長榮大學學生健康資料卡 CJCU Student Health Form(自填)

Student ID		I.D. No./ARC No	
Name		Date of Birth	_____yy_____mm_____dd
Dept./Class		☐Male ☐Femaie	Cellphone No. -
Address			

Emergency contact	Relationship	Name	(home)	Cellphone No.

Personal Medical History

Personal Health History：Please check if you have ever had the medical historyof？

☐1.None ☐7.Epilepsy ☐13.Psychological or mental illness：___
☐2.Tuberculosis ☐8.SLE (Lupus) ☐14Cancer:：_____
☐3.Heart disease ☐9.Hemophilia ☐15.Thalassemia：_____
☐4.Hepatitis ☐10.G6PD deficiency ☐16.Major surgery：_____
☐5.Asthma ☐11.Arthritis ☐17.Allergy to medicine/food：_____
☐6.Nephralgia ☐12.Diabetes mellitus ☐18.Other：_____

High myopia: Do you currently have myopia greater than 500 degrees in either eye？☐No ☐Yes ☐Unknown
Have major illness certificate? Type: _____
Have physical disability handbook? Level: ☐Mild ☐Moderate ☐Severe ☐Extremely severe

Family medical history: Which, if any, of your family members have hereditary medical conditions/illness_____
Conditions/illness_____

Personal Health Life History

※ Choose the most appropriate answer applicable to you in the past one year ?

1. How many hours do you sleep a day during the past 7 days (not including weekends, or days off?
   ☐7 hours or more ☐less than 7 hours ☐Insomnia
2. How often did you eat breakfast in the past 7 days *(not including weekends, or days off*)? ☐Never ☐Some days:__days ☐Everyday(Eat: before 9:00 ☐Yes ☐No; after 9:00☐Yes☐No)
3. During the past 7 days, how many days did you do moderate/high intensity exercise (that is, you could talk but not sing whileperforming the exercise), such as sports, fitness, commuting, and recreational physical activities for at least 10 minutes each time per day? ☐0 day ☐1 day ☐2 days ☐3 days ☐4 days ☐5 days ☐6 days ☐7 days
4. The past month, did you use tobacco (cigarettes, e-cigarettes, or iQOS)? ☐Never ☐Some days-please tick：☐cigarettes ☐e-cigarettes ☐iQOS (multiple choice) ☐Every day-please tick: ☐ cigarettes ☐e-cigarettes ☐iQOS (multiple choice) ☐Quit
5. The past month, do you drink alcohol? ☐Never ☐Some days ☐Every day - please tick how many(☐2 drinks or more ☐1 drink ☐less than 1 drink) ☐I have quit(Note: 1 'drink' means: 330 ml of beer, 120ml of wine, 45 ml of spirits)
6. During the past month, did you chew betel quid? ☐No ☐Often ☐Every day ☐Quit
7. Do you feel depressed? ☐Never ☐Seldom ☐Often
8. Do you feel anxious? ☐Never ☐Seldom ☐Often
9. Bowel habits: the past 7 days, how often did you defecate? ☐At least 1 time a day 2 days ☐3 days ☐ over 4 days
10. Internet using habit: the past 7 days (not including weekends, or days off), exclude daily studying needs, how many hours had you surfed on the Internet? ☐Less than 2 hours ☐About 2-4 hours ☐About 4 hours or more hours per day,_____
11. How many times do you usually brush your teeth a day? ☐No ☐Once ☐Twice ☐3 or more times
12. How often do you have a dental checkup even if there's no toothache or other oral discomfort? ☐Once every 6 months ☐Once a year ☐More than one year ☐Never
13. Menstrual cycle-*female students only*: Do you suffer from menstrual cramps? ☐No ☐Mild pain ☐Severe pain

Self Assessment

1.How do you feel about your physical health condition？☐Very good ☐Fairly good ☐Average ☐Worse ☐Very bad
2. How do you feel about your mental health condition ？☐Very good ☐Fairly good ☐Average ☐Worse ☐Very bad

※Do you currently have any health concerns? ☐No ☐Yes, do you need school assistance: ☐No ☐Yes

General exam	Date: _____Year_____Month_____Day			檢查人員簽章
Heigh： cm	Weight： kg	※Waistline： cm	※Pulse： beats/min	
Blood Pressure： mmHg				
Vision	Color Blindness：☐Normal ☐Abnormal△ ☐Other：_____			
	Naked Eye：Left_____ Right_____ Corrected：Left_____ Right_____			
ENT	☐Normal Hearing abnormality：☐Left ☐Right ☐Suspected otitis media ☐Perforated eardrumo△ ☐Swollen tonsilso△ ☐Earwax embolismo△ ☐Other：_____			
Head & Neck	☐Normal ☐Torticollis ☐Abnormal mass ☐Other：_____			
Chest	☐Normal ☐Cardiopulmonary disease ☐Abnormal thorax ☐Heart murmur ☐Cardiac arrhythmia ☐Other：_____			
Abdomen	☐Normal ☐Abnormally swollen ☐Other：_____			
Spine &limbs	☐Normal ☐Scoliosis ☐Limb deformity ☐Difficulty squatting ☐Other：_____			
Skin	☐Normal ☐Ringworm ☐Scabies ☐Wart ☐Atopic dermatitis ☐Eczema ☐Other：			
Oral	☐Normal Untreated caries：☐No ☐Yes Missing tooth (been extracted due to caries)：☐No ☐Yes Filled tooth：☐No ☐Yes Gingivitis※：☐No ☐Yes Dental calculus or tartar※：☐No ☐Yes ☐Poor oral hygiene ☐Malocclusion ☐Other：_____			

Laboratory Tests		Result		Laboratory Tests	Result		
		Test value	Abnormal		Test value		Abnormal
Urinalysis	Protein			Serum biochemistry	GOT	U/L	
	Sugar				GPT	U/L	
	O.B.				BUN	mg/dl	
	pH				Creatinine	mg/dl	
Complete Blood Count	WBC	$10^3/\mu L$			Uric Acid	mg/dl	
	RBC	$10^3/\mu L$			Total cholesterol	mg/dl	
	Hb	g/dl			Triglycerides☆	mg/dl	
	Hct※	%			HDL☆	mg/dl	
	MCV	fl			LDL☆	mg/dl	
	Platelet	$10^3/\mu L$			**Further treatment, date, andcomment:**		
Sugar☆	AC	mg/dL					
Hepatitis Exa.	HBsAg△						
	Anti-HBs△						
ChestX-ray	☐Normal ☐TB-related Calcification ☐R/O TB ☐Pleura cavity edema ☐Bronchiectasis ☐Lung nodules ☐Cardiomegaly ☐Lung infiltration ☐Other						

Othertests	Item	Date	Checked by	Result	Referred for follow-up,comment:

Summary	Summary of health examination results, for follow-up or treatment, and case management outline

Overall suggestions		**Stamp of hospital/clinic where examination was done**	

△: Items to be handled as needed in the Implementation Measures for Student Health Check
※: School optional items
☆: School Co-opted Proj