



学生健康信息表 Student Health Information

以上描述任何异常和慢性健康状况, 如无异常, 表格内可填写良好或功能正常:

您的孩子是否有任何的药物需求, 过敏反应 (药物, 环境或食物) 或者有无正在服用的长期药物? 如有,

学生姓名 Student's Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of birth	照片 Photo
现在通讯地址 Present mailing address				血型 Blood type	
身高 Height	厘米 cm	体重 Weight	公斤 kg	血压 Blood pressure	毫米汞柱 mmHg
视力 Vision	左 L 右 R	辨色力 Color sense		颈部/肩膀 Neck/Shoulders	
扁桃体 Tonsils		皮肤 Skin		嘴 Mouth	
耳 Ears		鼻 Nose		淋巴结 Lymph nodes	
心 Heart		肺 Lungs		脊柱 Spine	
四肢 Limbs		手 Hands		足 Feet	
肘 Elbows		腕关节 Wrists		踝关节 Ankles	

请在下方提供细节说明, 如没有, 请在下方填写没有:

Does your child have any existing medical condition, allergy reaction (to drugs, environment or food) or usage of long-term medication? If yes, please provide details. If nil, please write nil:

1. 本次进行健康信息收集和物理检查的目的是为了了解您孩子在入学前的基本身体状况。



1. The purpose of the basic health screening and physical examination of your child is to understand any physical or health condition of your child prior to his/her admission.

2. 学校会将本次的检查数据进行保管，保证检查结果的隐私性，不会用于其他用途。

2. The School agrees to keep private and confidential of the data collected on this form and will not use it for purposes other than its records.

3. 进行本次检查的人员只负责协助学校收集本张表格上列举的所需要的信息和数据。

3. The medical provider and its staff is tasked only to assist the school in collecting the basic health information and make physical observations of your child as required in this form.

4. 本次医疗服务的人员将会且只会把本次检查的结果反馈给学校。医疗人员将不直接进行任何除了本次数据采集以外的医疗咨询或检查。

4. The medical provider will report any condition or anomalies observed directly to the School. No consultation or additional investigations will be conducted during the physical examination other than history taking.

5. 如在检查中发现任何异常，学校将会先与家长/监护人进行沟通，再决定是否进行下一步的观察。

5. The School will first consult with the parent/guardian of the child for any observations made by the medical provider before any further investigative action is taken.

我_____ (家长/监护人姓名)，作为_____ (子女姓名) 的家长/监护人，确认我已经了解以上所有内容并同意学校及医疗人员进行本次活动。

我同意本次对我子女进行的身体检查，以及其中需要提供的个人及家庭医疗信息或过往医疗历史。

我确认我所提供的信息都是真实准确的。

如果有任何疑议或异议，我将直接与学校沟通。

I _____ (name of parent/guardian) of _____ (name of child) confirm my understanding of the above and agree to the actions taken by the School and Medical Provider.

I consent to the conduct of a physical examination on my child and the collection of personal and family medical information and history.

I confirm that the information provided is accurate to my best understanding and knowledge.

If there are any questions and objections, I will communicate directly with the School.

家长/监护人签字: _____

Parent/ guardian Signature: _____