



澳門城市大學

Universidade da Cidade de Macau
City University of Macau

個人健康情況聲明書

為完成我校新生報到註冊手續，本人謹以摯誠聲明：

1. 患有的疾病

- | | | | |
|------------------|--------------------------|----|-------|
| - 精神類疾病 | <input type="checkbox"/> | 說明 | _____ |
| - 具有傳染性類疾病 | <input type="checkbox"/> | 說明 | _____ |
| - 其他 | <input type="checkbox"/> | 說明 | _____ |
| - 無 | <input type="checkbox"/> | | |

2. 是否已完成接種澳門衛生局要求之疫苗接種

- | | | |
|-------------------|----------------------------|----------------------------|
| - 含麻疹疫苗 2 劑 | 是 <input type="checkbox"/> | 否 <input type="checkbox"/> |
| - 含德國麻疹（風疹）疫苗 1 劑 | 是 <input type="checkbox"/> | 否 <input type="checkbox"/> |
| - 含破傷風疫苗 3 劑 | 是 <input type="checkbox"/> | 否 <input type="checkbox"/> |
| - 含白喉、百日咳疫苗 1 劑 | 是 <input type="checkbox"/> | 否 <input type="checkbox"/> |
| - 乙型肝炎疫苗 3 劑 | 是 <input type="checkbox"/> | 否 <input type="checkbox"/> |

【個資聲明】

本人同意表單個資由校方辦理註冊入學防疫管理相關工作目的之用途。

本人同意表單個資由校方交於體檢承辦醫療機構作學生體檢時核實身份之用途。

本人確認上述聲明為真實有效。

聲明人：

日期：



Personal Health Statement

I hereby make a sincere declaration to complete the enrollment process for new students at the University:

1. Do you suffer from the following diseases?

- Psychiatric Disorder _____ ☐ Description _____
- Infectious Disease _____ ☐ Description _____
- Other _____ ☐ Description _____
- None _____ ☐

2. Have you completed the vaccinations required by the Macau Health Bureau?

- | | | |
|--|------------------------------|-----------------------------|
| At least 2 doses of Measles vaccine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| At least 1 dose of German measles (Rubella) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| At least 3 doses of Tetanus vaccine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| At least 1 dose of Diphtheria, pertussis vaccine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| At least 3 doses of Hepatitis B vaccine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

【Personal Information Statement】

I agree that the above personal information will be used by the University for epidemic prevention management of registration.

I agree that the above personal information will be handed over to the medical institution for the purpose of verifying the student's identity during the physical examination by the University.

I hereby declare that the above statement is true and valid.

Signature: _____

Date: _____