National Kaohsiung Normal University Student Health Examination Form

		Nationality				**Student No.**	
Enrollment Date	(mm)/ (yy)	Dept./Institute/ Program				**Name**	
Date of Birth	(dd)/(mm)/(yy) / /	Biological Sex	□M □F	Blood Type		**I.D. No.**	
Permanent address						Student's cell phone No.	
Mail address	□As above □If different from above:						

Emergency Contact (parents or guardian)	Relationship	Name	Phone (home)	Phone (work)	Student's E-mail

Do you agree to the chest & abdomen physical examination when conducting Physical Examination for Freshmen? (Includes doctor's Inspection, Auscultation, percussion, and Palpation)

□Agree □Disagree signature _____

□Not Applicable

【Disagree】: Please choose to go to a non-contracted medical institution for chest & abdomen physical examination, and you also need to provide the chest & abdomen physical examination report to the Health Care Division.

【Not Applicable】: Choose to go to "School's contracted medical institution" by yourself or "Only single inspection item".

Disease history or Special disease status

□None □Yes (Please fill in your medical history, or the name of disease)

Summary of health examination results, for follow-up or treatment, and case management outline. (To be filled in by the Health Care Division or medical institution)

Notice:

1. Please log in to the "Staff and Student's Single Sign-On" personal area and complete the "Student Health Examination Form & Consent Form."
2. Students must complete a physical check-up and complete "an online Student Health Examination Form & Consent Form".
3. If you do not participate in the school physical check-up. Please take this form (front and back) to a medical institution approved by the Ministry of Health and Welfare.

Health Examination Record (to be completed by medical personnel)

Health Examination	Date: Day _____ Month_____ Year_____			Examiner's Signature
Height: cm	Weight: kg	* Waistline: cm		
Blood Pressure: mmHg	Pulse rate: /min	* BMI：		
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 ☐ ☐Other:_____		
Urogenital system△	☐Normal ☐Not checked	☐Abnormal foreskin ☐Varicocele ☐Other:_____		
Skin	☐Normal	☐Ringworm ☐Scabies ☐Wart ☐Atopic dermatitis ☐Eczema ☐Other:_____		
Oral Health Screening	☐Normal	☐Poor oral hygiene ☐Dental calculus or tartar ☐Gingivitis ☐Malocclusion	☐Untreated caries: ☐0.No ☐1.Yes ☐Missing tooth (been extracted due to caries): ☐0.No ☐1.Yes ☐Filled tooth : ☐0. No ☐1. Yes ☐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
Urinal y-sis	Protein	(+)(-)				Blood lipid	T-chol	(mg/dL)			
	Sugar	(+)(-)					TG *	(mg/dL)			
	O.B	(+)(-)					HDL *	(mg/dL)			
	pH					Renal function	Cr *	(mg/dL)			
Blood test	Hb	(g/dl)					Uric acid	(mg/dL)			
	WBC	(10^3/uL)					BUN *	(mg/dL)			
	RBC	(10^6/uL)				Liver function	SGOT(AST)	(U/L)			
	PLT	(10^3/uL)					SGPT(ALT)	(U/L)			
	MCV	(fl)				Hepatitis B	HBsAgΔ				
	Hct *	(%)					Anti-HBsΔ				
Other	AC Sugar *	(mg/dL)				Other					

Chest X-ray	Date of X-ray:		Further treatment, date, and comment:
	Result: ☐No obvious abnormality	☐R/O TB ☐TB-related Calcification ☐Abnormal thorax ☐Pleura cavity edema ☐Scoliosis ☐Cardiomegaly ☐Bronchiectasis ☐Pulmonary infiltrate ☐Pulmonary nodule ☐Other_____	

Other tests	Item	Date	Checked by	Result	Referred for follow-up, comment:

Summary	Summary of health examination results, for follow-up or treatment, and case management outline

Δ The item can be examined as needed under the Implementation Regulations Regarding Students' Health Screening ; * Optional item 20250602