附表1

三軍總醫院實習學生通訊錄

實習學校科系： 年級（學制）： 聯絡人：

身份別：□見習 □實習 實習時間：

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| **編號** | **見、實習學生基本資料** | | | | | | | | **緊急聯絡人基本資料** | | | **其他** |
| **中文姓名** | **英文姓名** | **身分證字號**  **(或護照號碼)** | **性別** | **出生年月日** | **個人手機** | **E-mail** | **戶籍地址** | **緊急**  **聯絡人** | **關係** | **手機** | **見、實習證明需求** |
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附表2

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| 三軍總醫院實習學生體檢檢查名冊 | | | | | | | | | | | | | | | | |
| 實習學校科系： | | | | | | | | | | | | | | | | |
| 編號 | 姓名 | 性別 | 出生 年月日 | 身分證字號  (或護照號碼) | 檢查日期  及  檢查醫院 | B肝抗體 | | | B肝疫苗施打日期 | | | C肝抗體 | CXR 檢查結果  及異常原因 | 水痘抗體 | 麻疹抗體 | 德國麻疹抗體 |
| 表面抗原 HBsAg | 表面抗體 Anti-HBS | 核心抗體 Anti-HBC | 第1劑 | 第2劑 | 第3劑 |
| 1 | (範例) | 女 | 2000/1/1 | A111111111 | 105.6.1  三軍總醫院 | ＋ | － | － | 109/  8/14 | 109/  8/21 | 109/  8/28 | ＋ | 正常/異常  脊柱側彎 | ＋ | ＋ | ＋ |
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| 備註：來院實習須檢具合格醫院**一年內之B型肝炎表面抗原、B型肝炎表面抗體、B型肝炎核心抗體及C型肝炎抗體之檢查報告，實習3個月以上者須另出具一年內之胸部X光檢查報告、水痘、麻疹、德國麻疹抗體**，本表請校方於學生進入單位**實習前一個月**造冊合併公文函送本院，併辦來院實習相關作業，電子檔請傳送emtpj520@gmail.com（實習醫學生）或chanmanwen@mail.ndmctsgh.edu.tw（醫事實習學生）。 | | | | | | | | | | | | | | | | |

學校用印：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_