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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **花蓮縣立 國民中學學生健康檢查記錄卡** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 學號 | | | | | |  | | | | | | | | | | | | | | | | |
| 學生基本資料 | | 入學日期 | | | | | | 年 月 日 | | | | | | | | | | | 休學 | | | | | | | 年 月 | | | | | | | | | | | | | | 復學 | | | | | 年 月 | | | | | | | | | | | | 姓名 | | | | | |  | | | | | | | | | | | | | | | | |
| 出生日期 | | | | | | 年 月 日 | | | | | | | | | | | 血型 | | | | | | |  | | | | | | 性別 | | | | | | | | □男 □女 | | | | | | | | | | 身分證字號 | | | | | | |  | | |  | | |  | | |  | |  | |  | | |  | | |  | |  |  |
| 戶籍地址 | | | | | | 縣 | | | | 市區 | | | | | | | | | 村 | | | | | | | | 鄰 | | | | | | | | 路 | | | | | | | 段 | | | | | | | 巷 | | | | | | | 弄 | | | | | | | | | 號 | | | | | | | | 樓 | | | | |
| 市 | | | | 鄉鎮 | | | | | | | | | 里 | | | | | | | |  | | | | | | | | 街 | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | 室 | | | | |
| 現居地址 | | | | | | □同上 □如右： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家長監護人及附近親友  緊急聯絡人 | | | | | | 關係 | | | | | | | 姓名 | | | | | | | 電話(家) | | | | | | | | | | | | | | 電話(公) | | | | | | | | | | | 行動電話 | | | | | | | | | | | | | | 七 年　　 班　　 號 | | | | | | | | | | | | | | | | | | |
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| 健康基本資料 | | 個人疾病史： | | | | | | | | 本人曾患過的疾病 | | | | | | | | | | | | | | | | | □13.心理或精神疾病：  □14.癌症：  □15.海洋性貧血:  □16.重大手術名稱:  □17.過敏物質名稱:  □18.其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | 特殊疾病現況或應注意事項  □詳如病歷摘要 | | | | | | | | | | | | | | | | | | | | | | | | |
| □1.無  □2.肺結核  □3.心臟病  □4.肝炎  □5.氣喘  □6.腎臟病 | | | | | | | | □7.癲癇  □8.紅斑性狼瘡  □9.血友病  □10.蠶豆症  □11.關節炎  □12.糖尿病 | | | | | | | | | | | | | | | | |
| □領有重大傷病證明卡，類別 參加保險，類別□全民健保□學生團體保險□其他  □領有身心障礙手冊，類別 等級：□極重度 □重度 □中度 □輕度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 若有上述特殊疾病尚未痊癒或仍在治療中，可提供就診病歷摘要（含疾病現況及應注意事項），做為照護參考。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家族疾病史：患有重大遺傳性疾病之家屬稱謂 ，疾病名稱 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原住民身分 □否 □是 父親□ 族 母親□ 族 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 經常性檢查  及其  缺點矯治 | | 生長發育 | 年級  項目 | | | | | | | **七** | | | | | | | | | | | **七** | | | | | | | | | | | | **八** | | | | | | | | | | | | | **八** | | | | | | | | | | | **九** | | | | | | | | | | | | | | **九** | | | | | | | | |
| **上** | | | | | | | | | | | **下** | | | | | | | | | | | | **上** | | | | | | | | | | | | | **下** | | | | | | | | | | | **上** | | | | | | | | | | | | | | **下** | | | | | | | | |
| 身高  (公分) | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 體重  (公斤) | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 評值 | | | | | | | 過輕□ 適中□  過重□ 肥胖□ | | | | | | | | | | | 過輕□ 適中□  過重□ 肥胖□ | | | | | | | | | | | | 過輕□ 適中□  過重□ 肥胖□ | | | | | | | | | | | | | 過輕□ 適中□  過重□ 肥胖□ | | | | | | | | | | | 過輕□ 適中□  過重□ 肥胖□ | | | | | | | | | | | | | | 過輕□ 適中□  過重□ 肥胖□ | | | | | | | | |
| 視力檢查  及其  複  查  結  果 | 裸眼  視力 | | | | 右 | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 左 | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 矯正  視力 | | | | 右 | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 左 | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 屈光異  常類別 | | | | | | | □近視 □遠視  □散光 □弱視  □高度近視 | | | | | | | | | | | □近視 □遠視  □散光 □弱視  □高度近視 | | | | | | | | | | | | □近視 □遠視  □散光 □弱視  □高度近視 | | | | | | | | | | | | | □近視 □遠視  □散光 □弱視  □高度近視 | | | | | | | | | | | □近視 □遠視  □散光 □弱視  □高度近視 | | | | | | | | | | | | | | □近視 □遠視  □散光 □弱視  □高度近視 | | | | | | | | |
| 屈光度數 | | | | | | | 右 | | | | | | 左 | | | | | 右 | | | | | | | 左 | | | | | 右 | | | | | | | | 左 | | | | | 右 | | | | | | | 左 | | | | 右 | | | | | | | 左 | | | | | | | 右 | | | | | | 左 | | |
| 處置情形 | | | | | | | □配鏡矯治  □更換鏡片  □定期檢查  □遮掩治療  □其他 | | | | | | | | | | | □配鏡矯治  □更換鏡片  □定期檢查  □遮掩治療  □其他 | | | | | | | | | | | | □配鏡矯治  □更換鏡片  □定期檢查  □遮掩治療  □其他 | | | | | | | | | | | | | □配鏡矯治  □更換鏡片  □定期檢查  □遮掩治療  □其他 | | | | | | | | | | | □配鏡矯治  □更換鏡片  □定期檢查  □遮掩治療  □其他 | | | | | | | | | | | | | | □配鏡矯治  □更換鏡片  □定期檢查  □遮掩治療  □其他 | | | | | | | | |
| 視力  備註 | | | | | | | □長效散瞳  □隱形眼鏡  □角膜塑型 | | | | | | | | | | | □長效散瞳  □隱形眼鏡  □角膜塑型 | | | | | | | | | | | | □長效散瞳  □隱形眼鏡  □角膜塑型 | | | | | | | | | | | | | □長效散瞳  □隱形眼鏡  □角膜塑型 | | | | | | | | | | | □長效散瞳  □隱形眼鏡  □角膜塑型 | | | | | | | | | | | | | | □長效散瞳  □隱形眼鏡  □角膜塑型 | | | | | | | | |
| 在學期間  重大傷病事故 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 學號 | | | | | |  | | | | | | | | | | | | | | 班級 | | | | | |  | | | | | | | | | | 座號 | | | | | | | |  | | | | | | | | | | | | 姓名 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 檢查日期 | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 檢查項目 | | | | | | 無異狀 | | | | | | | | | 檢查結果（異常者打勾） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 檢查醫師 | | | | | | | | |
| 眼 | | | | | | □無異狀 | | | | | | | | | □辨色力異常  □斜視： □睫毛倒插 □眼球震顫 □眼瞼下垂 □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 耳鼻喉 | | | | | | □無異狀 | | | | | | | | | 聽力異常：□左 □右  □疑似中耳炎，如：耳膜破損 □耳道畸型 □唇顎裂 □構音異常  □耳前瘻管 □耵聹栓塞 □慢性鼻炎 □過敏性鼻炎 □扁桃腺腫大  □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 頭頸 | | | | | | □無異狀 | | | | | | | | | □斜頸 □甲狀腺腫 □淋巴腺腫大 □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 胸部 | | | | | | □無異狀 | | | | | | | | | □胸廓異常 □心雜音 □心律不整  □呼吸聲異常  □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 腹部 | | | | | | □無異狀 | | | | | | | | | □肝脾腫大 □疝氣 □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 脊柱  四肢 | | | | | | □無異狀 | | | | | | | | | □脊柱側彎 □多併指 □青蛙肢 □關節變形 □水腫  □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 泌尿生殖 | | | | | | □無異狀 | | | | | | | | | □陰囊腫大 □包皮異常 □精索靜脈曲張 □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 皮膚 | | | | | | □無異狀 | | | | | | | | | □癬 □疣 □紫斑 □疥瘡 □溼疹 □異位性皮膚炎  □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 口腔 | | | | | | □無異狀 | | | | | | | | | □口腔衛生不良 □牙結石 □牙齦炎 □牙周炎 □齒列咬合不正  □口腔黏膜異常 □恆牙臼齒窩溝封填 □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | |  | | | |  | |  | | | | | |  | | |  | | | | | 牙 | | | | | 齒 | | | | | 位 | | | 置 | | | | | 圖 | | | | |  | | | |  | | | |  | | | | | |  | | |  | | | |  | | | | |  | | | | | | | |
| 檢查代碼 | | | | | | C-齲齒 🛆-已矯治 X-缺牙 /-待拔牙 ψ-阻生牙 Sp.-贅生牙 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | 18 | | | | 17 | | 16 | | | | | | 15 | | | 14 | | | | | 13 | | | | | 12 | | | | | 11 | | | 21 | | | | | 22 | | | | | 23 | | | | 24 | | | | 25 | | | | | | 26 | | | 27 | | | | 28 | | | | |  | | | | | | | |
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|  | | | | | | 上 | | | |  | |  | | | | | | 55 | | | 54 | | | | | 53 | | | | | 52 | | | | | 51 | | | 61 | | | | | 62 | | | | | 63 | | | | 64 | | | | 65 | | | | | |  | | |  | | | | 上 | | | | |
|  | | | | | |  | | | |  | | 右 | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | | 左 | | |  | | | |  | | | | |
|  | | | | | | 下 | | | |  | |  | | | | | | 85 | | | 84 | | | | | 83 | | | | | 82 | | | | | 81 | | | 71 | | | | | 72 | | | | | 73 | | | | 74 | | | | 75 | | | | | |  | | |  | | | | 下 | | | | |
|  | | | | | |  | | | |  | |  | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | |  | | | |  | | | | |
|  | | | | | | 48 | | | | 47 | | 46 | | | | | | 45 | | | 44 | | | | | 43 | | | | | 42 | | | | | 41 | | | 31 | | | | | 32 | | | | | 33 | | | | 34 | | | | 35 | | | | | | 36 | | | 37 | | | | 38 | | | | |
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| 總評建議 | | | | | | □無異狀  □有異狀，需接受 科醫師診治  □其他建議： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 承辦檢查醫院 | | | | | | | | | | | | | | | | | | | |
| 尿液  檢查 | | | | | | | 初查日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | 複查日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 複查結果追蹤 | | | | | | | | | | | | | | | | | | | |
| 尿蛋白（－） 尿 糖（－）  潛 血（－） 酸鹼度（ ） | | | | | | | | | | | | | | | | | | | | | | | | | 尿蛋白（－） 尿 糖（－）  潛 血（－） 酸鹼度（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 臨 | | 檢查名稱 | | | | | | | | | | | | | 檢查日期 | | | | | | | | | 檢查單位 | | | | | | | | | | | | | | | | 檢查結果 | | | | | | | | | | 轉介複查、追蹤及備註 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 性 | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 檢 | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 查 | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康  管理  綜合  紀錄 | | 學生健康檢查結果追蹤矯治情形  □1.已完成複查與矯治，科別：  □2.需持續追蹤矯治項目：  個案管理摘要記載： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |