

NATIONAL TAIWAN UNIVERSITY

Health Examination Survey for Year _____

To be completed by employee (First Level Directors, Professors Emeriti, and Quota-Based Faculty Members, Research Fellows and Specialists above Age 60)

Unit		Position/ Title								
Name		National ID No.								
Date of Birth	----- (mm / dd / yyyy)	Medical Record No.								
Category (Please check the applicable box)	First Level Director	<input type="checkbox"/> Male; fees payable: NT\$4,250								
		<input type="checkbox"/> Female; fees payable: NT\$4,500								
	Professor Emeritus	<input type="checkbox"/> Male; fees payable: NT\$8,750								
		<input type="checkbox"/> Female; fees payable: NT\$9,000								
	Quota-Based Faculty Member, Research Fellow or Specialist Above the Age of 60	<input type="checkbox"/> Male; fees payable: NT\$7,750								
		<input type="checkbox"/> Female; fees payable: NT\$8,100								
Date of Examination	----- (mm / dd)	----- (mm / dd)	----- (mm / dd)							
Health Examination Package (please select one)	<input type="checkbox"/> Gastrointestinal Package	<input type="checkbox"/> Chest CT Scan Package	<input type="checkbox"/> Cardiac Calcification Package							
Correspondence Address										
Contact No.										

To be completed by employee's spouse (if intending to undergo health examination):

Name		National ID. No.								
Date of Birth	----- (mm / dd / yyyy)	Medical Record No.								
Date of examination	----- (mm / dd)	----- (mm / dd)	----- (mm / dd)							
Health Examination Package (please select one)	<input type="checkbox"/> Gastrointestinal Package	<input type="checkbox"/> Chest CT Scan Package	<input type="checkbox"/> Cardiac Calcification Package							

Note:

1. Employees should consult their respective processing clerk to check if they meet the criteria to undergo this health examination in the current year.
2. Employees should fill out all the required information in order to schedule a health examination.