

受聘僱外國人接受衛生單位安排都治同意書

Directly Observed Treatment, Short Course (DOTS) Consent Form for Foreign Employee

本人 _____，護照號碼 _____，性別 _____
出生日期 _____，茲因罹患結核病或漢生病，為保護親朋好友同事等，並讓自己健康，願意配合檢查與治療，在關懷員協助、關懷下按規服藥治療，完成至少 6 個月（含）以上的藥物治療，俾治癒此病。

The Undersigned _____, Passport No.: _____, Gender _____ Date of Birth _____, hereby agrees to cooperate with the health authority in the examination and treatment for the infection of tuberculosis (TB) or Hansen's disease in efforts to protect the patient's own health and the health of others. The undersigned agrees to take the medicine for treatment under the assistance and supervision of care staff for at least six (inclusive) months in order to be cured of TB or Hansen's disease.

本人授權衛生單位設立之都治關懷站保管本人的抗結核或漢生病治療藥物，或本人同意主動至衛生單位指定的處所，接受衛生單位之關懷員每週至少 5 次執行「送藥到手、服藥入口、吞下再走」的直接觀察治療。The undersigned authorizes, the DOTS care station established by the health authority to maintain possession of the personal anti-tuberculosis drugs for safekeeping purposes and the undersigned agrees to take initiative in reporting to the site designated by the health authority to receive the drug at least five times a week during the entire Direct Observed Treatment, which entails “delivering medicine to patient, taking medicine and swallowing before leaving”, from the care staff.

本人明瞭如果沒有配合直接觀察治療累計 15 日(含)以上，將視為健康檢查不合格並廢止聘僱許可。

立書人：_____（簽名）日期：_____

The undersigned explicitly understands that failure to comply with the Direct Observed Treatment for at least 15 cumulative days (inclusive), the undersigned will be rendered unfit in the required health examination and will be annulled of the employment permit.

The Undersigned: _____ (Signature) Date: _____