

Student Name 學生姓名: \_\_\_\_\_

Last (姓) First (名) Middle

Birthdate 生日(mm/dd/yyyy): \_\_\_\_\_ Sex 性別: \_\_\_\_\_

Grade at entry 年級: \_\_\_\_ Date of entry to Morrison 入學日: \_\_/\_\_/\_\_



Medical Alert: \_\_\_\_\_

Powerschool

Medical exemptions: \_\_\_\_\_

Waiver signed

Parent or Guardian 父母或監護人姓名: \_\_\_\_\_

Phone 電話: (H 住家) \_\_\_\_\_ (M 手機) \_\_\_\_\_

In the event of an emergency, we will contact the parent first.

Please provide another contact if a parent cannot be reached.

緊急事件發生時，家長為第一優先聯絡人。請提供無法與家長取得聯繫時之緊急聯絡人。

Emergency Contact Information 緊急聯絡人: (Other than parent 家長除外)

Name 姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Phone 電話: (M 手機) \_\_\_\_\_

Hospital Preference 偏好醫院: \_\_\_\_\_

### IMMUNIZATION RECORD 疫苗接種紀錄表

Parents please fill out the following immunization record. Please have your doctor look over the shot record to verify that your students shots are up-to-date. Please enter mm/dd/yyyy in USA years. 請家長填寫以下預防接種紀錄表，並請醫師確認貴子弟已完成應接種疫苗，填入月/日/西元年。

IMMUNIZATIONS 疫苗	(mm/dd/yyyy) (月/日/西元年)				
Polio* 小兒麻痺預防針	/ /	/ /	/ /	/ /	/ /
DPT/DT* 破傷風,白喉,百日咳/白喉,破傷風	/ /	/ /	/ /	/ /	/ /
MMR (or Measles)* 麻疹	/ /	/ /	/ /	/ /	/ /
Hepatitis A** A 型肝炎	/ /	/ /	/ /	/ /	/ /
Hepatitis B** B 型肝炎	/ /	/ /	/ /	/ /	/ /
Japan B Encephalitis** 日本腦炎	/ /	/ /	/ /		
Most Recent Tetanus Booster 最近一次破傷風針劑	/ /	/ /	/		/ /
BCG 卡介苗	/ /	Last TB Skin Test _____ / _____ Result: 上一次卡介苗測驗日期 結果:			
Varicella 水痘	/ /	/ /			
Other Vaccines: 其他					

\*Required for school (See Parent/Student Handbook)  
校方規定項目 (請參閱家長 / 學生手冊)

\*\*Recommended in Taiwan.  
台灣衛生局建議檢查項目

### HEALTH HISTORY 健康紀錄

Check Yes or No, and give details for all "Yes" answers in the space below.

請勾選“是”或“否”，如勾選“是”請將詳細狀況註明於下列空白處:

Has your child had -- 你的小孩曾患有	Yes 是	No 否	Has your child had -- 你的小孩曾患有	Yes 是	No 否
ADD/ADHD 注意力缺失/過動症			Genetic Disorder 基因異常		
Allergies : What substances ,Type of reaction- list below 過敏:請列舉過敏物質、反應類型			Headaches (type) 頭痛(類型)		
Arthritis/Connective Tissue 類風溼性關節炎/結締組織疾病			Head Injury? 頭部受傷		
Asthma 氣喘			Hearing Impaired Hearing Aid: Yes No 聽力障礙 助聽器: 是 否		
Behavioral/Emotional 行為/情緒障礙			Hernia 疝氣		
Blood Disorder 血液疾病			High Blood Pressure 高血壓		
Cancer: location list below 癌症: 請列舉類型、位置			Hospitalization 住院治療		
Cerebral Palsy 腦性麻痺			Mumps 腮腺炎		
Cardiovascular/Heart murmur 心血管/心跳雜音			Musculoskeletal Disorder 肌肉骨骼傷病		
Seizures 癲癇發作			Bone/Joint/Muscle injury/condition-List below 骨頭,關節,肌肉曾受傷害? 請列舉情況		
Chickenpox 水痘			Operation 手術開刀		
Diabetes 糖尿病			Regular medication 定期治療用藥(請列藥名)		
Eating Disorder 飲食失調			Spina Bifida 脊柱裂		
Endocrine Disorder 內分泌失調			Tuberculosis 肺結核		
Fainting or chest pain or shortness of breath while exercising 運動時會暈倒或胸口痛或呼吸急促			Urinary/Kidney Disease 泌尿系統/腎臟疾病		
Family member who died suddenly of heart disease 有家人因心臟疾病突發死亡?			Visually impaired 視力障礙 (circle any that apply 請圈選適用項目) - Glasses 眼鏡: Yes 是 No 否 Contact lens: daytime night contact lens 隱形眼鏡: 日間用 夜間角膜塑型片 Nighttime eye drops 散瞳劑		

Please include details here for all "YES" answers:  
如勾選“是”請將詳細狀況註明於下列空白處:

# New Student Entry Physical Exam Form (to be completed by physician)

新生入校體檢表(由醫師填寫)

Date of Exam: 體檢日期	/ /	Height: 身高	Weight: 體重	BP: 血壓	Pulse: 脈搏
<b>MEDICAL EXAM</b> 檢查項目	<b>NORMAL</b> 正常	<b>Abnormal Findings (Physician to comment on all abnormal findings)</b> 異常(醫師說明)			
Appearance 外觀					
Skin 皮膚					
Lymph Nodes 淋巴結					
Ears/Nose /Throat 耳/鼻/喉					
Eyes (pupils) 眼(瞳孔)					
Hearing 聽力					
Heart 心臟					
Pulses 脈搏					
Lungs (Asthma and treatment) 肺(氣喘治療)					
Abdomen 腹部					
Hernia 疝氣					
Female: Menstrual problems? 女性: 經期問題					
Musculoskeletal 肌肉骨骼					
Neck 頸					
Spine/Back- Scoliosis? 脊椎/背 - 脊椎側彎					
Shoulders/Arms 肩膀/臂					
Elbows/Forearms 手肘/臂					
Wrist/hands 手腕/手					
Hip/ thigh 髖部/大腿					
Knees/Legs /Ankles 膝部/小腿/腳踝					
Feet 腳					
Allergies (specify type and treatment) 過敏(說明是 哪一種過敏及治療方式)					

On the basis of this examination, this student may participate in school programs, physical education class, and inter-scholastic sports. 學校將依此報告決定學生是否能參加體育課及各項活動，請醫師勾選一項

- CLEARED WITHOUT RESTRICTIONS** 可以參加所有活動  
 **CLEARED WITH THE FOLLOWING NOTATION** 可以參加活動，但有以下的限制: \_\_\_\_\_  
 **NOT CLEARED FOR PARTICIPATION/REASON** 不適合參加任何活動/原因: \_\_\_\_\_

**Physician's Signature and Stamp** 醫師簽章 \_\_\_\_\_ **Date** 日期 \_\_\_\_\_

## School Screening Exams (For School Use Only)

Date	Grade	Age	HT	WT	Vision			Hearing	
					R	L	OU	R	L

### Sports Physical: Collected Y/ N

6<sup>th</sup> Grade DATE: \_\_\_\_\_

**CLEARED WITHOUT RESTRICTIONS**

**NOT CLEARED FOR PARTICIPATION**

9<sup>th</sup> Grade DATE: \_\_\_\_\_

**CLEARED WITHOUT RESTRICTIONS**

**NOT CLEARED FOR PARTICIPATION**

**Additional Notes:**