



## Student Health Checklist 學生健康狀況調查表

Name of Student 學生姓名：	Date of Birth 出生年月日：mm/dd/yyyy
Grade 就讀年級：	Gender 性別： <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Body Height 身高：	Body Weight 體重：
<p>1. <input type="checkbox"/> <b>Physical condition is normal</b> 到目前為止身體狀況一切正常</p> <p>2. Student health history 個人疾病史：</p> <p><input type="checkbox"/> Heart attack 心臟病      <input type="checkbox"/> Favism 蠶豆症      <input type="checkbox"/> Tuberculosis 肺結核      <input type="checkbox"/> Asthma 氣喘</p> <p><input type="checkbox"/> Hepatitis 肝炎 (A.B.C.D.E)      <input type="checkbox"/> Epilepsy 癲癇      <input type="checkbox"/> Allergic 過敏物質_____</p> <p><input type="checkbox"/> Mental illness 精神疾病_____      <input type="checkbox"/> Major surgery 重大手術_____</p> <p><input type="checkbox"/> List health conditions not listed above 上述未提及的：_____</p> <p>3. What medical attention is needed for the above condition(s) 因上述疾病，需特別注意事項： _____</p> <p>4. Does the student have a physical or mental disorder and do they have current treatment? 是否有身心障礙及目前治療情形：_____</p> <p>5. Does student have Taiwan National Health Insurance? 是否已加入全民健保？<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>6. Do you agree to allow us to take your child to a nearby hospital in an emergency? (1<sup>st</sup>. Taoyuan Hospital, Ministry of Health and Welfare 2<sup>nd</sup> Linkou Chang Gung Memorial Hospital)? 使否在緊急狀況下同意我們將孩童送至學校鄰近醫院就診? (優先順序為 1.桃園署立醫院 2.林口長庚醫院) <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p>	
<p>Note 說明：</p> <p>1. I have answered all of the questions honestly. 上述資料已據實填寫。</p> <p>2. If there is an emergency situation, and the parents are not reachable, I (Parent/Guardian) authorize the school to take any necessary precautions to help my child. 如聯絡不到本人及緊急聯絡人時，請學校權宜處理。</p>	
Emergency contact person 緊急聯絡人：	Relationship 關係：
Contact number 聯絡電話：	
Signature of Parent/Guardian 家長/監護人簽名：	Date 日期：