

NJ Ming Hui School Summer Camp ("CAMP") Health Examination form 2018

明慧學校夏令營體檢表 (2018)

(This side to be completed by parent)此面由家長填寫

Name 姓名 _____ Birth date 生日 _____ Sex 性別 M/F男/女 _____ Age 年齡 _____

Address 住址 _____

Mother/Guardian 母親/監護人 _____ Home phone #家庭電話 _____

Work phone#工作電話 _____

Cell phone #手機電話 _____

Father/Guardian 父親/監護人 _____ Home phone #家庭電話 _____

Work phone#工作電話 _____

Cell phone #手機電話 _____

If not available in an emergency, notify 緊急情況請通知:

1. Name 姓名 _____ Relationship 與學生關係 _____

Address 地址 _____ Phone #電話 _____

2. Name 姓名 _____ Relationship 與學生關係 _____

Address 地址 _____ Phone #電話 _____

Health History (if "yes" answers next to the line & give dates) **病史**, 如回答“是”, 請在右邊線上填寫相應的時間

Yes No 是 否

Has/does the camper (or worker) 營員或工作人員:

1. Had any recent injury, illness or infectious diseases? 最近有受傷、生病、或傳染性疾病? _____

2. Have a chronic or recurring illness/condition? 慢性或複發型疾病/病症? _____

3. Ever been hospitalized? 住醫院? _____

4. Ever had surgery? 動手術? _____

5. Have frequent headaches? 經常頭痛? _____

6. Ever had a head injury? 頭部受過傷? _____

7. Ever been knocked unconscious? 曾經撞倒無意識? _____

8. Wear glasses, contacts, or protective eyewear? 佩帶眼鏡、隱形眼鏡或防護眼鏡? _____

9. Ever had frequent ear infections? 頻繁的耳部感染? _____

10. Ever passed cut during or after exercise? 曾經有過在運動中或之後受傷? _____

11. Ever been dizzy during or after exercise? 曾經有過運動期間或運動後頭暈? _____

12. Ever had seizures? 是否有癲癇發作? _____

13. Ever been diagnosed with a heart murmur? 心臟雜音? _____

14. Ever had back problem? 有否腰背問題? _____

15. Ever had problem with joints (ex. Knees, ankles)? 關節問題 (如膝、腳踝)? _____

16. Have an orthodontic appliance being brought to camp? 矯形器具帶到營地? _____

17. Wear braces? 帶護具否? _____

18. Have any skin problems (ex. Itching, acne, rash)? 皮膚疾病 (搔癢、痤瘡、皮疹)? _____

19. Have diabetes? 糖尿病? _____

20. Have asthma? 哮喘? _____

21. Had mononucleosis in past 12 months? 過去十二個月有單核細胞增多症? _____

22. Had problems with diarrhea/constipation? 有否腹瀉/便秘? _____

23. Have problems sleepwalking? 夜游症? _____

24. If female, have an abnormal menstrual history? 女性, 有否不正常月經史? _____

25. Have a history of bedwetting? 是否尿床? _____

26. Have ADD/AHD? 注意力缺陷/注意多動症? _____

27. Have OCD/ODD? 強迫症/對立違抗性障礙? _____

*****Please attach a photocopy of both sides of insurance card***請附上保險卡的雙面複印件**

This health history is correct & complete as far as I know. I hereby give permission for camp's medical Staff to provide routine health care, administer medications, and seek emergency and/or surgical treatment for said camper. I agree to pay all expenses involved, which are not covered by the camp's medical insurance. 根據我的了解這個病史是完全和正確的。我特此允許營地醫務人員提供日常保健, 並為露營者尋求緊急或手術治療。我同意負擔所有的夏令營醫療保險不包括的費用。

Signature of parent/guardian 父母/祖父母簽字 _____ date 日期 _____

(背面由醫生填寫)

(Reverse side to be completed by physician)

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To be Completed by Physician (此面由醫生完成)

Immunization & Health History 預防接種歷史

Which of the following has the participant had?
下面哪一種疫苗接種?

Please give all dates of immunization for:
請提供所有的預防接種時間

___ Measles 麻疹

Vaccine: Dates: 疫苗/日期

Mo/Yr

月/年

Mo/Yr

月/年

Mo/Yr

___ Chicken Pox 水痘

DTP 三合一 (白喉/破傷風/百日咳)

___ German Measles 德國麻疹

TD (Tetanus/Diphtheria) 二合一(破傷風/白喉)

___ Mumps 腮腺炎

Tetanus 破傷風

___ Hepatitis A 甲型肝炎

Polio 脊髓灰質炎

___ Hepatitis B 乙型肝炎

MMR

___ Hepatitis C 丙型肝炎

or Measles 麻疹

or Mumps 腮腺炎

or Rubella 風疹

TB Mantoux Test / PPD 結核、風疹

Date of last test 最後測試日期

Haemophilus influenza B 乙型流感嗜血桿菌

Result: 結果 ___positive 陽性 ___Negative 陰性

Hepatitis B 乙型肝炎

Varicella (chicken pox) 水痘

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance. **注意:** 請通知夏令營本營員在過去三星期暴露在任何傳染性疾病環境

PHYSICAL EXAMINATION 體檢

Posture 體態 _____

Hgt 身高 _____ Wt 體重 _____ Bp 血壓 _____ P 心率 _____ R 呼吸 _____

Skin 皮膚 _____

Scalp 頭皮 _____

Other illnesses or operations & at what age? 其它疾病或手術 (年齡)

Extremities 四肢 _____

Ears 耳 _____

Nose 鼻 _____

Hernia 疝氣 _____

Tonsils 扁桃體 _____

Lungs 肺 _____

(For girls & Women) Has this person menstruated? (女性) 來月經嗎? _____

Heart 心 _____

If so, is her menstrual history normal? 是, 月經史正常? _____

Teeth 牙 _____

If not, has she been told about it? 否, 她講過這些? _____

ALLERGIES 過敏

Medication allergies (list) 藥物過敏

Food allergies (list) 食物過敏

Other allergies (list) – include insect stings, bee stings, hay fever, asthma, etc. 其它過敏: 包括瞞蟲、花粉過敏、哮喘, 等。

I have examined the person herein described and reviewed the health history. It is my opinion that this person is physically able to engage in all camp activities, unless otherwise noted.

我已經檢查了這裏所描述的人, 並檢查了健康史。我認為除非領有說明, 否則能夠進行所有夏令營活動。

Physician's Name 醫生姓名 _____ signature 簽名 _____

Address 地址 _____

Telephone number 電話 _____ Date 日期 _____