



Instilling Goodness Elementary School
Developing Virtue Secondary School
育良小學 培德中學



City of Ten Thousand Buddhas
2001 Talmage Road, P.O. Box 217, Talmage, California 95481-0217 USA
Boys' School (707) 468-1138; Girls' School (707) 468-3896, (707) 468-3847

STUDENT MEDICAL FORM
學生體格檢查表

Student's Name: _____
學生姓名

Date of Birth: ____ / ____ / ____
出生日期 月 日 年

Address 住址: _____

This report is being requested in connection with an application for admission to the schools above. Please answer the following questions so that we have a record of the applicant's health and any problems that would require special attention. Please add additional sheets if needed.

To be filled out by a physician 以下由醫生填寫:

General Health 一般健康狀況:

Does the applicant show signs of emotional instability 申請人是否有情緒不穩之徵狀? _____

If yes, please describe in detail 若有，請詳述之:

Any problems in health history 是否患過重病?

Any previous surgery 是否開過刀?

Any allergy to medication(s) 是否對藥物過敏? _____ If yes, please describe in detail 若有，請詳述之:

Bleeding tendencies 易出血傾向:

Medications 目前服用之藥物:

Allergies (include instructions for treatment) 過敏:

Family History 家庭患病史：

Social History and Habits (Tobacco, Alcohol, Substance Abuse, Sleep, Eating) 生活習慣及嗜好(煙、酒、
違禁藥物、睡、食等):

Previous illness 曾患過之疾病：

Visions and Hearing 視力及聽力：

Immunizations 預防注射 (including dates, dosages, and/or copy of immunization record if available 註明日
期及劑量):

Tuberculin Test Results 肺結核檢驗結果: ___ Positive 陽性 ___ Negative 陰性

Test Date 檢驗日期: _____

If T.B. test is positive, a chest X-ray is required 陽性者需另照胸部X光。

(Tuberculin tests are required and must have been taken during the past year. 肺結核檢驗須在最近一年內為
之。)

Are there any health problems that may require special attention while this person is a student in our
program 申請人有否任何健康問題本校需特別留意? _____ If yes, please describe in detail 若有，請詳述之：

Date of Most Recent Examination 最近一次體檢日期: _____

For female applicants only 以下只限女生填寫

Menstrual History 月事：

a) Any pain with menstruation 月事來時是否會痛?

b) Number of pregnancies, deliveries, miscarriages and abortions 懷孕、生產、流產及墮胎次數:

Physician's name 醫生姓名: _____ Signature 簽名: _____

Physician's address 醫生住址: _____

Telephone 電話: _____ Today's Date 填表日期: _____

Educating for filiality, service, humaneness, and integrity

忠孝仁義