

**Student Medical Examination**  
**건강진단서 学生体检表**  
 (page 1 of 2)

Full Name (이름 姓名): \_\_\_\_\_ Grade (학년 年级) : \_\_\_\_\_  
 Birthdate (생일 生日) : \_\_\_\_\_ Age (연령 年龄) : \_\_\_\_\_ Sex (성별 性别) : \_\_\_\_\_ Race (인종 民族) : \_\_\_\_\_

**Section A: Parents or Physician may fill out this section IN ENGLISH.**  
 학부모님 혹은 의사 선생님께서 이 부분을 영어로 기재해 주십시오. 由家长或医生用英文填写此项

Has child had any of the following illnesses? **댁의 아이가 이하의 질병이 있는지?** 该儿童是否患有以下疾病?

	Yes 예 는	No 아니 요 否	Date of illness & comments (any concerns during/post illness) 질병 날짜 및 상세한 내용(질병 기간/후 염려된 점) 患病日期及详情 (此次患病有哪些特别问题)
Chicken Pox (수두, 水痘)			
Scarlet Fever (성홍열, 猩红热)			
Rheumatic Fever (류머티즘열, 风湿热)			
Diabetes (당뇨병, 糖尿病)			
Anemia (sickle cell) 빈혈증 (적혈구), 贫血 (镰状细胞)			
Seizures (간질병, 癫痫)			
Respiratory Problems (호흡기 질환, 呼吸问题)			
Injuries/Fractures (외상/골절, 外伤/骨折)			
Operations (수술, 手术)			
Parasites (worms type) 기생충 (류), 寄生虫 (种类)			
Allergies(food, medicine, etc.) 알러지(식품, 약물등등) 过敏 (食物, 药物等)			
Other (please specify) 기타 (명확하게 기입해 주십시오) 其它 (请列明)			

**Has student had a tuberculosis screening?**

(본 학생이 결핵 검진을 받은 적이 있나요? 该儿童是否做过结核病筛查?)

**No** Skin Test Date: \_\_\_\_\_ Result: Neg / Pos OR Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_  
 아니요 피부 검사 날짜: \_\_\_\_\_ 결과: 음성/양성 흉부 엑스레이 날짜: \_\_\_\_\_ 결과: \_\_\_\_\_  
 否 皮肤试验日期: \_\_\_\_\_ 结果: 阴性/阳性 胸部 X光 日期: \_\_\_\_\_ 结果: \_\_\_\_\_

Please provide immunization record. 예방접종 기록표를 제출해 주십시오. 请提供免疫接种记录

Copy of records attached. 예방접종 기록표 사본을 첨부합니다. 已附上记录复印件。  
 (i.e. international shot record, health department records, previous school records )  
 (예: 국제 예방접종 기록, 보건소 기록, 전 학교 기록 包括注射记录, 保健记录, 既往学校记录等)

For TIS Nurse's Office Use Only- 학교 기록용 学校填写:  
 Follow up needed: Yes / No Follow up completed Yes / No  
 Notes:

# Student Medical Examination

## 건강진단서 学生体检表

(page 2 of 2)

Full Name (姓名): \_\_\_\_\_ Date of Exam (检查日期): \_\_\_\_\_

**Section B: Physician to fill out this section IN ENGLISH. 医生用英文填写以下各项:**

Current Routine Medications 目前常规用药: \_\_\_\_\_

Vital Signs 生命体征: \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Height 身高 \_\_\_\_\_ Weight 体重 \_\_\_\_\_

Please fill out the following or attach copy of History & Physical from this visit

请填写以下各项, 或附上此次就诊记录和体检结果

See attached 见附件

	Normal 正常	Abnormal 异常	Notes/Comments/Medications used/Recommended follow up 说明 / 评价 / 药物使用 / 建议随访	
General Nutrition 一般营养				<b>† Mental Health/ Cognition</b> 精神 / 认知 Compulsions 强迫 Acts Young for Age 行为幼稚 Psychiatric Diagnoses 精神科诊断 Underdeveloped Cognition 认知发育落后  <b>★ General Health Habits</b> 一般健康习惯 Irregular Meals 不规律进餐 Fussy Eating 挑食 Obesity 肥胖 Poor Sleep 睡眠障碍 Poor Tooth Brushing 刷牙不好 Poor Posture 姿势不良
Neurological System 神经系统				
No history of Seizures 癫痫史				
Orthopedic (include arches) 骨科 (包括疼痛)				
No disability/handicap 残疾 / 功能障碍				
Skin & Scalp 皮肤 / 头皮				
Eyes 眼				
Visual Acuity 视力			Glasses 眼镜    Contacts 隐形眼镜    Current Prescription 目前处方	
Color Vision 色视觉				
Ears 耳				
Auditory Acuity 听力			Hearing Aids 助听器	
Speech 语言				<b>* Emotional/Behavioral Health</b> 情绪 / 行为 Aggressive 攻击 Withdrawn 退缩 Tantrums 易怒 Bedwetting 遗尿 Nail biting 啃指甲 Hyperactivity 多动 Poor Coordination 协调不良 Nervousness 紧张 Twitching/"tics" 抽动 Thumb Sucking 吮指 Frequent Stomach Upsets 经常胃部不适 Frequent Headaches 经常头痛 Short Attention Span 注意力短暂
Nose, Throat 咽喉				
Mouth, Teeth 口、牙齿				
Glands, Thyroid 腺体、甲状腺				
Heart 心			Irregular Pulse 心律异常    Murmur 杂音	
Lungs 肺			Asthma 哮喘 Short of Breath with activity 活动时气短 Need for activity limits 活动受限	
Abdomen 腹				
Genitalia 外生殖器				
Mental Health/Cognition † 精神 / 认知				
General Health Habits ★ 一般健康习惯				
Emotional/Behavioral Health * 情绪 / 行为				

- No lab tests needed at present. 目前不需要化验检查。
- The following labs completed with normal results: (Please note reason lab performed)  
以下化验结果正常 (请注明化验原因):
- The following labs had abnormal results: (Please note any recommended follow-up)  
以下化验结果异常 (请注明是否建议复诊)

This Student has completed the immunizations required by this state/province/country  
该学生已经完成本地 / 省 / 国家要求的免疫接种。

Yes     No  
是        否

In my opinion, this student is free of any communicable disease & may be admitted to school  
我认为该学生未患传染性疾病, 可以入学。

Yes     No  
是        否

Signature: \_\_\_\_\_

Primary Physician (if different): 主治医生 (如果不是本医生) \_\_\_\_\_

Printed Name: \_\_\_\_\_  
姓名拼写

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
电话                      传真

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
电话                      传真