**航醫中心體檢資訊申請單**

**CAMC Authorization and Request for Release of Medical Information**

＊必要資訊（＊required information）

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 　 名  ＊Name | 性別Gender | 年齡Age | 出生年月日  ＊Birth date(yyyy /mm/dd) | | | 病歷號碼  Medical Record No | |
|  |  |  |  | | |  | |
| 公司(單位)  Employer |  | 職稱Position/Title | |  | |  | |
| 地 　 址  ＊Address |  | | | | | 連絡電話  ＊Contact Phone | |
|  | |
| 代理申請人姓名  ＊Agent's Name | 性別Gender | 年齡Age | 出生年月日  ＊Birth date(yyyy /mm/dd) | | | 與申請人關係  ＊Relationship to Applicant | |
|  |  |  |  | | |  | |
| 地　　 址  ＊Address |  | | | | | 連絡電話  ＊Contact Phone | |
|  | |
| ＊申請用途Purpose of request |  | | | | | | |
| **＊申請內容 Information Requested** | | | | | **收費Fee (N.T.)** | **期間 (或日期)**  **＊Period (or Dates)**  **of Examination** | **份數**  **Unit** |
| □體檢報告(Medical Examination Report) | | | | | 100 |  |  |
| □體檢英文報告(Medical Examination Report, English  Version)) | | | | | 500 |  |  |
| □Ｘ光報告 (X-ray Report) | | | | | 200 |  |  |
| □階梯心電圖報告 (Master ECG Report) | | | | | 100 |  |  |
| □履帶/24小時心電圖報告 (Treadmill /24 Hr Holter  ECGReport) | | | | | 200 |  |  |
| □電腦化心理測驗結果報告(Vienna Test System  Evaluation Report) | | | | | 100 |  |  |
| □其他報告(Other Reports)： | | | | |  |  |  |

**領收人簽名Signature of Recipient： 經 辦 人：**

**日期Date of release** : / / **(yyyy /mm/dd)**

**醫勤組長：**

本人簽署同意航醫中心釋出以上指定之本人醫療資訊

**The undersigned hereby authorizes CAMC to release my medical information described above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**申請者或其法律代理人簽名Signature of Applicant or Applicant’s Legal Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_受委託人簽名Signature of Applicant’s Representative