



菲律賓基督教靈惠學院
Grace Christian College
 Quezon City, Philippines

Health Record 健康記錄

Chinese Name: _____

中文姓名
 Name of Student: _____

Last 姓氏

First 名字

Middle 中間字母

住址
 Address: _____

年齡 性別 出生日期 國籍 宗教
 Age Sex Date of Birth Nationality Religion _____

父親姓名 職業
 Name of Father Occupation _____

母親姓名 職業
 Name of Mother Occupation _____

住址
 Address _____

如在緊急情況下需要通知何人 電話號碼
 Person to notify in case of emergency Tel No. _____

手機號碼
 Cell No. _____

家族病歷
FAMILY MEDICAL HISTORY

DISEASE 疾病	YES 有	NO 否	WHO 誰	DISEASE 疾病	YES 有	NO 否	WHO 誰
癌症 CANCER				肺結核 TUBERCULOSIS			
心臟病 HEART DISEASE				哮喘 ASTHMA			
高血壓 HIGH BLOOD				出血傾向症狀 BLEEDING TENDENCIES			
糖尿病 DIABETES				心理健康問題 Mental Health Problem			
腎臟問題 KIDNEY PROBLEM				皮膚問題 SKIN PROBLEM			
消化問題 DIGESTIVE PROBLEM				風濕症 RHEUMATISM			

(CONTINUED AT THE BACK)

個人病歷(您的孩子有否患下任何病症? 如果有, 請提供詳細資料)

Personal History (Has your child suffered from any of the following? If yes, please provide details.)

Disease 疾病	Yes 有	No 否	Disease 疾病	Yes 有	No 否	Disease 疾病	Yes 有	No 否
過敏(請註明) Allergy(pls. specify)			水痘 Chickenpox			肺炎 Pneumonia		
哮喘 Asthma			麻疹 Measles			甲狀腺 Thyroid Gland		
貧血症 Anemia			腮腺炎 Mumps			癲癇症 Seizures/Epilepsy		
出血問題 Bleeding problem			肝炎 Hepatitis			心臟疾病 Heart Disease		
行為問題 Behavioral/Develop- mental Problem			初級情結 Primary Complex			經常消化不良 Recurrent Indigestion		
聽力問題 Hearing problem			傷寒 Typhoid Fever			腎臟病 Kidney Disease		
語音問題 Speech problem			耳朵流膿 Ear Discharge			登革熱 Dengue Fever		
糖尿病 Diabetes			昏暈 Fainting			骨折 Fracture		
扁桃腺炎 Tonsillitis			鉻酸皮膚問題 Chronic Skin Problem			心理健康問題 Mental Health Problem		

以前有否動過手術或住院 (如有):

Previous operations/Hospitalization (if any):

您的孩子有其他醫療需求 (如有):

Other medical needs of your child (if any):

OTHER IMPORTANT INFORMATION WE SHOULD KNOW: _____

是否需要學校醫生和/或護士治療嗎?

May the School Physician and /or Nurse administer treatment if the need arise?

__ Yes 是 __ No 否 Remark(s) _____

如果有必要的緊急治療, 校方是否可以把您的孩子送到就近的醫院嗎?

If emergency treatment is necessary, may the school authorities take your child to the nearest hospital?

__ Yes 是 __ No 否 Remark(s) (註): _____

如果需要限制體力活動, 請從您孩子的醫生提供的醫療證明, 以書面形式向老師通知。

- If there should be restrictions in physical activity, please provide a medical certificate from your child's physician and advise the teacher in writing.

如果有需要給予您的孩子種特殊的藥, 請給予此藥品/s 的劑量和時間, 並以書面指示。

- Should there be a need to give a special medication to your child, please send the medicine/s with written instructions regarding dose and time to be given.

家長/監護人簽名

Signature of Parent/Guardian over Printed Name