NTOU Student Health Form

Fill in the date： (yy/mm/dd)

Student ID no.		ID no. (Passport no.)		Blood type		Attach photo here
Name		☐ male ☐female	Date of birth	y m d		
Department	_____ Department ☐Undergraduate ☐ Transferred student ☐ Master program ☐Master continuing education program ☐ Ph. D. program					
Address		Phone no.				
E-mail address:		cell phone no.:				

Emergency contact person	Name		Relationship	
	Phone no.		cell phone no.	

※ Please check if you have ever had the medical history of：*(please add details for 13. to 18.)*

☐1.None ☐7.Epilepsy ☐13. Psychological or mental illness：_____
☐2.Tuberculosis (TB) ☐8.Lupus erythematosus ☐14.Cancer_____
☐3.Heart disease ☐9.Hemophilia ☐15.Thalassemia_____
☐4.Hepatitis ☐10.G6PD deficiency ☐16. Major surgery：_____
☐5.Asthma (Yes, I got asthma within three years) ☐11.Arthritis ☐17.Allergy to：_____
☐6.Nephralgia ☐12.Diabetes ☐18. Anything else：_____
☐Special diseases or matters needing attention_____

※Please check if your families have ever had the medical history of：

☐Diabetes ☐Hemophilia ☐Other.....
☐Hypertension ☐G6PD deficiency ☐What kind of cancer？.....

※ Choose the most appropriate answer applicable to you in the past one year～Please check：

1. How much did you sleep during the past 7 days (*not including weekends, or days off*)?
   ☐1.≧7 hours a day ☐2. < 7 hours a day ☐3. I suffer from insomnia
2. How many days did you eat breakfast during the past 7 days (*not including weekends, or days off*)?
   ☐1.Never ☐2.Seldom:_____days ☐3.Every day at (time)?
3. During the past month (*not including weekends, days off, or winter or summer vacation*), have you exercised three times a week, for at least 30 minutes each time, and achieving a heartbeat rate of 130 bpm each time? ☐1.Yes ☐2.No
4. During the past month, did you smoke? ☐1.No ☐2.Often ☐3.Every day:____ # cigarettes per day ☐4.Quit
5. During the past month, did you drink alcohol? ☐1.No ☐2.Often ☐3.Every day: ____ # glasses per day ☐4.Quit
   (*Note for* 3.：*please say how many glasses, 'one glass' means: beer 330 ml, wine 120 ml, liquor 45 ml*)
6. During the past month, did you chew betel quid? ☐1.No ☐2.Often ☐3.Every day, ____ # quids per day ☐4.Quit
7. Do you feel worried or depressed? ☐1.No ☐2.Seldom ☐3.Often
8. Do you regularly feel chest discomfort? ☐1.No ☐2.Seldom ☐3.Often
9. Do you regularly feel stomach discomfort? ☐1.No ☐2.Seldom ☐3.Often
10. Do you regularly have headaches? ☐1.No ☐2.Seldom ☐3.Often
11. Menstrual history (*women only*):
    (1) Your age at first menstruation: ☐1.Haven't begun menstruation yet ☐2.Age at first period:_____
    (2) Length of menstrual cycle: ☐1.≦20 days ☐2. 21-40 days ☐3.≧41 days ☐4. irregular (*differing in length by more than 7 days*)
    (3) Do you have painful menstrual periods? ☐1.No ☐2. Light pain ☐3. Severe pain
12. Bowel habits: During the past 7 days, how often did you defecate? ☐1. At least once every day ☐2. Once in 2 days ☐3. Once in 3 days ☐4. Once in 4 or more days
13. Internet use: During the past seven days (*not including weekends, or days off*), how many hours did you use the internet every day, apart from when doing homework or in class?
    ☐1.≦1 hour ☐2. 1-2 (less than)hours ☐3. 2-4 (less than) hours ☐4. 4-5 (less than) hours ☐5. ≧5 hours

Do you have "IC Cards for Severe Illness"? ☐No ☐Yes, Type_____, nsurance Type
☐National Health Insurance ☐Student-group Insurance ☐Others_____
Do you have "Disability Card"? ☐No ☐ Yes, Type_____.Grade ☐Extremely severe ☐Severe ☐Moderate ☐Mild

※Access your health condition：

1. In general, during the past month, would you say your health is ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor
2. In general, during the past month, would you say your mental health is ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor
3. What are the current health problems? Please elaborate：_____
4. Do you want to refer your medical reporting website? ☐ Yes ☐ No
5. Female only :I certify that I am NOT pregnant so I would accept Chest X-RAY ☐ Yes ☐ No

*** You can eat before physical examination, it's best to avoid high-sugar, high protein, and too greasy foods.**

Sign.：_____

健 康 檢 查 紀 錄 表
Health Examination Record

Please fill in the details in the thick frame

學號 Student Id No.		姓名 Name		科別系所 Department	

檢查日期 Date		年 Year	月 Mon	日 Day
檢查項目 Item		檢 查 結 果 Results Of Exam.		
一般檢查 General Exam.	體格 Build	身高 Height cm	體重 Weight kg	腰圍 cm
	血壓 Blood pressure	1. ／ mmHg	2. ／ mmHg	體脂肪 FAT%：
	視力 Vision	裸 視 Naked eye 右/R: / 左/L:	矯正 Corrected 右/R: / 左/L:	
	辨色力 Color Blindness	☐正常 Normal ☐異常 Abnormal_____		
	聽力 Hearing Test	☐正常 Normal ☐右耳/L 異常 Abnormal_____ ☐左耳/R 異常 Abnormal_____		
口腔 Oral Cavity		☐無明顯異常 ☐口腔衛生不良 ☐牙結石 ☐牙齦炎 ☐牙周炎 ☐齒列咬合不正 ☐口腔黏膜異常 ☐殘留乳牙 ☐其他_____		

牙齒位置圖 檢查代碼 C-齲齒 Dental Cavities X-缺牙 Anodontia △-已矯治 Corrected ψ-阻生牙 Hinder Sp.-贅生牙

右上	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	左上
右下	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	左下

理學檢查			
	耳 部 Ear		☐無異狀 Normal ☐扁桃腺腫大 Tonsil Enlargement ☐其他 Other_____
	頭頸部 Head & Neck	斜 頸 Torticollis	☐無異狀 Normal ☐其他 Other_____
		異常腫塊 Abnormal Mass	☐無異狀 Normal ☐其他 Other_____
		甲 狀 腺 Thyroid Gland	☐無異狀 Normal ☐其他 Other_____
	胸腔及外觀 Chest	心肺疾病 Cardiac and Pulmonary disease	☐無異狀 Normal 心跳 Pulse Rate_____次/分(times/rate) ☐心雜音 Heart murmur ☐心律不整 Cardiac arrhythmia ☐其他 Other_____
		胸廓異常 Abnormal Thorax	☐無異狀 Normal ☐氣喘 Asthma ☐其他 Other_____
	腹 部 Abdomen		☐無異狀 Normal ☐肝脾腫大 Splenohepatomegoly ☐其他 other_____
	脊柱四肢 Spine & Limb		☐無異狀 Normal ☐脊柱側彎 Scoliosis ☐肢體畸形 Limb deformity ☐青蛙肢 Gluteal Maximum muscle contracture ☐其他 Other_____
	皮膚 Skin		☐無異狀 Normal ☐其他 Other_____
	其他 Other		☐無異狀 Normal ☐其他 Other_____

尿液四項 Urinalysis		肝炎肝功能 Hepatitis & Liver Function		血液八項檢查: Complete Blood Count			
尿蛋白 Protein		HBsAg		白血球 WBC	10^3/uL	MCV	fL
尿 糖 Sugar		HBsAb		紅血球 RBC	10^6/uL	MCH	Pg
酸鹼值 PH		HBeAg		血紅素 Hb	g/uL	MCHC	G/dL
潛血反應 OB		SGOT	U/L	Hct	%	血小板 Platelet	10^3/uL
一氧化碳 CO (Smoker testing)		SGPT	U/L	血糖 Sugar			
血號		三酸甘油酯 Trilycerd	mg/dL	體格缺點及建議 Physical defects and suggestions:			
		膽固醇 Cholesterol	mg/dL				
矯治追蹤記錄 Records of treatment		腎功能 Renal function 尿素氮 BUN	mg/dL	胸部 X 光攝影 Chest Radiograph ☐無異狀 Normal ☐其他 Other_____			
		肌酐酸 Cr	mg/dL				
特殊記載 Remarks		尿 酸 UA	mg/dL	醫師簽章 Doctor's Signature			