



## Sports Physical History

**Instructions:** All **new** students entering middle school and high school must bring this completed Sports Physical History as well as the new student physical exam form to your local clinic or hospital to be completed by a physician. The completed Health Form and Sports Physical History must be handed in to the school office by the first day of school.

**指示：**所有國中及高中的新生都必須到診所，或醫院，讓醫生完成此體育體檢表，與新生體檢表。截止日為開學日。

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

	Yes	No	Health History Questions
1.			Have you had any sports or other injuries requiring treatment by a physician? 是否曾因受傷而住院?
2.			Do you have any organs missing? 是否曾切除某器官, 或先天性少某器官?
3.			Have you ever had chest pain, dizziness, fainting, or passing out during or after exercise? 是否曾在運動時或運動後發生胸痛, 頭暈, 暈眩, 或昏倒?
4.			Do you tire more easily or quickly than your friends during exercise? 運動時是否較其他人更容易疲倦?
5.			Have you ever had any problems with your blood pressure or your heart? 是否曾有血壓或心臟的問題?
6.			Have you had any close relatives with heart problems, a heart attack, or sudden death before the age of 50? 家族中是否有人 50 歲前就有心臟問題, 心臟病發, 或猝死?
7.			Have you ever fainted, had convulsions, seizures, or severe dizziness? 是否曾昏倒, 抽搐, 痙攣或嚴重頭暈?
8.			Do you have frequent, severe headaches? 是否有嚴重頭痛?
9.			Have you ever been "Knocked out" or "passed out"? 是否曾失去知覺或昏倒?
10.			Have you ever had a neck or head injury? 是否曾經頭部或頸部受傷?
11.			Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? 是否曾輕度中暑 熱痙攣 或其他因為熱所引起的問題?
12.			Have you ever had an asthma attack, trouble breathing, or severe coughing during or after exercise? 是否曾在運動時活運動後氣喘發作 呼吸困難 或嚴重咳嗽?
13.			Do you wear eyeglasses, contact lenses, or protective eye wear? 是否戴眼鏡 隱形眼鏡或其他保護眼睛的配備?
14.			Have you had any problems with your eyes or vision? 是否有眼睛或視力的問題?
15.			Do you wear any dental appliance such as braces, bridge, plate, or retainer? 是否有戴牙齒矯正器?
16.			Have you ever had a knee, ankle or joint injury? 是否曾膝蓋, 腳踝 或其他關節受傷?
17.			Have you ever had a broken bone or fracture? 是否曾經骨折?
18.			Have you ever had a cast, splint, or had to use crutches? 是否曾打石膏, 使用夾板, 或必須用拐杖?
19.			Do you have any skin problems (eczema, rashes, itching, etc.)? 是否曾有皮膚問題 (異位性皮膚炎, 疹子.. 等等)
20.			Do you have any health concerns regarding your weight? 是否擔心自己體重過重或過輕?
21.			FEMALES: Have you had any menstrual problems? 女生才須回答: 是否有任何月經的問題?
22.			Are you presently taking <b>ANY</b> medications (including vitamins, Tylenol, etc.)? 是否正在服藥 (包括維他命 止痛藥)?
23.			Do you have <b>ANY</b> allergies to medication, bees, food, animal, latex, or other factors? Please have physician specify allergy and list treatment below. 是否有任何藥物過敏現象? 藥物, 蜜蜂, 食物, 動物, 乳膠或任何東西? 並請醫生在下面空白處詳述過敏及處置方式
24.			Do you have any medical or health concerns which would inhibit you from participating in sports or PE? 是否有健康上的問題 以至於無法參與運動或體育課?
			Physician, please comment on all "yes" answers. 請醫生說明勾選"是"的項目

Physician Signature and Stamp 醫師簽章: \_\_\_\_\_ Date日期: \_\_\_\_\_