

學生健康調查表

Student's Health Record

(由家長或監護人填寫)

(To be completed by parents/guardians)

(限閱文件——所有資料只用於本校學生保健的有關事宜)

(Restricted documents—for use with students' health-related matters only)

學生姓名：_____ 性別：_____ 班級：_____ 學號：_____

(Name of student) (Sex) (Class) (Class number)

出生日期：_____ 家長／監護人姓名：_____ 緊急聯絡電話：_____

(Date of birth) (Name of Parent/ Guardian) (Contact number in case of emergency)

1. 如學生曾患有以下疾病，請在右方適當的方格內加上「✓」號及列出詳情：
If the student used to suffer or is now suffering from the following disease(s), please put a tick '✓' in the appropriate box(es) on the left-hand side and describe the disease(s) in details.

	患病時年齡 Age of suffering	疾病資料 Details of the disease(s)
1.	六磷酸葡萄糖脫氫酶素缺乏症 G6PD	
2.	哮喘 Asthma	
3.	羊癇 Epilepsy	
4.	高熱引致抽搐 Febrile convulsion	
5.	腎病 Renal disease	
6.	心臟病 Heart disease	
7.	糖尿病 Diabetes	
8.	聽覺不健全 Hearing impairment	
9.	血友病 Haemophilia	
10.	貧血 Anaemia	
11.	其他血病 Other haematological disease	
12.	藥物敏感 Drug allergy	
13.	疫苗敏感 Allergic to vaccine	
14.	食物敏感 Food allergy	
15.	其他敏感 Other allergy	
16.	肺結核 Tuberculosis	
17.	小手術 Minor operation	
18.	大手術 Major operation	
19.	其他 Others	

2. 倘認為學生不適宜上體育課或參加任何其他類型的學校活動，請具體說明理由並隨表提交醫生證明書供校方參考。If you think your child is not suitable to participate in P.E. lessons or other school functions, please state your reason(s) together with a medical certificate for reference.

3. 其他補充資料 Other additional information :

(家長或監護人簽名)
Signature of Parent/ Guardian

(日期) Date