健康檢查前的注意事項

銘傳大學學生健康資料卡
MCU Student Health Form

☐台北校區 Taipei Campus
☐桃園校區 Taoyuan Campus

學號 Student ID no.		身份證字號 ID no . (Passport no.)		相片黏貼處 Attach photo here
姓名 Name			☐男 ☐女 ☐male ☐female	
出生日期 Date of birth	年 月 日 (yy/mm/dd)	血型 Blood type		
科別系所 Department	_____ 系 Department _____ 班 Class ☐四年制 Undergraduate ☐轉學生 T3-year cimpletion program work experience class section	☐在職專班 Work-experience program ☐碩士班 Master program ☐博士班 Ph. D. program ☐碩士在職專班 Master's executive class section		
聯絡住址 Address				
電話 Phone no.		行動電話 Cell phone no.		
緊急聯絡人 Emergency contact person	姓名 Name		電話 Phone no.	關係 Relationship with the person

※為方便檢查追蹤，請留下E-mail address:_____
您是否接受上網查詢報告服務? ☐同意 ☐不同意 簽名：_____
Do you want to refer your medical report in website?☐Yes☐No Sigh：_____
已年滿20歲以上的同學，是否同意將檢查結果通知家長?☐同意 ☐不同意
Do you agree the check up result to Parents, If you age already 20 years old? ☐ agree☐disagree
女性請填寫：本人確定無懷孕，☐同意 ☐不同意 接受X檢查。
[Female only]:I certify that Iam NOT pregnant so I would accept Chest X-ray. ☐agree ☐disagree

健康基本資料

※個人病史:勾選本人曾患的疾病。Please check if you have medical history of：

☐1.無 None
☐2.肺結核 Tuberculosis
☐3.心臟病 Heart disease
☐4.肝炎 Hepatitis
☐5.氣喘 Asthma
☐6.腎臟病 renal disease
☐7.癲癇 Epilepsy
☐8.紅斑性狼瘡 SLE
☐9.血友病 Hemophilia
☐10.蠶豆症 G6PD deficiency
☐11.關節炎 Arthritis
☐12.糖尿病 Diabetes Mellitus
☐13.心理或精神疾病 Mental or psychological disease:_____
☐14.癌症 Cancer:_____
☐15.海洋性貧血 Thalassemia:_____
☐16.重大手術 Any surgery:_____
☐17.過敏物質名稱: Allergic to:_____
☐18.其他 Anything else:_____

若有左述特殊疾病尚未痊癒或仍在治療中，可提供就診病歷摘要(含疾病現況及應注意事項)，做為照護參考。
If you are presently suffering from any of the abovementioned conditions and are currently under treatment, related medical records (including current status and medical alert notices) may be provided as reference.
☐領有重大傷病證明卡，類別_____☐參加保險，類別☐全民健保☐學生團體保險☐其他
☐Have major illness certificate, type_____. ☐Insurance type: ☐National Health Insurance ☐Student Group Insurance ☐Other
☐領有身心障礙手冊，類別_____等級:☐極重度☐重度☐中度☐輕度
☐Have physical disabilities handbook, type_____. Level: ☐Extreme ☐Severe ☐Moderate ☐Mild

家族疾病史:患有重大遺傳性疾病之家屬稱謂_____，疾病名稱
Family medical history: Which, if any, of your family members have hereditary medical conditions/illness? _____Condition/illness?

過去一年生活回顧

1.睡眠習慣:☐每日睡足7~8小時☐不足7~8小時☐時常失眠
How many hours do you sleep a day？☐ 7~8 hours or more☐ less than 7~8 hours☐I have insomnia)
2.早餐習慣: ☐每天吃☐偶爾☐不吃
Do you have breakfast？ ☐Everyday☐ Occasionally ☐No
3.若以每週至少運動3次，每次至少30分鐘為基準，您做到了嗎?☐有☐沒有
Do you exercise at least 3 times a week and at least 30 minutes each time？☐Yes☐ No
4.吸菸習慣:☐不吸菸☐吸菸，菸量約_____支/天
Do you smoke？ ☐No ☐Yes (_____cigarettes/day)
5.喝酒習慣: ☐不喝酒☐偶爾喝☐時常喝，酒量約_____杯/天
Do you drink alcohol？☐Never drink☐Drink occasionally☐Frequently: consumed approximately(_____glasses/day)
6.嚼食檳榔: ☐不嚼食檳榔☐嚼食檳榔, 量約_____粒/天
Do you chew betel nuts？☐No ☐Yes (_____/day)
7.常覺得焦慮、憂鬱嗎?☐很少或沒有☐偶爾☐時常
Do you feel anxious or depressed？☐ Never or seldom-these two options should be separated. ☐Occasionally☐Often
8.你常覺得胸悶嗎?☐很少或沒有☐偶爾☐時常
Do you feel tightness or pressure in the chest? ☐ Never or seldom ☐Occasionally☐Often
9.你常覺得胃痛嗎?☐很少或沒有☐偶爾☐時常
Do you have abdominal pain？☐ Never or seldom ☐Occasionally☐Often
10.你常覺得頭痛嗎?☐很少或沒有☐偶爾☐時常
Do you have headache？☐ Never or seldom☐Occasionally☐Often
11.月經史(女生回答) Menstrual period history (female students only)
(1)初次月經年齡:__歲 At what age did you have your first menstrual period? _____
(2)月經是否規律☐是(間隔日期_天☐否Do you have regular period cycles?) ☐Yes (Interval:__days) ☐ No
(3)有無經痛現象☐有☐沒有☐偶爾Do you suffer from menstrual cramps? ☐Yes ☐No ☐Sometimes

自我評估

自我健康評估，請勾選最合適的選項：Please check the answer most applicable to your health.
1.整體而言，您覺得您的健康狀況與同年齡的人比較為何☐非常好☐稍微好☐沒有差別☐稍微差☐差
How do you think about your health condition comparing to people your age?☐Very good☐Fairly good☐Average☐Slightly worse ☐Worse
2.整體而言，您覺得您的心理健康狀況與同年齡的人比較為何？☐非常好☐稍微好☐沒有差別☐稍微差☐差
How do you think your mental health condition comparing to people your age？☐Very good☐Fairly good☐Average☐Slightly worse ☐Worse
3.請詳述目前有哪些健康問題：Please describe in detail your health related problems.
_____

健 康 檢 查 紀 錄 表

Health Examination Record

學號 Student ID No	姓名 Name	系所 Department	年 Grade	班 Class

檢查日期 Date	_____年Year/ _____月Month /_____日Day		
一般檢查 General Exam.	身高 Height： cm	體重 Weight： kg	腰圍 Waistline: cm
	血壓 Blood Pressure：(1) ／ mmHg (2) / mmHg		脈搏 Pulse Rate： /min
	視力 Visual Acuity	裸視 Uncorrected 右/R 左/L	矯正 Corrected 右/R 左/L
	聽力 Hearing inspection	右 /R	左/L
	辨色力Color Blindness：☐ 正常Normal ☐異常Abnormal		

理 學 檢 查 Bio Exam

頭頸部 Head&Neck	斜頸 Torticollish	☐ 無明顯異常Normal ☐ 其它Other_____
	異常腫塊 Abnormal Mass	☐ 無明顯異常Normal ☐ 其它Other_____
	甲狀腺 Thyrold land	☐ 無明顯異常Normal ☐ 其它Other_____
胸部 Chest	心臟 Heart	☐無明顯異常Normal ☐心雜音Heart Murmur ☐心律不整 Arrhythmia ☐其它Other_____
	肺部 Lung	☐無明顯異常Normal ☐氣喘Asthma ☐其它Other_____
腹部 Abdomen	☐無明顯異常Normal ☐肝脾腫大Splenohepatomegaly ☐其他 other_____	
肌肉骨關節 Muscles/Bones/Joints	☐無明顯異常Normal ☐其他Other_____	
皮膚 Skin	☐無明顯異常Normal ☐其它Other_____	
其他 Other	☐無明顯異常Normal ☐其它Other_____	
口腔檢查 Oral examination	☐無異常Normal ☐口腔衛生不良Bad oral hygiene ☐牙結石Calculus ☐牙齦炎Gingivitis ☐牙周病Aclult Periodontitis ☐咬合不正Malocclusion ☐口腔黏膜異常Oral mucosa disturvances ☐ 其他Other_____	

牙齒位置圖 C-齲齒 Caries X-缺牙 Anodontia Ø-阻生牙 Hinder △ -已矯正 Ortho Tx completed S.p-贅生牙 Supernumarary tooth

																		牙醫簽章
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	

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：	MCHC:
尿糖Sugar		HBsAb		紅血球RBC:	MCH:
潛血反應O.B		HBeAg		血紅素 Hb：	Hct:
酸鹼值PH		SGOT		血小板 PLT:	MCV:
血脂肪 Lipid Exam		SGPT		體格缺點及建議 Physical defects and suggestions	
膽固醇 cholesterol		腎功能 Renal Function			
		尿素BUN			
血號 Blood		尿酸UA		胸部 X 光攝影 Chest Radiograph	
		肌酐酸Cr			

矯治追蹤記錄 Records of treatment		醫師簽章 Doctor's Signature	