**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