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| 學生基本資料  **國民小學：校名 學生健康檢查紀錄卡** | | 入學日期 | | | 年 月 | | | | | | | | | | | | 轉入日期 | | | | | | | | | | 年 月 日 | | | | | | | | | | | | 姓 名   |  |  | | --- | --- | | 學號 |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 樓之  市 鄉鎮 里 街 室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 一 年 班 座號 | | | | | | | | | | | | | | | | | | | | | |
| 現居地址 | | | □同上 □如右： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 二 年 班 座號 | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | 三 年 班 座號 | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 經常性檢查及  缺點矯治 | | 生長發育 | 年級項目 | | | | 一 | | | | | | | | | | | 二 | | | | | | | | | | | 三 | | | | | | | | | | | | 四 | | | | | | | | | | | | | 五 | | | | | | | | | | | | | 六 | | | | | | | | | | |
| 上 | | | | | 下 | | | | | | 上 | | | | | | 下 | | | | | 上 | | | | | | 下 | | | | | | 上 | | | | | | 下 | | | | | | | 上 | | | | | | | | 下 | | | | | 上 | | | | | | 下 | | | | |
| 身高（公分） | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | |
| 評值 | | | | 不足 | | 正常 | 過高 | | 不足 | 正常 | | | 過高 | | 不足 | 正常 | | 過高 | | | 不足 | | 正常 | | 過高 | 不足 | | 正常 | | | 過高 | 不足 | | 正常 | 過高 | | | 不足 | | 正常 | | | 過高 | 不足 | 正常 | | 過高 | | | | 不足 | | | 正常 | | 過高 | | | 不足 | | 正常 | 過高 | | 不足 | | 正常 | | | 過高 | 不足 | | 正常 | | 過高 |
| 體重（公斤） | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | |
| 評值 | | | | □適中□過中□過重□肥胖 | | | | | □適中□過中□過重□肥胖 | | | | | | □適中□過中□過重□肥胖 | | | | | | □適中□過中□過重□肥胖 | | | | | □適中□過中□過重□肥胖 | | | | | | □適中□過中□過重□肥胖 | | | | | | □適中□過中□過重□肥胖 | | | | | | □適中□過中□過重□肥胖 | | | | | | | □適中□過中□過重□肥胖 | | | | | | | | □適中□過中□過重□肥胖 | | | | | □適中□過中□過重□肥胖 | | | | | | □適中□過中□過重□肥胖 | | | | |
| 視力  檢查  及  複  查 | 裸  視 | 右 | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | |
| 左 | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | |
| 矯  正 | 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 | | | | | | □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 | | | | | 右 | | | | | | 右 | | | | | | 右 | | | | | 右 | | | | | | 右 | | | | | | 右 | | | | | | 右 | | | | | | | 右 | | | | | | | | 右 | | | | | 右 | | | | | | 右 | | | | |
| 左 | | | | | 左 | | | | | | 左 | | | | | | 左 | | | | | 左 | | | | | | 左 | | | | | | 左 | | | | | | 左 | | | | | | | 左 | | | | | | | | 左 | | | | | 左 | | | | | | 左 | | | | |
| 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 | | | | | | □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 | | | | |
| 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 | | | | | | □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 | | | | |
| 頭蝨檢查 | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | |
| 在學期間  重大傷病事故 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 新生立體感初檢結果：  □無明顯異常 □有異狀  醫師複檢結果： | | | | | | | | | | | | | | | | | | | |
| 預 防 接 種 | 接種疫苗  接種日期  劑次 | | | | | B型肝炎疫苗(HepB) | | | | | 水痘疫苗  (Var)  □已感染無須接踵 | | | | 減量破傷風白喉非細胞性百日咳及不活化小兒麻痺混合疫苗(Tdap-IPV)\* | | | | | | | | | | 白喉破傷風百日咳混合  疫苗(DTP/DTap) | | | | | | | 小兒麻痺疫苗(OPV/  IPV) | | | | 麻疹腮腺炎德國麻疹混合疫苗(MMR) | | | | | | 日本腦炎疫苗(JE) | | | 其他臨時性疫苗  □流感疫苗  日期: | | | | | | | 1.接種紀錄卡 □已繳 □未繳  2.學齡前應完成劑次  □全數完成(含括Tdap-IPV、MMR2及JE4) □未完成  3.卡介苗 □無接種紀錄且測驗陰性者補種，補種日期： 年 月 日  4.\*五合一疫苗第四劑 □4歲後接種(Tdap-IPV無須再接種)  5.請將左列補種疫苗之接種日期依劑次填列於表格內。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第一劑 | | | | |  | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | |  | | | | | |  | | |
| 第二劑 | | | | |  | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | |  | | | | | |  | | |
| 第三劑 | | | | |  | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | |  | | | | | |  | | |
| 第四劑 | | | | |  | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | |  | | | | | |  | | |
| 實驗室檢查 | 寄生蟲  蟯蟲檢查 | | | | | 一年級蛔蟲：  結果：－ □已服藥完成 | | | | | | | | | | | | | | | | | 一年級蟯蟲：  結果：－ □已服藥完成 | | | | | | | | | | | | | | | | | 四年級蛔蟲：  結果：－ □已服藥完成 | | | | | | | | | | | | | | | | | | | | | 四年級蟯蟲：  結果：－□已服藥完成 | | | | | | | | | | | | | | | | |
| 尿液檢查  結果 | | | | | 一年級檢查日： | | | | | | | | | | | | | | | | | 複查日： | | | | | | | | | | | | | | | | | 四年級檢查日： | | | | | | | | | | | | | | | | | | | | | 複查日： | | | | | | | | | | | | | | | | |
| 尿蛋白（－）  尿 糖（－） | | | | | | | | 潛 血（－）  酸鹼度（ ） | | | | | | | | | 尿蛋白（－）  尿 糖（－） | | | | | | | | | | 潛 血（－）  酸鹼度（ ） | | | | | | | 尿蛋白（－）  尿 糖（－） | | | | | | | | | | | 潛 血（－）  酸鹼度（ ） | | | | | | | | | | 尿蛋白（－）  尿 糖（－） | | | | | | | | | 潛 血（－）  酸鹼度（ ） | | | | | | | |

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| 民國 年　　月　　日 健康檢查記錄 | | | | | | | 承辦醫  院名稱： | | | | 民國 年　　月　　日健康檢查記錄 | | | | | | 承辦醫  院名稱： | | | |
| 1. 班 號 | | | | 姓名： | | | | | | 醫事人員簽章 | 四年 班 號 | | | | 姓名： | | | | | 醫事人員簽章 |
| 檢查  項目 | 血壓： / mmHg(視需要辦理項目) 腰圍： 公分(視需要辦理項目) | | | | | | | | |  | 血壓： / mmHg(視需要辦理項目)  腰圍： 公分(視需要辦理項目) | | | | | | | | |  |
| 眼 | □無明顯異常 | | | | □辨色力異常 □眼睛其他  (\*□睫毛倒插□眼球震顫□眼瞼下垂) | | | | |  | □無明顯異常 | | | □辨色力異常 □其他  (\*□睫毛倒插□眼球震顫□眼瞼下垂) | | | | | |  |
| 耳鼻喉 | □無明顯異常 | | | | 聽力異常:□左 □右 □疑似中耳炎  □耳道畸形 □耳膜破損 □耵聹栓塞 □扁桃腺腫大 □其他 | | | | |  | □無明顯異常 | | | 聽力異常:□左 □右 □疑似中耳炎  □耳膜破損 □耵聹栓塞 □扁桃腺腫大 □其他 | | | | | |  |
| 頭頸 | □無明顯異常 | | | | □斜頸  □異常腫塊：( □甲狀腺腫 □淋巴腫大)  □其他 | | | | |  | □無明顯異常 | | | □斜頸  □異常腫塊：( □甲狀腺腫 □淋巴腫大)  □其他 | | | | | |  |
| 胸部 | □無明顯異常□未受檢 | | | | □心肺疾病：( □心雜音 □心律不整  □呼吸聲異常) □胸廓異常  □其他 | | | | | □無明顯異常□未受檢 | | | □心肺疾病：( □心雜音 □心律不整  □呼吸聲異常) □胸廓異常  □其他 | | | | | |
| 腹部 | □無明顯異常□未受檢 | | | | □異常腫大 □其他 | | | | | □無明顯異常 □未受檢 | | | □異常腫大 □其他 | | | | | |
| 脊柱  四肢 | □無明顯異常 | | | | □脊柱側彎 □肢體畸形  □蹲距困難(青蛙肢) □其他 | | | | | □無明顯異常 | | | □脊柱側彎 □肢體畸形  □蹲距困難(青蛙肢) □其他 | | | | | |
| 泌尿  生殖 | □無明顯異常□未受檢 | | | | □隱睪 □包皮異常 □陰囊腫大  □精索靜脈曲張 □其他 | | | | |  | □無明顯異常 □未受檢 | | | □隱睪 □包皮異常 □陰囊腫大  □精索靜脈曲張 □其他 | | | | | |  |
| 皮膚 | □無明顯異常 | | | | □癬 □疥瘡 □疣 □異位性皮膚炎 □溼疹 □其他 | | | | |  | □無明顯異常 | | | □癬 □疥瘡 □疣 □異位性皮膚炎 □溼疹 □其他 | | | | | |  |
| 口腔檢查 | 1.未治療齲齒：□無 □有 | | | | | | | | |  | 1.未治療齲齒：□無 □有 | | | | | | | | |  |
| 2.齲齒經驗(已治療)：□無 □有 | | | | | | | | | 2.齲齒經驗(已治療)：□無 □有 | | | | | | | | |
| 3.恆牙第一大臼齒齲齒經驗：□無 □有(16或26或36或46)  ※實施口檢表者請將上列1-3項以符號紀錄於口檢表上 | | | | | | | | | 3.恆牙第一大臼齒齲齒經驗：□無 □有(16或26或36或46)  ※實施口檢表者請將上列1-3項以符號紀錄於口檢表上 | | | | | | | | |
| 4.恆牙大臼齒之窩溝封填：□無 □有  5.□口腔衛生不良 □牙結石 □牙齦炎 □咬合不正  □其它 | | | | | | | | | 4.恆牙大臼齒之窩溝封填：□無 □有  5.□口腔衛生不良 □牙結石 □牙齦炎 □咬合不正  □其它 | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 上  下 | | 右 | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 | 左 | 上  下 | | |  |  |  |  |  |  |  |  |  |  | | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 | |  |  |  |  |  |  |  |  |  |  | | 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   C -齲齒 X-缺牙 △-已矯治 /-待拔牙(因齲齒造成的殘根) ψ-阻生牙 Sp.-贅生牙 h-乳牙待拔 | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 上  下 | | 右 | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 | 左 | 上  下 | | |  |  |  |  |  |  |  |  |  |  | | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 | |  |  |  |  |  |  |  |  |  |  | | 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   C -齲齒 X-缺牙 △-已矯治 /-待拔牙(因齲齒造成的殘根) ψ-阻生牙 Sp.-贅生牙 h-乳牙待拔 | | | | | | | | |
| 增列項目 | 胸 部  心電圖 | □無明顯異常 □未受檢  □異常 | | | | | | | |  | |  | | | | | | | | |
| 總評  建議 | □無明顯異常  □有異狀，需接受 科UU醫師診治  □其他建議： | | | | | | | | 檢查醫院 | | | □無明顯異常  □有異狀，需接受 科UU醫師診治  □其他建議： | | | | | | | 檢查醫院 | |
| 其他  檢查 | 名稱 | | 日期 | | | 結果 | | 檢查單位 | 複查追蹤 | | | 名稱 | 日期 | | | 結果 | | 檢查單位 | 複查追蹤 | |
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|  | |  | | |  | |  |  | | |  |  | | |  | |  |  | |
| 健康  管理 | 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： | | | | | | | | | | | 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： | | | | | | | | |
| 綜合  紀錄 | 個案管理摘要記載 | | | | | | | | | | | | | | | | | | | |