

**麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明(二擇一)**  
**Proof of Positive Measles and Rubella Antibody or Measles and Rubella**  
**Vaccination Certificates (alternative)**

**基本資料/ Basic Data**

|  |   |
|--|---|
| 姓名<br>Name :   | 性別<br>Sex : <input type="checkbox"/> 男/M <input type="checkbox"/> 女/F |
| 國籍<br>Nationality :  | 護照號碼<br>Passport No. :  |
| 出生年月日<br>Date of Birth : <u>YYYY</u> / <u>MM</u> / <u>DD</u> |   |

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 (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於1歲。 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after one year of age.)

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

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 of Examination : YYYY / MM / DD