



STUDENT HEALTH FORM/学生健康表

(To be completed by parents 由家长填写)

Student's Family Name 学生姓名 (姓): _____ Name 名: _____

Student's Birth Date (month/day/year) 出生日期 (月/日/年): _____

Grade 开学时年级: _____

Father's Name 父亲的姓名: _____ Tel 电话: _____

Mother's name 母亲的姓名: _____ Tel 电话: _____

For the health and safety of all the children at ISW, the following are required for admission to ISW:

为了学校整体学生的安全和健康, 下列各项是 ISW 接受学生的必要条件:

1. The student must observe the basic minimum childhood immunizations as recommended by the Child Development Center of the World Health Organization. Minimum immunization requirements are for: Polio, Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella and Chicken Pox. A photocopy of the student's immunization record must be given to the school. 学生必须接种当前所有必要的国家疾病预防控制中心/世界卫生组织推荐的儿童免疫注射, 他们是小儿麻痹症, 白喉, 百日咳, 破伤风, 麻疹, 腮腺炎和风疹。请向学校提供学生免疫注射记录复印件。
2. The student must have a yearly physical examination performed by a medical physician. This will also serve to clear the student for participation in Physical Education and Sports. 学生必须由医生进行年度健康检查, 并提供证明文件。该证明也是安排学生参加体育课或其他运动项目的依据。
3. The student must have a Tuberculosis (TB) screening, either by skin test or chest X-ray, at least every two years. 学生至少两年进行一次肺结核检测, 通过皮试或胸部 X-光的方法。

We recommend that the student have an eye-sight and hearing check-up every year.

我们建议学生应当每年进行视力和听力检查。

Please indicate by putting an X 请用 X 来标示:

A) If the student has any learning difficulties (eg. Dyslexia) 该学生是否有学习的困难? _____

B) If the student has a history of any of the following conditions 该学生有下列的病史吗?

___ Allergies (to medication, food, pollen, grass, dust, mold, others)? 对药物, 食物, 花粉, 草, 灰尘, 霉菌, 其他过敏? Details 详情: _____

___ Medications taken to relieve allergic reactions 抗过敏必服的药物: _____

___ Anemia 贫血

___ Hepatitis 肝炎

___ Asthma 哮喘

___ Hearing problems 听力问题

___ Bladder or kidney problems 膀胱, 肾病

___ Heart problems 心脏病

- | | |
|--|---|
| <input type="checkbox"/> Concussions 脑震荡 | <input type="checkbox"/> Joint or bone problems 骨或关节病 |
| <input type="checkbox"/> Diabetes 糖尿病 | <input type="checkbox"/> Menstrual cramps 严重痛经 |
| <input type="checkbox"/> Eye problems 视力问题 | <input type="checkbox"/> Seizures (epilepsy) 癫痫症 |
| <input type="checkbox"/> Frequent headaches 经常性头痛 | <input type="checkbox"/> Serious accidents 严重意外事故 |
| <input type="checkbox"/> Frequent nose-bleeds 经常流鼻血 | <input type="checkbox"/> Serious injuries 严重受伤 |
| <input type="checkbox"/> Frequent stomachaches 经常性胃痛 | <input type="checkbox"/> Others 其他 |

Kindly provide more details to any checked item so that we can take better care of your child during the school day. 请解释以上的选项，以便学校的护士可以在校期间照顾好您的孩子。

If you want your child to take medication at school, please send a note with the medication and give the name of the medication, the dosage, the time to take medication and the frequency. Thank you!

若您的孩子需在校期间服药，您必须附便条说明药物名称，剂量，服用时间，持续服药的天数。谢谢！

Parent's Signature 家长签名: _____ Date 日期: _____