

NCKU Student Health Form

undergraduate master' s doctorate

Date of examination :

(yyyy/mm/dd)

Attach one 2.8cm x 3.5cm headshot photo here	Name :		Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth:
	Class: Year: Dept. College:		Student NO. :		
	e-mail :		TEL : () Mobile phone:		
	Name of parent :		Occupation :		TEL : () Mobile phone:
Home address :			Present Mailing Address :		
Medical History : <input type="checkbox"/> No, <input type="checkbox"/> Tuberculosis, <input type="checkbox"/> Heart disease, <input type="checkbox"/> Hepatitis, <input type="checkbox"/> Asthma, <input type="checkbox"/> Kidney disease, <input type="checkbox"/> Epilepsy, <input type="checkbox"/> Systemic Lupus Erythematosus, <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Arthritis, <input type="checkbox"/> Diabetes, <input type="checkbox"/> Hypertension, <input type="checkbox"/> Mental illness : _____ <input type="checkbox"/> Cancer : _____ <input type="checkbox"/> allergen : _____ <input type="checkbox"/> Thalassemias : <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Servere <input type="checkbox"/> Major surgery : _____ <input type="checkbox"/> Others : _____					
<input type="checkbox"/> Major Illness or Injury Certific , category: _____ <input type="checkbox"/> Disability Identification , category: _____; Degree: <input type="checkbox"/> Profound <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild					Blood Type :
Examination Record					Signature of Examiner
1.Height : cm		2.Weight : kg		3.Nutrition :	
4.Waist Circumference : cm		5.Pulse : bpm Regular : <input type="checkbox"/> Yes <input type="checkbox"/> No		6.Blood pressure : mmHg	
7.Vision : L (Corrected) ; R (Corrected)		8.Color Blindness : 9. Trachoma: 10.Any Other Eye Disease:			
8.Color Blindness : 9. Trachoma: 10.Any Other Eye Disease:					
11.Hearing : L : R : R :		12.Ears : 13.Nose : 14.Throat :			
12.Ears : 13.Nose : 14.Throat :					
15.Teeth : R : 8 7 6 5 4 3 2 1 L : 1 2 3 4 5 6 7 8 △ = filling ○ = caries		8 7 6 5 4 3 2 1 L : 1 2 3 4 5 6 7 8 ✕ = missing § = impacted		Teeth	
16.Chest : Heart : Lungs :		17.Abdomen : Liver : Spleen :			
17.Abdomen : Liver : Spleen :					
18.Skin : 19.Thyroid : 20.Lymph : 21.Spine :		18.Skin : 19.Thyroid : 20.Lymph : 21.Spine :			
18.Skin : 19.Thyroid : 20.Lymph : 21.Spine :					
22.Extremities : 23.Deformity : 24.Speech and mental state :		22.Extremities : 23.Deformity : 24.Speech and mental state :			
22.Extremities : 23.Deformity : 24.Speech and mental state :					
25.Chest X-ray : (Date of examination:) , result :		X-ray			
26.Urine : Protein : Occult blood : Sugar : PH :		26.Urine : Protein : Occult blood : Sugar : PH :			
26.Urine : Protein : Occult blood : Sugar : PH :					
27.HbsAg : 28.HbsAb :		27.HbsAg : 28.HbsAb :			
27.HbsAg : 28.HbsAb :					
29.Creatinine (CREA) : mg/dL: glomerular filtration rate(eGFR) :		29.Creatinine (CREA) : mg/dL: glomerular filtration rate(eGFR) :			
29.Creatinine (CREA) : mg/dL: glomerular filtration rate(eGFR) :					
30. Blood routine Hb : g/dl ; WBC : K/cmm		Hb : g/dl ; WBC : K/cmm		30. Blood routine Hb : g/dl ; WBC : K/cmm	
30. Blood routine RBC : M/cmm ; PLT : K/cmm		RBC : M/cmm ; PLT : K/cmm			
30. Blood routine Hct : % ; MCV : fl		Hct : % ; MCV : fl		30. Blood routine Hct : % ; MCV : fl	
30. Blood routine Hct : % ; MCV : fl		Hct : % ; MCV : fl			
31.Total Cholesterol : 32.Liver function : GOT ; GPT		31.Total Cholesterol : 32.Liver function : GOT ; GPT			
31.Total Cholesterol : 32.Liver function : GOT ; GPT					
33.Blood sugar(AC) 34.Uric Acid : mg/dl		33.Blood sugar(AC) 34.Uric Acid : mg/dl			
33.Blood sugar(AC) 34.Uric Acid : mg/dl					
35.Triglycerides(TG) : 36.HDL : mg/dl		35.Triglycerides(TG) : 36.HDL : mg/dl			

Suggestion

Signature of physician: