

## Student Health Record 学生健康记录

<b>Student Name 学生姓名:</b>	<b>Gender 性别:</b>	<b>Date of Birth 出生日期:</b> <div style="text-align: center;">/ /</div>
<b>School Name 学校名字:</b>		
<b>School Address 学校地址:</b>		
<p><b>Are there any identified health conditions (including but not limited to asthma, diabetes, and epilepsy) that may need emergency treatment? If yes, then provide a physician's statement.</b>          有否已确定的任何健康問題可能須要紧急治疗，包括但不限于如哮喘，糖尿和癲癇等病况，如是，請提供一个医生说明。</p>		
<p><b>Please list any medical and behavioral health conditions. 请列出任何医疗及行为健康問題状况。</b></p>		
<p><b>Have you ever been hospitalized (including surgeries)? If yes, please list the date(s) of all hospitalizations and the nature of the condition(s) 你曾经住院（包括開手术）吗？如有，请列出所有住院日期及病情性质）</b></p>		

**Please list below all medication (including non-prescription or over the counter medication) you are currently taking. Please indicate the condition for which you are taking the medication. Include dosage and frequency.**

请在下面列出您目前服用的所有药物（包括非处方药或商店购买的药），请说明你服用药物是为何种健康问题及服用剂量和频率。

Medication Name 药物名称	Generic Name 通用名	Associated Health Condition 相关的健康问题	Dosage & Frequency 剂量和频率

**Are you allergic to any medications, foods, environmental agents, or other substances? If yes, then please list below and describe the allergic reaction you have experienced:**

你是否对任何药物，食物，环境因素或其他物质过敏？如是，请在下面列出并描述您所经历的过敏反应：

Allergen/Medication 过敏原/药物	Reaction 反应	Treatment (if any) 治疗（如果有的话）

**Student Immunization Record**  
学生的防疫注射纪录

<b>Vaccines</b> 疫苗	<b>Date of 1st dose</b> 第一剂日期	<b>Date of 2nd dose</b> 第二剂日期	<b>Date of 3rd dose</b> 第三剂日期	<b>Date of 4<sup>th</sup> dose</b> 第四剂日期	<b>Date of 5<sup>th</sup> dose</b> 第五剂日期
<b>Tuberculosis</b> 卡介苗					
<b>Polio</b> 脊髓灰质炎					
<b>Tetanus 破伤风</b> <b>Diphtheria 白喉</b> <b>Pertussis 百日咳</b> <b>(DTap)</b>					
<b>Tetanus 破伤风</b> <b>Diphtheria 白喉</b> <b>Pertussis 百日咳</b> <b><u>Booster (Tdap)</u></b>					
<b>Measles 麻疹</b> <b>Mumps 流行性腮腺炎</b> <b>Rubella 风疹</b>					

<b>Japanese encephalitis</b> 乙脑					
<b>Epidemic Cerebrospinal Meningitis(ECM)</b> 流行性脑膜炎					
<b>Hepatitis B</b> 乙肝					
<b>Hepatitis A</b> 甲肝					
<b>Varicella (Chickenpox)</b> 水痘					
<b>Haemophilus influenzae type b (Hib)</b> B 型流感嗜血杆菌					
<b>Pneumococcal (PCV) 肺炎球菌</b>					

Doctor Name 医生姓名: \_\_\_\_\_ Doctor Signature 医生签名: \_\_\_\_\_

Date 日期: \_\_\_\_\_