**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

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| --- | --- | --- |
| 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.YesMissing tooth (been extracted due to caries): □0.No □1.YesFilled tooth : □0. No □1. YesGingivitis※: □0. No □1. YesDental 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 (＋) (－) |  |  |  | Bloodlipids | Total cholesterol (mg/dLt) |  |  |  |
| Triglyceride (mg/dLt) |  |  |
| Sugar (＋) (－) |  |  |  | Renalfunction | Creatinine (mg/dL) |  |  |  |
| O.B. (＋) (－) |  |  |  | UA (mg/dL) |  |  |
| pH |  |  |  | BUN (mg/dL) ※ |  |  |
| Bloodtest | Hb (g/dL) |  |  |  | Liverfunction | 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 (%) ※ |  |  |  |  |  |  |  |
| ChestX-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 |