<u>Health History For Registration</u> 入學登記的健康狀況記錄

Student Name 學生姓名_____Grade 年級_____ DOB 出生日期_____

This information maybe be shared with school staff as necessary to protect your child's health and safety. 為了保護孩子的健康和安全，必要時可能會與學校工作人員共用這些資訊。

Has your child ever had any of the following: 你的孩子曾經有以下任何一項：

YES 是   NO 否

Allergies 過敏 ____   ____ to what? 那一種? _____

Is any allergy life-threatening? 是否任何過敏都會危及生命? Yes 是___ No 否___ which allergy? 那一種過敏? _____

Asthma 哮喘 ____   ____ is it severe? 是嚴重的? Yes 是_____ No 否_____

Bee Sting Allergy 蜜蜂叮咬過敏 ____   ____ is it life-threatening? 是危及生命的? Yes 是____ No 否____

Convulsive seizures 抽搐發作(癲癇) ____   ____ date of last seizure 上次發作日期_____

Diabetes 糖尿病 ____   ____ insulin-dependent? 胰島素依賴性? Yes 是_____No 否_____

Fracture 骨折 ____   ____ date 日期_____ which bone(s)? 哪個骨頭? _____

Head Injury 頭部受傷 ____   ____ date 日期_____ was he/she hospitalized? 有沒有住院? Yes 是____ No 否____

Heart condition 心臟病 ____   ____ are there physical restrictions? 是否身體上有限制? Yes 是____ No 否____

Hearing loss 聽力損失 ____   ____ hearing aids worn? 是否破舊的助聽器? Yes 是_____ No 否____

Orthopedic problem 骨科問題 ____   ____ describe 請描述 _____

Surgery 手術 ____   ____ date 日期_____ type 類型 _____

Tuberculosis 結核病 ____   ____ date of last TB test 上次 TB 結核病皮膚敏感測試的日期_____

Urinary problem 尿道問題 ____   ____ needs accommodations? 需要協助? Yes 是____ No 否____

Vision problem 視力問題 ____   ____ glasses? 眼鏡? _____ contacts? 隱形眼鏡? _____

Any conditions/serious illness that would need special consideration by the school? 任何需要學校特別注意的疾病或嚴重疾病？

Yes 是_____ No 否_____

Please describe/details: 請描述/詳細解釋:_____

Name of all medications taken regularly: 定期服用的所有藥物的名稱: _____

_____

If your child will be taking <u>any</u> type of medication at school or school activities, please ask for the Chino Valley Unified School District <u>Medication Administration Form</u>. This <u>must</u> be on file before medication can be given or carried at school/school activities. This includes over the counter as well as prescription medication. 如果你的孩子將在學校或學校活動中服用任何類型的藥物，請索取奇諾谷聯合學區藥物表格。 這必須存檔，才能在學校/學校活動中給予或攜帶藥物。 這包括非處方藥和處方藥.

Permission for First Aid is given 急救許可   Yes 是 _____ No 否 _____

Does your child have health insurance? 你的孩子有健康保險嗎？   Yes 是___ No 否___ If you would like information on various health plans, please contact the school's Health Office. 如果您想瞭解各種健康計劃的資訊，請聯繫學校衛生室。

_____

Parent/Guardian Name 家長/監護人   Parent/Guardian Signature 家長/監護人簽名   Date 日期

REV. 5/14/2019