School Name_____Student Health Examination Form

Ministry of Education, Taiwan, R.O.C. (Revised Version)

Student No.	

Contact Information

Date of Entry	(yy)/(mm) /	Dept./Institute		Class		Number		Name	
Date of Birth	(yy)/(mm)/(dd) / /	Blood Type		Sex	☐M ☐F	I.D. No.			
Permanent address								Cell phone No.	Attach photo here
Mailing address	*If different from above*:								
Emergency contact (Parents or guardian)	Relationship	Name		Phone (home)		Phone (work)		Cell phone No.	

Health Information

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:_____

Details of particular item/s or other matters requiring attention

☐Details given in the attached file.

☐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

※ Tick the box that best describes your lifestyle:

1. How much did you sleep during the past 7 days (*not including weekends, or days off*) ?:
   ☐①≧7 hours a day ☐②<7 hours a day
   ☐③ I suffer from insomnia
2. How many days did you eat breakfast during the past 7 days (*not including weekends, or days off*)?: ☐①Never ☐②Seldom:____days ☐③Every day at (time)?_____
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?: ☐①Yes ☐②No
4. During the past month, did you smoke?: ☐①No ☐②Often ☐③Every day:____ # cigarettes per day ☐④Quit
5. During the past month, did you drink alcohol? ☐①No ☐②Often ☐③Every day: ____ # glasses per day ☐④Quit
   (*Note for ③: please say how many glasses, 'one glass' means: beer 330 ml, wine 120 ml, liquor 45 ml*)
6. During the past month, did you chew betel quid?
   ☐①No ☐②Often ☐③Every day, ____ # quids per day ☐④Quit
7. Do you feel worried or depressed ?
   ☐①No ☐②Seldom ☐③Often
8. Do you regularly feel chest discomfort?
   ☐①No ☐②Seldom ☐③Often
9. Do you regularly feel stomach discomfort?
   ☐①No ☐②Seldom ☐③Often
10. Do you regularly have headaches?
    ☐①No ☐②Seldom ☐③Often
11. Menstrual history (*women only*):
    (1) Your age at first menstruation: ☐①Haven't begun menstruation yet ☐②Age at first period:_____
    (2) Length of menstrual cycle: ☐①≦20 days ☐②21-40 days ☐③≧41 days ☐④irregular (*differing in length by more than 7 days*)
    (3) Do you have painful menstrual periods? ☐①No ☐② Light pain ☐③ Severe pain
12. Bowel habits: During the past 7 days, how often did you defecate? ☐①At least once every day ☐②Once in 2 days ☐③Once in 3 days ☐④Once in 4 or more days
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? ☐①≦1 hour ☐②1-2 (less than)hours ☐③2-4 (less than) hours ☐④4-5 (less than) hours ☐⑤≧5 hours

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: