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? ☐No ☐Yes ☐Unknown ,Type: _____
Have physical disability handbook? ☐No ☐Yes ☐Unknown, Level: ☐Mild ☐Moderate ☐Severe ☐ Extremely severe

Special illnesses or matters that should be paid attention to: ☐ No ☐ Yes (please describe):_____
If you have any of the above diseases and have not yet recovered or are still undergoing treatment, please proactively inform us and provide a summary of your medical records as a reference for care.

Family medical history: ☐No ☐Yes ,Which, if any, of your family members have hereditary medical conditions/illness_____ Conditions/illness _____ ☐Unknown

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	Naked Eye：Left ____Right _____ Corrected：Left _____ Right _____			
Eye	☐Normal	☐Abnormal△ ☐Other _____		
ENT	☐Normal	Hearing abnormality：☐Left ☐Right ☐Suspected otitis media ☐Perforated eardrumo△ ☐Swollen tonsilso△ ☐Earwax embolismo△ ☐Other_____		
Head & Neck	☐Normal	☐Torticollis ☐Abnormal mass ☐Other _____		
Chest and appearance	☐Normal	☐Cardiopulmonary disease ☐Abnormal thorax ☐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 Dental calculus or tartar※：☐No ☐Yes Gingivitis※：☐No ☐Yes Filled tooth：☐No ☐Yes ☐Malocclusion ☐Poor oral hygiene ☐Other _____		
Overall suggestions	☐Normal ☐If there is any abnormality, you need to see a _____doctor ☐Other _____			**Stamp of hospital examination was done**

Laboratory Tests		Initial results	Result		Laboratory Tests		Initial results	Result	
			Abnormal	F/U				Abnormal	F/U
Urinalysis	Protein (+)(-)				Liver function tests	GOT(U/L)			
	Sugar (+) (-)					GPT(U/L)			
	O.B. (+) (-)				Kidney function tests	BUN(mg/dL)			
	pH					Creatinine(mg/dL)			
Complete BloodCount	WBC($10^3/\mu L$)					Uric Acid(mg/dL)			
	RBC($10^6/\mu L$)				Blood fat test	Total cholesterol(mg/dL)			
	Hb(g/dl)					Triglycerides(mg/dL)☆			
	HcT(%)※					HDL(mg/dL)☆			
	MCV(fl)					LDL(mg/dL)☆			
	Platelet($10^3/\mu L$)				Other				
Sugar☆	AC(mg/dL)								
Serological Immunology.	HBsAg△								
	Anit-HBs△								

ChestX-ray		**Further treatment, date, andcomment:**
	☐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

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