中國文化大學 教職員工健康檢查切結暨聲明書

一、　依據勞動部**職業安全衛生法第 20 條、勞工健康保護規則**等相關規定，中國文化大學(以下簡稱校方)對於在職工作者應安排一般健檢，說明如下：

1. 年滿 65 歲，每年檢查一次。

2. 未滿 65 歲者，每三年檢查一次。

二、　依據勞動部**職業安全衛生法第 46 條**規定，在職工作者有接受健康檢查的義務，不得拒絕檢查。違反者，將遭勞動主管機關裁罰 3,000 元以下罰鍰。

三、　本人已充分了解並知悉校方健檢安排，但因個人因素無法配合參加今年度健檢，經校方與本人協商後，本人自願簽署本切結暨聲明書並承擔一切法律責任。

此致

中國文化大學

切結人簽章：　　（本人親自簽名）

服務單位：

職稱：

聯絡手機：

學校分機：

簽 署 日 期 ： 中 華 民 國　　年　　月　　日

Chinese Culture University Faculty and Staff Health Examination Statement and Declaration

1. In accordance with Article 20 of the Occupational Safety and Health Act and relevant regulations such as the Labor Health Protection Rules issued by the Ministry of Labor, Chinese Culture University (hereinafter referred to as "the University") is required to arrange general health examinations for current employees as follows:
   1. Employees aged 65 and above: once every year.
   2. Employees aged under 65: once every three years.
2. According to Article 46 of the Occupational Safety and Health Act, employees are obligated to undergo the designated health examinations and may not refuse to comply. Failure to do so may result in a fine of up to NT$3,000 imposed by the Ministry of Labor.
3. I fully understand and acknowledge the University's arrangement for health examinations. However, due to personal reasons, I am unable to participate in this year's scheduled examination. After mutual discussion with the University, I am voluntarily signing this Health Examination Waiver and Declaration and accept full legal responsibility.

To:

Chinese Culture University

Declarant's Signature: _____ (Signature Required)

Department:

Position:

Mobile Number:

Campus Extension:

Date Signed(YYYY/MM/DD):