

新生體檢資料蒐集同意書(其他醫療院所)

Physical Examination for Freshman of National Cheng Kung University (non-NCKU Hospital)

Consent Form for Release of Information

為符合「學生健康檢查實施辦法」、「外國人停留居留及永久居留辦法」，本人
 同意 逕將個人資料及體檢報告提供國立成功大學「環境保護暨安全衛生中心
衛生保健組」做為學生健康管理及辦理勞工健康管理業務之用，以利本人於5年
內(依體檢日開始計算)擔任國立成功大學之臨時工、工讀生、教學行政助理、兼
任助理...等職之申請，無需另繳體檢報告。

In accordance with the "Regulations for the Implementation of Health Examinations for Students" and "Regulations Governing Visiting, Residency, and Permanent Residency of Aliens", I grant my permission to disclose my personal information and medical check report to the Health Center in the Center for Environmental Protection, Occupational Safety and Health at National Cheng Kung University (NCKU) for administrative works related to student health and labor safety and health issues. By doing so, no need to retake the physical exams or resubmit the health check report for future employment in NCKU within the 5 years of your personal health record was issued if you are less than 40 years old.

敬致 (Sincerely,)

國立成功大學 (National Cheng Kung University)

同意人簽章 Signature (Signature of Student) : _____

身分證字號/護照號碼 ARC No. / Passport No. : _____

法定代理人 Signature of Legal Representative : _____

法定代理人與同意人關係 Relation (Relationship to Student) : _____

連絡電話 Cellphone No. : (Contact Phone No.) _____

日期 Date : 年 yyyy 月 mm 日 dd