

Student Medical Examination (page 1 of 3)
学生体格检查表

Full Name 全名: _____
Birth date 出生日期: _____ Age 年龄: _____ Sex 性别: _____

Section A: Parents or Physician may fill out this section. A 部分: 父母或医生填写

Has child had any of the following illnesses 孩子有下列这些疾病吗?

	No 没有	Date of illness & comments (any concerns during/post illness) 得病的时间及说明
Chicken Pox 水痘		
Scarlet Fever 猩红热		
Rheumatic Fever 风湿热		
Diabetes 糖尿病		
Anemia (sickle cell) 镰红细胞贫血		
Seizures 抽搐		
Respiratory Problems 呼吸困难		
Injuries/Fractures 外伤/骨折		
Operations 手术		
Parasites (worms type) 寄生虫		
Allergies (food, medicine, etc.) 过敏		
Other (please specify) 其他(请注明)		

Has student had a tuberculosis screening 学生作过结核菌试验吗?

No 没有 Skin Test Date 皮试时间: _____ Result 结果: Neg / Pos 阴性/阳性
 Chest X-Ray Date 胸透时间: _____ Result 结果: _____

Please provide immunization record 请提供预防接种记录. Copy of records attached 复印件附后.

(i.e. international shot record, health department records, previous school records)(例如,国际注射记录,卫生部门记录,学前记录)

If no summarized copy of immunizations available, please fill out the following 如果没有预防接种的复印件,请填写以下表格:

	Date completed (date last shot rec'd) 完成时间(最后注射时间)	Immunization Not Received 没有接种的	Immuniz. began but not completed 接种开始但没有完成的
(D) Diphtheria 白喉			
(P) Pertussis (whooping cough) 百日咳			
(T) Tetanus 破伤风			
Polio (oral) 口服脊髓灰质炎疫苗			
Polio (Salk / injection) 注射脊髓灰质炎疫苗			
(M) Measles (Rubeola) 麻疹疫苗			
(M) Mumps 腮腺炎			
(R) Rubella (German Measles) 德国麻疹			
Hib BB 型流感嗜血杆菌疫苗			
Hepatitis A 甲型肝炎			
Hepatitis B 乙型肝炎			
Smallpox 天花			
Typhoid 伤寒			
Yellow Fever 黄热病			
Japanese Encephalitis 日本脑炎			
Other 其他:			

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Follow up needed 需要随访的: Yes / No 有/没有

Follow up completed 完成随访的 Yes / No 有/没有

Notes 说明:

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学生体格检查表

Full Name 全名: _____

Date of Exam 检查时间: _____

Section B: Physician to fill out this section B 部分: 医生填写.

Current Routine Medications 目前常规用药: _____

Vital Signs 重要指标: / _____, _____, _____ Height 身高 _____ Weight 体重 _____

Please fill out the following *or* attach copy of History & Physical from this visit 请完成下列表格或附上这此就诊的病历的复印件 See attached 见附表

	Nor-Mal 正常	Abnor-Mal 不正常	Notes/Comments/Medications used/Recommended follow up 说明/曾经用的药/随访计划	† <u>Mental Health/ Cognition</u> Compulsions Acts Young for Age Psychiatric Diagnoses Underdeveloped Cognition
General Nutrition 一般状况				★ <u>General Health Habits</u> Irregular Meals Fussy Eating Obesity Poor Sleep Poor Tooth Brushing Poor Posture
Neurological System 神经系统				
No history of Seizures 无发作病史				* <u>Emotional/Behavioral Health</u> Aggressive Withdrawn Tantrums Bedwetting Nail biting Hyperactivity Poor Coordination Nervousness Twitching/"tics" Thumb Sucking Frequent Stomach Upsets
Orthopedic (include arches) 矫形(包括扁平足)				
No disability/handicap 没有残疾				Frequent Headaches Short Attention Span 中文注解在表格的下面
Skin & Scalp 皮肤及头皮				
Eyes 眼睛				
Visual Acuity 视力			Glasses 眼镜 Contacts 隐形眼镜 Current Prescription 目前用药	
Color Vision 辨色力				
Ears 耳				
Auditory Acuity 听力			Hearing Aids 助听器	
Speech 语言				
Nose, Throat 鼻, 咽喉				
Mouth, Teeth 口, 牙齿				
Glands, Thyroid 腺体, 甲状腺				
Heart 心脏			Irregular Pulse 不正常脉搏 Murmur 杂音	
Lungs 肺部			Asthma 哮喘 Short of Breath with activity 气短 Need for activity limits 活动限制	
Abdomen 腹部				
Genitalia 外生殖器				
Mental Health/Cognition † 精神卫生/ 认知				
General Health Habits ★ 一般卫生习惯				

Emotional/Behavioral Health *情感/行为卫生			
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†精神卫生/认知: 强迫行为, 行为幼稚, 精神病诊断, 认知不完全

★一般卫生习惯: 饮食不规律, 强迫性吃东西, 过度肥胖, 睡眠不足, 刷牙不当, 姿势欠佳

*情感/行为卫生: 好寻衅, 孤僻, 脾气发作, 尿床, 咬指甲, 多动症, 协调障碍, 紧张症, 抽动, 吮拇指, 经常性胃不适, 经常性头疼, 注意力分散

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- No lab tests needed at present 目前不需要化验室资料.
- The following labs completed with normal results: (Please note reason lab performed)
以下化验室结果正常(请说明化验的原因)
- The following labs had abnormal results: (Please note any recommended follow-up)
以下化验结果不正常(请给出随访建议)

This Student has completed the immunizations required by this state/province/country

此学生已完成洲/省/国家要求的预防免疫接种

Yes 是 No 不是

In my opinion, this student is free of any communicable disease & may be admitted to school

我认为此学生没有传染性的疾病, 可以上学

Yes 是 No 不是

Signature 签名: _____

Primary Physician (if different)初诊医生 (如果不同):

Printed Name 名字(印刷体): _____

Phone 电话: _____ Fax 传真: _____ Phone 电话: _____ Fax 传