



學生個人健康紀錄
Student Medical Record

了解學生的健康狀況，有助我們理解學生所遇上的學習或成長困難並作出幫助，請家長盡量提供全面的資料，謝謝！
Understanding the health condition of our students can help know the difficulties they encounter in their growth and learning. Parents should provide as much information as possible,. Thank you very much!

學生個人資料 Student Personal Information

學生中文姓名 Student Chinese Name:		學生英文姓名 Student English Name:	
學生註冊編號 Student Registration No.:	學生編號 Student STRN:	性別 Gender :	
出生日期 Date of Birth :	身高 Height (CM) :	體重 Weight (KG) :	

一) 體格 Physical Condition

(如有非一般情況，請✓及提供資料 Please ✓ and submit information for abnormal situations)

(可加頁填寫 Can use supplementary sheet)

視力 Vision		心臟 Heart		淋巴腺 Lymph Glands	
眼睛 Eyes		心跳 Heartbeat		體重 Weight	
聽覺 Hearing		脈搏 Pulse		高度 Height	
耳朵 Ears		肺部 Lungs		身體異常(請填寫資料) Deformity (Please provide information below)	
扁桃腺 Tonsils		腹部 Abdomen			
牙齒 Teeth		疝氣 Hernia			
鼻 Nose		皮膚 Skin			

(二) 傳染病病歷 History of Infectious Diseases:

病歷 Disease	麻疹 Measles	水痘 Chickenpox	德國麻疹 Rubella	腮腺炎 Mumps	其他(請填寫資料) Others (Please fill in the information)
請在格內加(✓) Please (✓) in the box(es)					

(三) 學生有否需要長期或經常服食藥物? Is this child constantly taking any medicine?

沒有 No

有 Yes (藥物名稱 Name) _____ (原因 Reason) _____

(四) 活動限制 Limitations

學生有否任何因身體健康或其他問題而影響/ 限制其在學校的上課活動，包括體能、校外活動等。

Supply any information below regarding this child's health or other factors which could affect or limit his/her performance in the classroom or participation in physical education activities, field trips, etc.

沒有 No

有 Yes (請詳細列出 Please specify in detail) _____

(五) 學生曾否有下列症狀? 請於空格內加✓號。

Has this child ever had any of the following? If so, please put a “✓” in the box.

- 鼻敏感 Allergic rhinitis
- 哮喘 Asthma
- 六磷酸葡萄糖去氫酵素缺乏症 G6PD Deficiency
- 夢遊症 Somnambulism (生活體驗 / 遊學所需資料, Information needed for staying overnight activities)
- 糖尿病 Diabetes
- 抽筋 Convulsion 引發原因 Cause: _____
- 心、肺病(請詳細列明) Cardiovascular / Pulmonary disease (Please specify in detail):

- 血液病(請詳細列明) Blood Disease (Please specify in detail): _____
- 手術(請列明名稱及日期) Surgical Operation (Please specify the operation and date):

- 藥物 / 食物敏感 (名稱) Medicine / Food Allergy (Name): _____
- 其他 (請詳細列明) Others (Please specify in detail): _____

(六) 個別需要 (請夾附有關評估文件) 若曾經提交醫學文件或沒有任何更新文件, 不需填寫此部份。

Individual Needs (Please attach the related assessment document)) This part should be left blank if Medical report(s) has/ have been submitted or there is/are no updated document(s) for the school consideration.

請說明學生是否有特殊教育的需要, 並夾附有關的評估文件。這些資料可幫助我們為您的子女提供最佳的支援。 Please indicate whether your child has any special educational needs. We would ask you to submit any reports you have with this application form. This information will be used to assist in correct placement of your child. Please attach a separate sheet if preferred.

<p>本人子女因下列情況需要個別關顧 My child needs special educational support for</p> <p><input type="checkbox"/> 聽力障礙 Hearing impairment</p> <p><input type="checkbox"/> 說話障礙 Speech impairment</p> <p><input type="checkbox"/> 過動症(ADHD) <input type="checkbox"/> 讀寫障礙 Dyslexia</p> <p><input type="checkbox"/> 注意力缺乏症 (ADD) <input type="checkbox"/> 自閉症/自閉傾向 Autistic</p> <p><input type="checkbox"/> 亞氏保加症 (Asperger) <input type="checkbox"/> 其他 Others _____</p>	<p>(請列出或附上評估報告 Please list out or attach assessment reports, if any) 詳情 Details:</p> <p><input type="checkbox"/> 已附上評估報告 Assessment report is attached</p>
<p><input type="checkbox"/> 本人子女不需要個別關顧 My child does not need special educational support</p>	

*** 為保障學生安全, 如學生有意外發生並需要送院, 本校會召喚救護車把學生送往就近之公立醫院。 **

***For the safety of students, if they get involved in accidents and it is required to send them to hospital for treatment, ambulances will be called to send the students to the nearby public hospital.

學生姓名 Student's Name: _____ 班別 Class: _____ 學生班號 Class No.: _____

家長姓名 Parent's Name: _____ 家長簽署 Parent's Signature : _____

日期 Date: _____