# Student Health Examination Form

**Contact Information**

<table>
<thead>
<tr>
<th>Date of Entry (yy)/(mm)</th>
<th>Dept./Institute</th>
<th>Class</th>
<th>Number</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth (yy)/(mm)/(dd)</td>
<td>Blood Type</td>
<td>Sex</td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
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**Medical History**

Please tick any of the following ailments you have had (*please add details for 13. to 18.)*:

- [ ] 1. None
- [ ] 2. Tuberculosis
- [ ] 3. Heart disease
- [ ] 4. Hepatitis
- [ ] 5. Asthma
- [ ] 6. Kidney disease
- [ ] 7. Epilepsy
- [ ] 8. SLE (Lupus)
- [ ] 9. Hemophilia
- [ ] 10. G6PD deficiency
- [ ] 11. Arthritis
- [ ] 12. Diabetes mellitus
- [ ] 13. Psychological or mental illness:___
- [ ] 14. Cancer:___
- [ ] 15. Thalassemia:___
- [ ] 16. Major surgery:___
- [ ] 17. Allergy to: ___
- [ ] 18. Other: ___

**Health Information**

- [ ] Holder of Catastrophic Illness Certificate - Category:___
- [ ] Holder of Physical/Mental Disability Manual - Category:___

- [ ] Level: Very serious [ ] Serious [ ] Moderate [ ] Mild

If you are being treated for or recovering from any of the above or some other disease, please inform the medical personnel and also provide your medical records for the healthcare professionals’ references.

**Family medical history: relative with hereditary disease:___ Name of disease:___

**Lifestyle**

- [ ] 1. How much did you sleep during the past 7 days (*not including weekends, or days off)*?:
  - [ ] Never
  - [ ] Seldom: ___ days
  - [ ] Every day: ___

- [ ] 2. How many days did you eat breakfast during the past 7 days (*not including weekends, or days off)*?: ___

- [ ] 3. During the past month (*not including weekends, days off, or winter or summer vacation*), have you exercised three times a week, for at least 30 minutes each time, and achieving a heartbeat rate of 130 bpm each time?:
  - [ ] Yes
  - [ ] No

- [ ] 4. How many days did you smoke during the past month (*not including weekends, or days off)*?: ___

- [ ] 5. How many glasses of alcohol did you drink during the past month? ___

- [ ] 6. During the past month, did you chew betel quid? ___

- [ ] 7. Do you feel worried or depressed? ___

- [ ] 8. Do you regularly feel chest discomfort? ___

- [ ] 9. Do you regularly feel stomach discomfort? ___

- [ ] 10. Do you regularly have headaches? ___

- [ ] 11. Menstrual history (women only):
  - [ ] You age at first menstruation: ___
  - [ ] Menstruation yet ___
  - [ ] Age at first period: ___

- [ ] 12. Bowel habits: During the past 7 days, how often did you defecate? ___

- [ ] 13. Internet use: During the past seven days (*not including weekends, or days off*), how many hours did you use the internet every day, apart from when doing homework or in class? ___

- [ ] 14. Do you have painful menstrual periods? ___

- [ ] 15. Light pain ___

- [ ] 16. Severe pain ___

- [ ] 17. Are you currently on any medications? ___

- [ ] 18. Other: ___
Self-rated Health

1. In general, during the past month, would you say your health is □①Excellent □②Very good □③Good □④Fair □⑤Poor
2. In general, during the past month, would you say your mental health is □①Excellent □②Very good □③Good □④Fair □⑤Poor
3. How is your daily dietary intake of vegetables and fruits? □under 2 vaggie & fruit □2-4 vaggie & fruit every day □5-9 vaggie & fruit every day
4. How do you reduce your stress? □eating food □sleeping □talk to someone □others: __________
5. In general, what are your water intake habits? □never water, only soft drink □more soft drink than water □more water than soft drink □only water
6. How many days do you exercise over 30 minutes per week, excluding PE class? □1-2 days □3-4 days □5-6 days □every day
7. What are your most concerns about health problems (e.g., constipation): 1. __________ 2. __________ 3. __________
8. What are your most wishes for health promotion activities (e.g., walking): 1. __________ 2. __________ 3. __________

※ Do you currently have any health concerns? Please give details: