**China Medical University Student Health Examination Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. |  | Dept./Institute/Program | | Name | | | | | | | | | | | | |
| Date of Birth | (dd)/(mm)/(yy)  / / | Blood Type |  | Gender | □ M □ F | I.D. No. |  |  |  |  |  |  |  |  |  |  |

The following health examination form should be filled out by the health examination unit

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Health Examination Record  (to be completed by medical personnel) | | | | | | | | | Date: Day Month Year | | | | | | | Examiner’s Signature |
| Height: cm Weight: kg | | | | | | | | | | □ Waistline: cm※ | | | | | |  |
| Blood Pressure: / mmHg Pulse rate: /min ※ | | | | | | | | | | | | | | | |  |
| Vision: Uncorrected: Right Left Corrected: Right Left | | | | | | | | | | | | | | | |  |
| Eyes | | □ | Normal | | □Color vision deficiency △ □Other: | | | | | | | | | | |  |
| ENT | | □ | Normal | | Hearing abnormality: □Left □Right  □Suspected otitis media, such as from a perforated ear drum △ □Swollen tonsils △  □Earwax embolism △ □Other: | | | | | | | | | | |  |
| Head & Neck | | □ | Normal | | □Wry neck (torticollis) □Abnormal mass □Other: | | | | | | | | | | |  |
| Chest | | □ | Normal | | □Cardiopulmonary disease □Abnormal thorax □Other: | | | | | | | | | | |
| Abdomen | | □ | Normal | | □Abnormal swelling □Other: | | | | | | | | | | |
| Spine &limbs | | □ | Normal | | □Scoliosis □Limb deformity □Difficulty squatting □Other: | | | | | | | | | | |
| Skin | | □ | Normal | | □Ringworm □Scabies □Wart □Atopic dermatitis □Eczema □Other: | | | | | | | | | | |
| Oral Health Screening | | □ | Normal | | Untreated caries: □0.No □1.Yes  Missing tooth (been extracted due to caries): □0.No □1.Yes  Filled tooth : □0. No □1. Yes  Gingivitis※: □0. No □1. Yes  Dental calculus or tartar※: □0.No □1.Yes  □Poor oral hygiene □Malocclusion □Other | | | | | | | | | | |  |
| Summary | | □ Normal □ Requires a consultation with : 　　　　　　 □ Other: | | | | | | | | | | | | | Stamp of hospital/clinic where examination was done | |
| Laboratory Tests | | | | | | 1st  test | Result | | | | Laboratory Tests | | | 1st  test | Result | |
| Abnormal | | Follow up | | Abnormal | Follow up |
| Urinalysis | Protein (＋) (－) | | | | |  |  | |  | | Blood  lipids | | Total cholesterol (mg/dLt) |  |  |  |
| Triglyceride (mg/dLt) |  |  |
| Sugar (＋) (－) | | | | |  |  | |  | | Renal  function | | Creatinine (mg/dL) |  |  |  |
| O.B. (＋) (－) | | | | |  |  | |  | | UA (mg/dL) |  |  |
| pH | | | | |  |  | |  | | BUN (mg/dL) ※ |  |  |
| Blood  test | Hb (g/dL) | | | | |  |  | |  | | Liver  function | | SGOT (AST)（U/L） |  |  |  |
| WBC (103/μL) | | | | |  |  | |  | | SGPT (ALT)（U/L） |  |  |  |
| RBC (106/μL) | | | | |  |  | |  | | Hepatitis B | | HBsAg |  |  |  |
| Platelet count(103/μL) | | | | |  |  | |  | | Anti-HBs |  |  |  |
| MCV (fl） | | | | |  |  | |  | | Other※ | | Blood sugar |  |  |  |
| HcT (%) ※ | | | | |  |  | |  | |  |  |  |  |
| Chest  X-ray | Date of X-ray | | | Result:  □No obvious abnormality  □Abnormal thorax  □Cardiomegaly  □Solitary pulmonary nodule | | | | □R/O TB  □Pleural cavity edema  □Bronchiectasis  □Other: | | | | □TB-related calcification  □Scoliosis  □Pulmonary infiltrates | | | Further treatment, date, and comment: | |
| Other  tests | Item | | | | Date | | | | Checked by | | | | Result | | Follow-up referral and notes: | |
|  | | | |  | | | |  | | | |  | |  | |
|  | | | |  | | | |  | | | |  | |  | |
| Summary | Summary of health examination results, for follow-up or treatment, and case management outline | | | | | | | | | | | | | | | |