



# NJ Ming Hui School Summer Camp ( "CAMP" ) Health Examination form 2021

明慧學校夏令營體檢表 (2021)

To be Completed by Physician (此面由醫生完成)

## Immunization & Health History 預防接種歷史

Which of the following has the participant had?

Please give all dates of immunization for:

下面哪一種疫苗接種?

請提供所有的預防接種時間

\_\_\_ Measles 麻疹

Vaccine: Dates: 疫苗/日期 Mo/Yr 月/年 Mo/Yr 月/年 Mo/Yr

\_\_\_ Chicken Pox 水痘

DTP 三合一 (白喉/破傷風/百日咳)

\_\_\_ German Measles 德國麻疹

TD (Tetanus/Diphtheria) 二合一 (破傷風/白喉)

ps 腮腺炎

Tetanus 破傷風

\_\_\_ Hepatitis A 甲型肝炎

Polio 脊髓灰質炎

\_\_\_ Hepatitis B 乙型肝炎

MMR

\_\_\_ Hepatitis C 丙型肝炎

or Measles 麻疹

or Mumps 腮腺炎

\_\_\_ TB Mantoux Test / PPD 結核、風疹 or Rubella 風疹

Date of last test 最後測試日期

Haemophilus influenza B 乙型流感嗜血桿菌

Result: 結果 \_\_\_ positive 陽性 \_\_\_ Negative 陰性 Hepatitis B 乙型肝炎

Varicella (chicken pox) 水痘

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance. 注意: 請通知夏令營本營員在過去三星期暴露在任何傳染性疾病環境

## PHYSICAL EXAMINATION 體檢

Posture 體態

Hgt 身高 Wt 體重

Bp 血壓

P 心率

R 呼吸

Skin 皮膚

Scalp 頭皮

Other illnesses or operations & at what age? 其它疾病或手術 (年齡)

Extremities 四肢

Ears 耳

Nose 鼻

Hernia 疝氣

Tonsils 扁桃體

Lungs 肺

(For girls & Women) Has this person menstruated? (女性) 來月經嗎?

Heart 心

If so, is her menstrual history normal? 是, 月經史正常?

Teeth 牙

If not, has she been told about it? 否, 她講過這些?

## ALLERGIES 過敏

Medication allergies (list) 藥物過敏

Food allergies (list) 食物過敏

Other allergies (list) - include insect stings, bee stings, hay fever, asthma, etc. 其它過敏: 包括蟻蟲、花粉過敏、哮喘, 等。

I have examined the person herein described and reviewed the health history. It is my opinion that this person is physically able to engage in all camp activities, unless otherwise noted.

我已經檢查了這裏所描述的人, 並檢查了健康史。我認為除非另有說明, 否則能夠進行所有夏令營活動。

Physician's Name 醫生姓名

signature 簽名

Address 地址

Telephone number 電話

Date 日期