New Student Entry Physical Form / Health History
新生入學健康紀錄

Student Name 學生姓名 (Last 姓 First 名 Middle) : _____

Date of Birth 生日 (mm/dd/yyyy): ____/____/_____ Sex 性別:_____

Grade at Entry 年級: _____ Date of Entry to Morrison 入學日:____/____/____

Check Yes or No and give details for all "Yes" answers in the space below.
請勾選"是"或"否", 如勾選"是" 請將詳細狀況註明於下列空白處:

Has your child had… **你的小孩曾患有...**	Yes 是	No 否	**Has your child had…** **你的小孩曾患有...**	Yes 是	No 否
Learning Needs such as ADD/ADHD, Autism, Dyslexia, etc. 特殊學習需求(例如:缺乏專注力, 過動症, 自閉症, 閱讀障礙等)	❑	❑	Headaches (type) 頭痛 (類型) Head injury 頭部受傷	❑	❑
Allergies: What substances, type of reaction (list below) 過敏:請列舉過敏物質、反應類型	❑	❑	Hearing Impaired 聽力障礙 Hearing Aid: 助聽器:	❑	❑
Arthritis / Connective Tissue 類風溼性關節炎/ 結締組織疾病	❑	❑	Hepatitis 肝炎	❑	❑
Asthma 氣喘	❑	❑	Hernia 疝氣	❑	❑
Behavioral/Emotional needs such as Depression, Anxiety, OCD, Autism, Asperberger's, etc. 特殊行為/情緒 症狀 (例如 憂鬱症, 焦慮症, 強迫症, 自閉症, 雅斯伯格症 等)	❑	❑	Female/Menstrual: Date of first period: Are periods regular or irregular?	❑	❑
Blood Disorder 血液疾病	❑	❑	High Blood Pressure 高血壓	❑	❑
Cancer (location list below) 癌症 (請列舉類型 、位置)	❑	❑	Hospitalization 住院治療	❑	❑
Cerebral Palsy 腦性麻痺	❑	❑	Mumps 腮腺炎	❑	❑
Cardiovascular / Heart murmur 心血管 / 心跳雜音	❑	❑	Musculoskeletal Disorder 肌肉骨骼傷病 Bone / Joint / Muscle Injury / Condition (list below) 骨頭, 關節, 肌肉曾受傷害?請列舉情	❑	❑
Seizures 癲癇發作	❑	❑	Past Surgery 動過手術	❑	❑
Chickenpox 水痘	❑	❑	Regular medication 定期治療用藥(請列藥名)	❑	❑
Eating Disorder 飲食失調	❑	❑	Spina Bifida 脊柱裂	❑	❑
Endocrine Disorder (Diabetes, Thyroid, etc.) 內分泌 問題(糖尿病、甲狀腺 等	❑	❑	Tuberculosis 肺結核	❑	❑
Fainting or chest pain or shortness of breath while exercising 運動時會暈倒或胸又痛或呼吸急促	❑	❑	Urinary / Kidney Disease 泌尿系統 / 腎臟疾病	❑	❑
Family member who died suddenly of heart disease 有家人因心臟疾病突發死亡	❑	❑	Visually Impaired 視力障礙 (Circle any that apply / 請圈選適用項目) Glasses 眼鏡:Yes是 No否 Contact lens: Day-time / Night contact lens 隱形眼鏡: 日間用夜間角膜塑型片 Night-time Eye Drops 散瞳劑	❑	❑
Genetic Disorder 遺傳性疾病	❑	❑			

Please include details here for all "YES" answers: 如勾選"是 " 請將詳細狀況註明於下列空白處*:*

New Student Entry Physical Form (completed by physician)
新生入學體檢表(由醫師填寫)

Please see a certified doctor for this exam. If you are a new student, the entry physical exam portion on your Health Record will be adequate for the sports physical if it is a recent physical within the last 6 months.

Student Name 姓名: _____ Date of Birth 生日: _____ Grade 年級日期_____

Height 身高: _____ Weight 體重: _____ Pulse 脈搏: _____ Blood Pressure 血壓: _____

Visual Acuity 視力 Right 右眼: 20 / Left 左眼: 20 /

MEDICAL 檢查項目	**NORMAL** 正常 ✔	**Abnormal Findings (note all abnormal findings)** 異常(醫師說明)
Appearance 外觀	❑	
Skin 皮膚	❑	
Lymph Nodes 淋巴結	❑	
Eyes (pupils) / Ears / Nose / Throat 眼(瞳孔) / 耳 / 鼻 / 喉	❑	
Hearing 聽力	❑	
Heart 心臟	❑	
Pulses 脈搏	❑	
Lungs (asthma and treatment) 肺 (氣喘及處置)	❑	
Abdomen 腹部	❑	
Hernia / 疝氣	❑	
Musculoskeletal 肌肉骨骼	❑	
Neck 頸	❑	
Spine / Back- Scoliosis 脊椎 / 背 – 脊椎側彎	❑	
Shoulders / Arms 肩膀 / 手臂	❑	
Elbow / Forearm 手肘 / 前臂	❑	
Wrist / hand 手腕 / 手	❑	
Hip / thigh 髖部 / 大腿	❑	
Knee / Leg / Ankle 膝部 / 小腿 / 腳踝	❑	
Foot 腳	❑	
Allergy (specify type & treatment) 過敏 (說 是哪一種過敏及處理方式)	❑	

On the basis of this examination, this student may participate in the school program, physical education class, and interscholastic sports. (Physicians please mark below.) 學校將依此報告決定學校是否能參加體育課及各項活動。(請醫生勾選一項。)

❑ CLEARED WITHOUT RESTRICTIONS 可以參加所有活動。

❑ CLEARED WITH THE FOLLOWING NOTATION 可以參加活動, 但有以下的限制: _____

❑ NOT CLEARED FOR PARTICIPATION / REASON 不適合參加任何活動: _____

Physician's Signature / Stamp 醫師簽章 _____ Date of Examination 日期: _____