

医疗信息表格

Medical Form

请提供以下信息

Please provide us with the following information:

学生姓名/Name: _____

就读学校/School: _____

生日/Date of Birth: _____ 性别/Gender: _____

护照号/Passport No: _____

手机 Mobile number: _____

电子邮箱 Email address: _____

学生的大致身体情况如何？有没有什么需要我们注意的问题？

What is the general health of your child, does he/she have any health or medical Problems and is there anything else you feel we should know about your child's health?

学生有没有吸烟的情况？ 是 Yes / 否 No

Does your child smoke?

学生有没有对某些药物过敏/目前有没有服用某种药物？

Is your child allergic to any medication/currently taking medication?

学生有没有对某些食物过敏/或需要特殊的饮食？

Is your child allergic to any foods/require a special diet?

您的孩子有不喜欢的动物或者过敏的动物吗？ Are there any animals your son/daughter does not like or is allergic to? 是 Yes / 否 No

如果有，请具体列出: If "yes", please specify

您的孩子现在是否有任何病痛或不适? Does your son/daughter suffer from any illness:

是 Yes / 否 No

如果有, 具体是什么? If "yes", please Specify

您的孩子是否有长期或定期服药/就医的情况? Does your son/daughter regularly take medication?

是 Yes / 否 No

如果有, 请详细说明 If "yes", please specify

学生需要安排牙医的预约吗? Will your child need arrangements for dental care?

是 Yes / 否 No

学生有没有接种过以下疫苗? 请给出日期 Has your child been immunized against the following? Please supply dates:

白喉 Diphtheria _____

百日咳 Pertussis _____

破伤风 Tetanus _____

脊髓灰质炎/小儿麻痹 Polio _____

髓膜炎 Meningitis C _____

脑膜炎 Meningococcal A&C _____

卡介苗 B.C.G _____

麻疹 Measles _____

腮腺炎 Mumps _____

风疹 Rubella _____

甲肝 Hepatitis A _____

乙肝 Hepatitis B _____

伤寒 Typhoid _____

肺炎球菌 Pneumococcal (PCV) _____

黄热病 Yellow Fever _____

乙型流感嗜血杆菌 Hib _____

霍乱 Cholera _____

旅行疫苗 Travel Vaccinations _____

其他, 请列举 Any others, please specify _____

如果是女孩, 有没有接种过预防子宫颈癌疫苗? Has your daughter received her HPV

Vaccine 是 Yes / 否 No

您是否同意学校安排孩子注射在英推荐的儿童疫苗? 没有您的同意, 学校不会安排孩子注射疫苗的。If you wish your child to receive these recommended childhood vaccines please sign below. Without consent your child will NOT receive them.

是 Yes / 否 No

您的孩子是否有以下病史？ Has your child had any previous medical history of:

如有，请详细说明。 If yes, please specify.

残障 disability _____

糖尿病/心脏病 diabetes/heart problems _____

癫痫/抽搐 epilepsy/convulsions _____

哮喘/花粉症 asthma/hay fever _____

药物过敏史 sensitivity to drugs _____

食品/蚊虫/过敏不良反应史 Allergies/reactions to foodstuffs/bee/wasp stings

其他病史，请列举 Any other medical history, please specify.

以前是否做过手术？如有，请详细列出具体日期，原因及治疗情况。最好能够提供相关治疗记录。 Has your child had any surgical operations? If so, please give details, this MUST include dates, treatments given and copies of Specialist/consultant letters?

是否有任何听力障碍？上一次听力体检是什么时候？ Has your child suffered from any hearing problems? When was last hearing test?

视力是否正常？有没有色弱或色盲症？需要佩戴眼镜吗？多大开始佩戴的？带隐形眼镜吗？上一次视力检查是什么时候？ Is your child's eyesight or color vision normal? Does your child need to wear glasses/contact lenses? When did it start? When was last eye examination?

学生是否有由任何疾病导致的不可参加的体力活动或运动？如有，请具体列出。 Has s/he any ailment rendering physical activities inadvisable? If yes, please specify.

学生目前是否在某位医生处接受某类治疗？ Is/he at present having treatment from any doctor? 是 Yes / 否 No

如果有，详细列举医生信息和治疗的详细情况。 If yes, please give the details.

请给出任何您觉得你孩子在学校医护措施情况下需要注意的事项或情况。Please give details of anything else you feel the School Medical Officer should be aware of .

(寄宿生需填) 您是否同意在学校医生认为必要时开处方药给您的孩子? Do you consent for prescription medication to be prescribed to your son/ daughter, if the school doctor deems necessary?

您是否同意适当人员用非处方药物在某些情况下缓解您孩子的病痛, 如头疼, 感冒, 喉咙疼, 外伤等等。 Do you consent for non-prescription medication e.g. Paracetamol to be administered by appropriate staff to relieve symptoms such as headaches, colds, Sore throat and pain from an injury, if staff are prepared to do so ?

在紧急情况下, 您是否可以授权护士长或者其他工作人员为您的孩子做必要的麻醉/注射/治疗/手术? In the event of an emergency, do you authorize Matron or other designated members of staff to consent to a general an aesthetic, and / or necessary injections /treatment / operations ?

我确认以上的给出的信息准确无误并同意 EDA 监护在需要的情况下使用这些信息
I confirm that the above information I have given is both current and true, and agree EDA guardianship to use these formation when necessary

家长姓名 Parent Name: _____

签字 Signed: _____

日期 Date: _____