

National Taiwan University
Health Examination Tracking Consent Form

I agree to provide the Health Examination Report (including the optional self-funded hospital services) from _____ (Please fill in medical institution name) in _____ (Please fill in the year you did the health examination) to the Environmental Protection and Occupational Safety and Health Centre of the National Taiwan University as health examination management and case tracking service for laborers.

Signature of Applicant : _____

Date of Signature(YYYY/MM/DD): _____