Soochow University Student Health Examination Form

☐WaiShuangHsi Campus ☐Downtown Campus

Student No.	

Contact Information

Date of Entry	(yy)/(mm) /	Dept./Institute/Class				Name	
Date of Birth	(yy)/(mm)/(dd) / /	Blood Type		Sex	☐M ☐F	I.D. No.	
Permanent address						Cell phone No.	Attach photo here
Mailing address	*If different from above*:						
Emergency contact (Parents or guardian)	Relationship	Name	Phone (home)	Phone (work)		Cell phone No.	

Health Information

Medical History

Please tick any of the following ailments you have had (*please add details for 13. to 18.*):

☐1. None ☐7. Epilepsy ☐13. Psychological or mental illness:
☐2. Tuberculosis ☐8. SLE (Lupus) ☐14. Cancer:
☐3. Heart disease ☐9. Hemophilia ☐15. Thalassemia:
☐4. Hepatitis ☐10. G6PD deficiency ☐16. Major surgery:
☐5. Asthma ☐11. Arthritis ☐17. Allergy to:
☐6. Kidney disease ☐12. Diabetes mellitus ☐18. Other:

Details of particular item/s or other matters requiring attention
☐Details given in the attached file.

☐Holder of Catastrophic Illness Certificate - Category:_____

☐Holder of Physical/Mental Disability Manual - Category:_____

Level: ☐Very serious ☐Serious ☐Moderate ☐Mild

If you are being treated for or recovering from any of the above or some other disease, please inform the medical personnel and also provide your medical records for the healthcare professionals' references.

Family medical history: relative with hereditary disease_____ Name of disease_____

Lifestyle

※ Tick the box that best describes your lifestyle:

1. How much did you sleep during the past 7 days (*not including weekends, or days off*) ?:
   ☐①≧7 hours a day ☐②<7 hours a day
   ☐③ I suffer from insomnia
2. How many days did you eat breakfast during the past 7 days (*not including weekends, or days off*)?: ☐①Never
   ☐②Seldom: days ☐③Every day at (time)?
3. During the past month (*not including weekends, days off, or winter or summer vacation*), have you exercised three times a week, for at least 30 minutes each time, and achieving a heartbeat rate of 130 bpm each time?: ☐①Yes ☐②No
4. During the past month, did you smoke?: ☐①No ☐
   ②Often ☐③Every day:____ # cigarettes per day ☐④Quit
5. During the past month, did you drink alcohol? ☐①No
   ☐②Often ☐③Every day: ____ # glasses per day
   ☐④Quit (*Note for ③: please say how many glasses, 'one glass' means: beer 330 ml, wine 120 ml, liquor 45 ml*)
6. During the past month, did you chew betel quid?
   ☐①No ☐②Often ☐③Every day, ____ # quids per day
   ☐④Quit
7. Do you feel worried or depressed ?
   ☐①No ☐②Seldom ☐③Often
8. Do you regularly feel chest discomfort?
   ☐①No ☐②Seldom ☐③Often
9. Do you regularly feel stomach discomfort?
   ☐①No ☐②Seldom ☐③Often
10. Do you regularly have headaches?
    ☐①No ☐②Seldom ☐③Often
11. Menstrual history (*women only*):
    (1) Your age at first menstruation: ☐①Haven't begun menstruation yet ☐②Age at first period:
    (2) Length of menstrual cycle: ☐①≦20 days
    ☐②21-40 days ☐③≧41 days
    ☐④irregular (*differing in length by more than 7days*)
    (3) Do you have painful menstrual periods? ☐①No
    ☐② Light pain ☐③ Severe pain
12. Bowel habits: During the past 7 days, how often did you defecate? ☐①At least once every day ☐②Once in 2 days ☐③Once in 3 days ☐④Once in 4 or more days
13. Internet use: During the past seven days (*not including weekends, or days off*), how many hours did you use the internet every day, apart from when doing homework or in class? ☐①≦1 hour ☐②1-2 (less than)hours
    ☐③2-4 (less than) hours ☐④4-5 (less than) hours
    ☐⑤≧5 hours
14. In general, during the past month, would you say your health is ☐①Excellent ☐②Very good ☐③Good ☐
    ④Fair ☐⑤Poor
15. In general, during the past month, would you say your mental health is☐①Excellent☐②Very good ☐③Good
    ☐④Fair ☐⑤Poor

According to the School Health Act, the results of the student health examination shall be kept confidential for 10 years in the database of the school health center and in the hospital in charge of the annual checkup. For more information please check out the website of the school health center: http://webbuilder.scu.edu.tw/ Student Health Examination.

I have read and understood the above notifications and understood that the health division is obligated to follow information protection policy in accordance with the R. O. C. Personal Information Protection Act concerning collection, processing and use of personal information.

Signature (Whoever, being under the age of 20 years, should have this record signed by legal representative):

Student No.		Name		_____Dept./ ____Institute/____Class

Health Examination Record (to be completed by medical personnel)	Date: Year Month Day	Examiner's Signature
Height: cm Weight: kg	*Optional* ☐Waistline: cm	
Blood Pressure: ①____/____mmHg Pulse rate: /min② ____/____mmHg Pulse rate: /min		

Vision	☐Normal	Uncorrected: Left Right Corrected: Left Right
Color blindness	☐Normal	☐Color blindness ☐Other:
Hearing abnormality	☐Normal	☐Left ☐Right
ENT	☐Normal	☐Suspected otitis media (*further diagnosis required*), 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	☐Abnormally swollen √Other:
Spine & limbs	☐Normal	☐Scoliosis ☐Limb deformity ☐Bowlegged (Difficulty squatting) ☐Other:
Skin	☐Normal	☐Ringworm ☐Scabies ☐Wart ☐Atopic dermatitis ☐Eczema □Other:
Oral	☐Normal	☐Poor oral hygiene ☐Calculus ☐Gingivitis ☐Periodontitis ☐Dental malocclusion ☐Abnormal Oral Mucosa ☐Other:

Dentition status: C-cavity; X-missing; △- filled; ψ- impacted tooth; Sp.- supernumerary tooth

Upper Right	18	17	16	15	14	13	12	21	22	23	24	25	26	27	28	Upper left
Lower Right	48	47	46	45	44	43	42	31	32	33	34	35	36	37	38	Lower Left

Summary		Stamp of hospital/clinic where examination was done
	☐Normal ☐Requires a consultation with a: ☐Other:	

Laboratory Tests		1st test	Result: Abnormal	Result: Follow up	Laboratory Tests		1st test	Result: Abnormal	Result: Follow up
Urinalysis	Sugar (+) (−)				Metabolic syndrome	Total cholesterol (mg/dl)			
	Protein (+) (−)					TG			
	O.B. (+) (−)					HDL			
	pH					LDL			
Blood test	Hb (g/dl)				Renal function	Creatinine (mg/dl)			
	WBC (10^3/μL)					UA (mg/dl)			
	RBC (10^6/μL)					BUN (mg/dl) ※			
	Platelet count (10^3/μL)				Liver function	SGOT (U/L)			
	MCV (fl)					SGPT (U/L)			
	Hct (%)※				Hepatitis B	HbsAg			
	Blood Suger					HbsAb			

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