States of America
歐洲區 European Region	
阿爾巴尼亞 Albania	安道爾 Andorra
亞美尼亞 Armenia	奧地利 Austria
白俄羅斯 Belarus	比利時 Belgium
波士尼亞與赫塞哥維納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	喬治亞 Georgia
德國 Germany	希臘 Greece
匈牙利 Hungary	冰島 Iceland
愛爾蘭 Ireland	以色列 Israel
義大利 Italy	哈薩克 Kazakhstan
拉脫維亞 Latvia	立陶宛 Lithuania
盧森堡 Luxembourg	馬爾他 Malta
摩納哥 Monaco	蒙特內哥羅 Montenegro
荷蘭 Netherlands	挪威 Norway
波蘭 Poland	葡萄牙 Portugal
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania
俄羅斯 Russian Federation	聖馬利諾 San Marino
塞爾維亞 Serbia	斯洛伐克 Slovakia
斯洛維尼亞 Slovenia	西班牙 Spain
瑞典 Sweden	瑞士 Switzerland
馬其頓 The former Yugoslav Republic of Macedonia	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
英國 United Kingdom	

附錄四 免驗漢生病檢查之國家/地區表

Appendix 4 List of countries/areas not required to undergo examination for Hansen's disease

西太平洋區 Western Pacific Region	
澳洲 Australia	汶萊 Brunei Darussalam
香港 Hong Kong	日本 Japan
澳門 Macao	紐西蘭 New Zealand
韓國 Republic of Korea	新加坡 Singapore
臺灣之無戶籍國民 nationals without registered permanent residence in Taiwan	
美洲區 Region of the Americas	
加拿大 Canada	智利 Chile
美國 United States of America	
歐洲區 European Region	
阿爾巴尼亞 Albania	安道爾 Andorra
亞美尼亞 Armenia	奧地利 Austria
白俄羅斯 Belarus	比利時 Belgium
波士尼亞與赫塞哥維納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	喬治亞 Georgia
德國 Germany	希臘 Greece
匈牙利 Hungary	冰島 Iceland
愛爾蘭 Ireland	以色列 Israel
義大利 Italy	哈薩克 Kazakhstan
拉脫維亞 Latvia	立陶宛 Lithuania
盧森堡 Luxembourg	馬爾他 Malta
摩納哥 Monaco	蒙特內哥羅 Montenegro
荷蘭 Netherlands	挪威 Norway
波蘭 Poland	葡萄牙 Portugal
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania
俄羅斯 Russian Federation	聖馬利諾 San Marino
塞爾維亞 Serbia	斯洛伐克 Slovakia
斯洛維尼亞 Slovenia	西班牙 Spain
瑞典 Sweden	瑞士 Switzerland
馬其頓 The former Yugoslav Republic of Macedonia	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
英國 United Kingdom	

National United University Student Health Examination Form
Ministry of Education, Taiwan, R.O.C. (Revised Version)

Student
No.

Contact Information	Date of Entry	(mm)/(yy) /	Dept./Institute/Program				Name													
	Date of Birth	(dd)/(mm)/(yy) / /	Blood Type			Gender	<input type="checkbox"/> M <input type="checkbox"/> F	I.D. No.												
	Permanent address								Cell phone .		Attach photo (if the university/ College wants a Photo)									
	Mail address	<input type="checkbox"/> As above																		
	Emer- gency con- tact	Relationship	Name		Phone (home)		Phone (work)													
								Studen's												
										E-mail										

Health Information	Please tick of the ailments you have had (<i>please add details for 13. to 18.</i>):	
	<input type="checkbox"/> 1. None	<input type="checkbox"/> 6. Kidney disease <input type="checkbox"/> 11. Arthritis <input type="checkbox"/> 16. Major surgery:_____
	<input type="checkbox"/> 2. Tuberculosis	<input type="checkbox"/> 7. Epilepsy <input type="checkbox"/> 12. Diabetes mellitus <input type="checkbox"/> 17. Allergy to:_____
	<input type="checkbox"/> 3. Heart disease	<input type="checkbox"/> 8. SLE (Lupus) <input type="checkbox"/> 13. Psychological or mental illness:_____ <input type="checkbox"/> 18. Other:_____
	<input type="checkbox"/> 4. Hepatitis	<input type="checkbox"/> 9. Hemophilia <input type="checkbox"/> 14. Cancer:_____
	<input type="checkbox"/> 5. Asthma	<input type="checkbox"/> 10. G6PD deficiency <input type="checkbox"/> 15. Thalassemia:_____
High myopia:Do you currently have myopia greater than 500 degrees(near-sightedness-5.00 diopters) in either eye? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2.Unknown		
Holder of Catastrophic Illness(including Rare Disease) Certificate: <input type="checkbox"/> 0. No <input type="checkbox"/> 1.Yes-Category:_____		
Holder of Physical/Mental Disability Manual <input type="checkbox"/> 0. No <input type="checkbox"/> 1.Yes Category:_____		
Level: <input type="checkbox"/> 1.Mild <input type="checkbox"/> 2.Moderate <input type="checkbox"/> 3.Severe <input type="checkbox"/> 4.Profound		
Special disease status or matters needing attention: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes(please describe) If you are being treated for or recovering from any of the above or some other disease, please inform the medical personnel and also provide your medical records for the healthcare professionals' references.		
Family medical/disease history : Relative with hereditary disorder: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes Name of disease <input type="checkbox"/> 2.Unknown Relatives of family members srffering from major hereditary disorder:_____ Name of disease:_____		

Regular Lifestyle	Tick the box that best describes your lifestyle:	
	1. How much did you sleep during the past 7 days (not including weekends, or days off) ? <input type="checkbox"/> ① ≥7 hours a day <input type="checkbox"/> ② <7 hours a day <input type="checkbox"/> ③ I suffer from insomnia	
	2. How often did you eat breakfast in the past 7 days (<i>not including weekends, or days off</i>): <input type="checkbox"/> Never <input type="checkbox"/> Some days:___days. <input type="checkbox"/> Every day(Eat: before 9:00 <input type="checkbox"/> Yes <input type="checkbox"/> No: after 9:00 <input type="checkbox"/> Yes <input type="checkbox"/> No)	
	3. During the past 7 days, how many days did you do moderate/high intensity exercise(that is you could talk but not sing while per-forming the exercise), such as sports, fitness commuting, and recreational physical activities for at least 10 minutes each time per day? <input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 6 days <input type="checkbox"/> 7 days	
	4. During the past month, did you use tobacco(cigarettes, e-cigarettes, or iQOS)? Nat at all <input type="checkbox"/> Some days-please tick: <input type="checkbox"/> a@cigarettes <input type="checkbox"/> b@e-cigarettes <input type="checkbox"/> c@iQOS (multiple choice) <input type="checkbox"/> Every day - please tick: <input type="checkbox"/> a@cigarettes <input type="checkbox"/> b@e-cigarettes <input type="checkbox"/> c@iQOS (multiple choice) <input type="checkbox"/> ④I have quit	
	5. During the past month, did you drink alcohol? <input type="checkbox"/> ①Not at all <input type="checkbox"/> ②Some days <input type="checkbox"/> ③Every day - please tick how many: <input type="checkbox"/> a@2 drinks or more <input type="checkbox"/> b@1 drink <input type="checkbox"/> c@less than 1 drink <input type="checkbox"/> ④I have quit (Note: 1 'drink' means: 330 ml of beer, 120 ml of wine, 45 ml of spirits)	
	6. During the past month, did you chew betel nut? <input type="checkbox"/> ①Not at all <input type="checkbox"/> ②Some days <input type="checkbox"/> ③Every day <input type="checkbox"/> ④I have quit	
	7. Do you feel depressed? <input type="checkbox"/> ①Not at all <input type="checkbox"/> ②Sometimes <input type="checkbox"/> ③Often	
	8. Do you feel worried? <input type="checkbox"/> ①Not at all <input type="checkbox"/> ②Sometimes <input type="checkbox"/> ③Often	
	9. During the past 7 days, how often did you defecate? <input type="checkbox"/> ①At least once a day <input type="checkbox"/> ②Once in 2 days <input type="checkbox"/> ③Once in 3 days <input type="checkbox"/> ④Once in 4 or more days	
	10. During the past 7 days (not including weekends, or days off), how many hours did you use the internet everyday, apart from when doing homework or in class? <input type="checkbox"/> ①less than 2 hours <input type="checkbox"/> ②2-4 hours <input type="checkbox"/> ③4 hours or more:___hours	
	11. How many times do you usually brush your teeth a day? <input type="checkbox"/> ①None <input type="checkbox"/> ②Once <input type="checkbox"/> ③Twice <input type="checkbox"/> ④3 or more times	
	12. How often do you have a dental checkup even if there's no toothache or other oral discomfort? <input type="checkbox"/> ①Once every 6 months <input type="checkbox"/> ②Once a year <input type="checkbox"/> ③More than one year <input type="checkbox"/> ④Never	
	13. Menstrual cycle – <i>female students</i> : Do you have painful menstrual periods? <input type="checkbox"/> ①No <input type="checkbox"/> ②Light pain <input type="checkbox"/> ③Severe pain <input type="checkbox"/> ④Unknown/Declined to answer	

Health Self	During the past month, would you say your health condition is <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> mFair <input type="checkbox"/> nPoor	
	During the past month, would you say your mental health condition is <input type="checkbox"/> ①Excellent <input type="checkbox"/> ②Good <input type="checkbox"/> ③Average <input type="checkbox"/> ④Fair <input type="checkbox"/> ⑤Poor	
	※Do you currently have any health concerns? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	
※Do you need the university/college to provide any assistance? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes		

Health Examination Record (to be completed by medical personnel)				Date: Day _____ Month _____ Year _____				Examiner's Signature	
Height: _____ cm Weight: _____ kg				<input type="checkbox"/> Waistline: _____ cm					
Blood Pressure: _____ / _____ mmHg Pulse rate: _____ /min※									
Vision: Uncorrected: Right _____ Left _____ Corrected: Right _____ Left _____									
Eyes	<input type="checkbox"/> Normal	<input type="checkbox"/> Color vision deficiency <input type="checkbox"/> Other: _____							
ENT	<input type="checkbox"/> Normal	Hearing abnormality: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Suspected otitis media, such as from a perforated ear drum△ <input type="checkbox"/> Swollen tonsils <input type="checkbox"/> Earwax embolism <input type="checkbox"/> Other: _____							
Head & Neck	<input type="checkbox"/> Normal	<input type="checkbox"/> Wry neck (torticollis) <input type="checkbox"/> Abnormal mass <input type="checkbox"/> Other: _____							
Chest	<input type="checkbox"/> Normal	<input type="checkbox"/> Cardiopulmonary disease <input type="checkbox"/> Abnormal thorax <input type="checkbox"/> Other: _____							
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormally swollen <input type="checkbox"/> Other: _____							
Spine & limbs	<input type="checkbox"/> Normal	<input type="checkbox"/> Scoliosis <input type="checkbox"/> Limb deformity <input type="checkbox"/> Bowlegged (Difficulty squatting) <input type="checkbox"/> Other: _____							
Genitourinary system	<input type="checkbox"/> Normal <input type="checkbox"/> Not checked	<input type="checkbox"/> Abnormal foreskin <input type="checkbox"/> Varicocele <input type="checkbox"/> Other: _____							
Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Ringworm <input type="checkbox"/> Scabies <input type="checkbox"/> Wart <input type="checkbox"/> Atopic dermatitis <input type="checkbox"/> Eczema <input type="checkbox"/> Other: _____							
Oral Health Screening	<input type="checkbox"/> Normal	Untreated caries: <input type="checkbox"/> 0.No <input type="checkbox"/> 1.Yes Missing tooth (been extracted due to caries): <input type="checkbox"/> 0.No <input type="checkbox"/> 1.Yes Filled tooth : <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes Gingivitis※: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes Dental calculus or tartar※: <input type="checkbox"/> 0.No <input type="checkbox"/> 1.Yes <input type="checkbox"/> Poor oral hygiene <input type="checkbox"/> Malocclusion <input type="checkbox"/> Other							
Summary		<input type="checkbox"/> Normal <input type="checkbox"/> Requires a consultation with a: _____ <input type="checkbox"/> Other: _____						Stamp of hospital/clinic where examination was done	

Laboratory Tests		1 st test	Result		Laboratory Tests		1 st test	Result		
			Abnormal	Follow up				Abnormal	Follow up	
Urinalysis	Protein (+) (-)				Blood lipid	Total cholesterol (mg/dl)				
	Sugar (+) (-)					Renal function	Creatinine (mg/dl)			
	O.B. (+) (-)						UA (mg/dl)			
	pH						BUN (mg/dl) ※			
Blood test	Hb (g/dl)				Liver function	SGOT (U/L)				
	WBC (10 ³ /μL)					SGPT (U/L)				
	RBC (10 ⁶ /μL)				Hepatitis B	HbsAg				
	Platelet count (10 ³ /μL)					Anit-HBs				
	MCV (fl)				Other※					
	Hct (%)※									

Chest X-ray	Date of X-ray	Result: <input type="checkbox"/> No obvious abnormality <input type="checkbox"/> R/O TB <input type="checkbox"/> TB-related Calcification <input type="checkbox"/> Abnormal thorax <input type="checkbox"/> Pleura cavity edema <input type="checkbox"/> Scoliosis <input type="checkbox"/> Cardiomegaly <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Other: _____						Further treatment, date, and comment:

Other tests	Item	Date	Checked by	Result	Referred for follow-up, comment:

Summary	Summary of health examination results, for follow-up or treatment, and case management outline
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△ : The item can be examined as needed under the Implementation Regulations Regarding Students' Health Screening

※Optional item