School Name MCUT **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.	

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 ☐7. Epilepsy ☐13. Psychological or mental illness:_____
☐2. Tuberculosis ☐8. SLE (Lupus) ☐14. Cancer:_____
☐3. Heart disease ☐9. Hemophilia ☐15. Thalassemia:_____
☐4. Hepatitis ☐10. G6PD deficiency ☐16. Major surgery:_____
☐5. Asthma ☐11. Arthritis ☐17. Allergy to: ……..._____
☐6. Kidney disease ☐12. Diabetes mellitus ☐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:

健 康 檢 查 記 錄 表（由健檢單位填寫）

科系		學號		姓名	

全身檢查項目			人員簽章
1.身高：　公分	2.體重：　公斤	3.腰圍　公分	
4.血壓：　mmHg　脈搏：　次/分		5.視力檢查：□裸視 □矯正 右眼___ 左眼___ 辨色力檢查：□正常 □異常	
6.聽力檢查：右耳：□正常□異常 左耳：□正常□異常		7. 抽血檢查:□已檢　□未檢 尿液檢查:□已檢　□未檢	

理學醫師檢查

眼	□無明顯異常	其他_____	理學醫師簽章:
耳鼻喉	□無明顯異常	□疑似中耳炎，如：耳膜破損 □扁桃腺腫大□耵聹栓塞□其他_____	
頭頸	□無明顯異常	□斜頸 □異常腫塊 □其他_____	
胸腔及外觀	□無明顯異常	□心肺疾病 □胸廓異常 □其他_____	
腹部	□無明顯異常	□異常腫大 □其他_____	
脊柱四肢	□無明顯異常	□脊柱側彎 □肢體畸形 □蹲距困難 □其他_____	
皮膚	□無明顯異常	□癬 □疥瘡 □疣 □異位性皮膚炎 □溼疹 □其他_____	

牙科醫師檢查

口腔	□無明顯異常	未治療齲齒：□0.無 □1.有　缺牙(因齲齒拔除)：□0.無 □1.有 已矯治牙齒：□0.無 □1.有　□口腔衛生不良 □咬合不正 □其他	牙科醫師簽章:

牙齒位置　檢查代碼　C-齲齒　X-缺牙　-已矯治　ψ-阻生牙　Sp.-贅生牙

右上																左上
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
右下																左下

總評 建議	□無明顯異常 □有異狀，需接受_____科醫師診治 □其他建議：	承辦檢查 醫院簽章

實驗室檢查項目		檢查結果 初查結果	異常註記	追蹤	實驗室檢查項目		檢查結果 初查結果	異常註記	追蹤
尿液檢查	酸鹼值				血脂肪	總膽固醇 (mg/dl)			
	尿蛋白				腎功能檢查	尿酸 (mg/dl)			
	尿糖					肌酸酐 (mg/dl)			
	潛血					血尿素氮 (mg/dl)			
血液常規檢查	血色素 (g/dl)				肝功能檢查	B 型肝炎表面抗原			
	血球容積比 Hct					B 型肝炎表面抗體			
	白血球 ($10^3/\mu L$)					麩胺酸草醋酸轉胺酶			
	紅血球 ($10^6/\mu L$)					麩胺酸丙酮酸轉胺酶			
	血小板 ($10^3/\mu L$)								
	平均血球容積 MCV								

胸部X光檢查	檢查結果： □無明顯異常 □疑似肺結核病徵 □肺結核鈣化 □胸廓異常 □肋膜腔積水 □脊柱側彎 □心臟肥大 □支氣管擴張 □肺浸潤 □肺結節 □其他_____	複查矯治、日期及備註：

臨時性檢查	檢查名稱	檢查日期	檢查單位	檢查結果	轉介複查追蹤及備註

矯治追蹤記錄	