

EXHIBIT A

CHINA MEDICAL UNIVERSITY HOSPITAL

PARTICIPANT HEALTH SCREEN REQUIREMENT

The following health screen requirements are to be met and this report must be sent to CMUH along with the application form.

1. TUBERCULOSIS (TB test must have been give within three months of the beginning date of the observer-ship)

TB screening blood test: Positive/Negative Date: _____

OR

Tuberculin skin test: Positive/Negative Date: _____ OR

Chest x-ray: Normal/Suspicious of TB Date: _____

If positive, have you:

1. Had a chest x-ray Negative/Positive Date: _____

2. Been treated with Anti-Tubercular Drugs? Yes No Date: _____

2. SYPHILIS serum examination

Syphilis serum examination titer Date: _____ (within one year of the beginning date of the observer-ship)

3. MEASLES and GERMAN MEASLES (antibody)

Measles and German measles titer Date: _____ (within one year of the beginning date of the observer-ship)

4. VARICELLA (CHICKENPOX)

Positive Varicella immune titer Date: _____ (within one year of the beginning date of the observer-ship)

5. HEPATITIS B Surface antibody

Hepatitis B Surface antibody titer Date: _____ (within one year of the beginning date of the observer-ship)

I certify that the above information is correct. Signed:

_____ (Health Care Provider) _____ (Date)

EXHIBIT B

Example

New staff health examination

Name :
Birthday :
Passport No :
Address :
Sex :
Marriage :
Nationality :

Attach recent
photograph here

Physical examination

Height : Weight : Blood pressure : mmHg
Head : Pharynx : Hernia :
Eyes : Neck : Genitals :
Ears : Lungs : Reflexes :
Nose : Heart : Skin :
Teeth : Abdomen :
Mental condition :

Laboratory examination

CBC : RBC: _____ x 10⁶ / μ l , Hb: _____ gm/dl , WBC: _____ / μ l
HBsAg :
Anti-HBs :
VDRL(RPR) :
Urine routine: protein :(), sugar :(), WBC: _____ /uL , RBC: _____ /uL , sp.gr.: _____
Chest X-Ray :
Tuberculin test :
VZV vaccination :
Measles vaccination :
Rubella vaccination :
Others :

Physician's remarks :

Physician signature : _____

Printed name of physician : _____

Date : _____
(yy) / (mm) / (dd)