

新生體檢資料蒐集同意書(其他醫療院所)

National Cheng Kung University for Freshman Physical Examination Consent 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「衛生保健組」，與「環境保護暨安全衛生中心」做為學生健康管理及辦理勞工健康管理業務之用。

In accordance with relevant laws and regulations of the “Health Examinations implementation measure” and “Governing Alien visits, Residence and Permanent Residence”, I give my permission to disclose my personal health information to the National Cheng Kung University (NCKU) Health Center and the Environmental Health and Security Center for managing student health and labor safety and health related matters.

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