

Health Form

- Please note that: 1. You must fill in every item (except the section to be filled by your physician).
2. Participant under 18 of age must have parental/ guardian signature at Authorization.
3. This form is complete only with valid signature at Authorization.

- 請注意：1. 請清楚填妥每一項 (背頁由醫生填寫除外)。
2. 十八歲以下參加者必需由家長或監護人授權。
3. 授權書必須簽署妥當本表格方為有效。

Please supply a copy of your child's insurance card.
Or yours. Both the front and back of card.
請提供你孩子或你的醫療保險咭的底面副本。

學生資料 Student's Information

姓名 Name _____ 出生日期 Date of Birth _____ 性別 Sex _____

電話 Phone (家Home) _____ (手提Mobile) _____

家長或監護人姓名 Parent or Guardian _____ 電話 Phone _____

地址 Address _____

如遇事故，請聯絡 In case of emergency, please notify

姓名 Name _____ 電話 Phone _____ 關係 Relationship _____

姓名 Name _____ 電話 Phone _____ 關係 Relationship _____

AUTHORIZATION

The following health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me/ family and the examining physician. In the event, I/ my family cannot be reached in an EMERGENCY. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me/ my child as named above.

授權書

茲證明此為本人/做子女 _____ 以下之健康記錄是正確，本人/做子女將參與營地內各項活動 (本人或醫生特別指名除外) 若有任何事故發生，而無法聯絡本人/家屬，本人授權與營地職員所選擇之醫生進行各適當的治療或住院程序。

簽名 Signature _____ 日期 Date _____

健康記錄 Health History

請於曾患有的項目旁加✓號，並寫下日期。Please ✓if the person have ever had or presently have the following illness/ disease, and add the date.

風濕性熱 Rheumatic Fever _____	敏感 Allergies:	病症 Diseases:
痙攣、抽搐 Convulsions _____	花粉症 Hay Fever _____	水痘 Chicken Pox _____
糖尿 Diabetes Behavior _____	常春藤毒 Ivy Poisoning _____	麻疹 Measles _____
暈眩 Dizziness _____	盆尼西林 Penicillin _____	德國麻疹 German Measles _____
心臟 Heart Disease _____	其他藥物 Other Drugs _____	腮腺炎 Mumps _____
眼、耳炎 Eye/ Ear Infection _____	蟲咬 Insect Stings _____	哮喘 Asthma _____
手術或嚴重受傷 Operations or serious injuries (dates) _____	常發性喉嚨發炎 Recurring sore throat _____	
慢性或現有疾病 Chronic or recurring illness _____		

其他疾病或上列項目之詳情 Other diseases or details of above _____

注意：如學生在入營前三星期染上傳染病，請馬上通知營地職員。

IMPORTANT: Please notify the camp if this person is exposed to any communicable disease during the three weeks prior to camp participation.

防疫苗注射記號 Immunization History

請填上接受注射日期。 Please give date of immunization.

混合防疫針 DPT Series _____	加強針 Booster _____	破傷風 Tetanus Booster _____
小兒麻疹 Polio OPV _____	加強針 Booster _____	傷寒 Typhoid _____
麻疹 Measles Vaccine (Live) _____	結核桿菌 Tuberculin Test _____	
德國麻疹 German Measles (Rubella) _____	腮腺炎 Mumps Vaccine _____	
天花 Smallpox _____	其他 Other _____	

此欄只可由醫生填寫

MEDICAL EXAMINATION – To be filled out by licensed physician

This examination should be performed within 12 months of arrival at camps. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Codes: S – Satisfactory X – Not Satisfactory (explain) O – Not examined

Height _____	Weight _____	Hgb. Test _____	Urinalysis _____
Eyes _____		Extremities _____	
Glasses _____		Posture (Spine) _____	
Ears _____		Skin _____	
Nose _____		Allergy _____	
Throat _____		Please Specify _____	
Teeth _____		_____	
Heart _____		_____	
Lungs _____		General Appraisal: _____	
Abdomen _____			
Hemia _____			

(For girls and woman)

Has this person menstruated? _____

If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Special Consideration : _____

RECOMMENDATIONS AND RESTRICTIONS

Special Diet _____

Special medicine (name it) _____

Swimming, diving _____ Strenuous activity _____

Other _____

I have examined the person herein described and have reviewed his/ her health history. It is my opinion that he/ she is physically able to engage in camp activities, except as noted above.

Examining Physician M.D. _____ Date _____

Telephone () _____ - _____ Address _____

Suggestion from Parents _____