

國立中正大學學生健康資料卡

Chung Cheng University Student Health Examination Form

入學年月 Date of Entry :
2020 年(yyyy)/ ____月(mm)

Contact information 學生基本資料	學號 Student No.		姓名 Name		性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
	身分證號 Passport No.		系所別 Department		血型 Blood Type	
	行動電話 Mobile No.		出生日期 Date of Birth		____年(yyyy)/ ____月(mm)/ ____日(dd)	
	現居地址 Address		1 吋相片黏貼處 Attach photo here 背面填 Back fill 姓名 Name 學號 student ID 系所 Department			
	緊急聯絡人、監護人或附近親友 Emergency contact (Parents or guardian)					
Health information 健康基本資料	個人疾病史：若有以下特殊疾病尚未痊癒或仍在治療中，請打勾，並可主動提供就診病歷摘要，以作為照護參考。If you are being treated or recovering from any of the following or some other diseases, please inform the medical personnel and also provide your medical records for the healthcare professional's references.					
	<input type="checkbox"/> 1. 無 None		<input type="checkbox"/> 7. 癲癇 Epilepsy		<input type="checkbox"/> 13. 心理或精神疾病 mental disorder: _____	
	<input type="checkbox"/> 2. 肺結核 Tuberculosis		<input type="checkbox"/> 8. 紅斑性狼瘡 SLE (Lupus)		<input type="checkbox"/> 14. 癌症 Cancer: _____	
	<input type="checkbox"/> 3. 心臟病 Heart disease		<input type="checkbox"/> 9. 血友病 Hemophilia		<input type="checkbox"/> 15. 海洋性貧血 Thalassemia: _____	
<input type="checkbox"/> 4. 肝炎 Hepatitis		<input type="checkbox"/> 10. 蠶豆症 G6PD deficiency		<input type="checkbox"/> 16. 重大手術名稱 Major surgery: _____		
<input type="checkbox"/> 5. 氣喘 Asthma		<input type="checkbox"/> 11. 關節炎 Arthritis		<input type="checkbox"/> 17. 過敏物質名稱 Allergy to: _____		
<input type="checkbox"/> 6. 腎臟病 Kidney disease		<input type="checkbox"/> 12. 糖尿病 Diabetes mellitus		<input type="checkbox"/> 18. 其他 Other: _____		
1. 領有重大傷病證明卡，類別 Holder of Catastrophic Illness Certificate - Category: <input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes、請說明 _____						
2. 領有身心障礙手冊，類別 Holder of Physical/Mental Disability Manual - Category: <input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes，請勾選下列選項並說明等級 Level: <input type="checkbox"/> 極重度 Very serious <input type="checkbox"/> 重度 Serious <input type="checkbox"/> 中度 Moderate <input type="checkbox"/> 輕度 Mild；請說明: _____						
家族疾病史：患有重大遺傳疾病之家屬稱謂 Family medical history: relative with hereditary disease _____						
疾病名稱 Name of disease: <input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes、請說明 _____						
Lifestyle 生活型態	※ 請勾選最合適的選項 Tick the box that best describes your lifestyle:					
	1. 過去 7 天內 (不含假日)，睡眠習慣: How much did you sleep during the past 7 days (<i>not including weekends, or days off</i>)?: <input type="checkbox"/> ① 每日睡足 7 小時 ≥ 7 hours a day <input type="checkbox"/> ② 不足 7 小時 < 7 hours a day <input type="checkbox"/> ③ 時常失眠 I suffer from insomnia					
	2. 過去 7 天內 (不含假日)，早餐習慣: How many days did you eat breakfast during the past 7 days (<i>not including weekends, or days off</i>)?: <input type="checkbox"/> ① 都不吃 Never <input type="checkbox"/> ② 有時吃 Seldom: ____天 days <input type="checkbox"/> ③ 每天吃，幾點吃? Every day at (time)? ____點					
	3. 過去一個月內 (不含假日及寒暑假)，若以每週至少運動 3 次，每次至少 30 分鐘為基準，心跳達每分鐘 130 下，您做到了嗎：During the past month (<i>not including weekends, days off, or winter or summer vacation</i>), have you exercised three times a week, for at least 30 minutes each time, and achieving a heartbeat rate of 130 bpm each time?: <input type="checkbox"/> ① 有 Yes <input type="checkbox"/> ② 沒有 No					
	4. 過去一個月內，吸菸行為: During the past month, did you smoke?: <input type="checkbox"/> ① 不吸菸 No <input type="checkbox"/> ② 時常吸菸 Often <input type="checkbox"/> ③ 每天吸菸，Every day: ____支/天# cigarettes per day <input type="checkbox"/> ④ 已戒除 Quit					
	5. 過去一個月內，喝酒行為: During the past month, did you drink alcohol? <input type="checkbox"/> ① 不喝酒 No <input type="checkbox"/> ② 時常喝酒 Often <input type="checkbox"/> ③ 每天喝酒，Every day: ____杯/天# glasses per day <input type="checkbox"/> ④ 已戒除 Quit (1 杯的定義：啤酒 330 ml、葡萄酒 120 ml、烈酒 45 ml。Note for ③: please say how many glasses, 'one glass' means: beer 330 ml, wine 120 ml, liquor 45 ml)					
	6. 過去一個月內，嚼檳榔: During the past month, did you chew betel quid? <input type="checkbox"/> ① 不嚼檳榔 No <input type="checkbox"/> ② 時常嚼檳榔 Often <input type="checkbox"/> ③ 每天嚼檳榔，Every day, ____粒/天# quids per day <input type="checkbox"/> ④ 已戒除 Quit					
	7. 常覺得焦慮、憂鬱嗎? Do you feel worried or depressed? <input type="checkbox"/> ① 沒有 No <input type="checkbox"/> ② 很少 Seldom <input type="checkbox"/> ③ 時常 Often					
	8. 常覺得胸悶嗎? Do you regularly feel chest discomfort? <input type="checkbox"/> ① 沒有 No <input type="checkbox"/> ② 很少 Seldom <input type="checkbox"/> ③ 時常 Often					
	9. 常覺得胃痛嗎? Do you regularly feel stomach discomfort? <input type="checkbox"/> ① 沒有 No <input type="checkbox"/> ② 很少 Seldom <input type="checkbox"/> ③ 時常 Often					
	10. 常覺得頭痛嗎? Do you regularly have headaches? <input type="checkbox"/> ① 沒有 No <input type="checkbox"/> ② 很少 Seldom <input type="checkbox"/> ③ 時常 Often					
	11. 月經情況 (女生回答) Menstrual history (<i>women only</i>): (1) 初次月經 first period: <input type="checkbox"/> ① 無 No <input type="checkbox"/> ② 有，初經年齡: Age at first period: ____歲 yd (2) 月經週期 Length of menstrual cycle: <input type="checkbox"/> ① ≤ 20 天 days <input type="checkbox"/> ② 21-40 天 days <input type="checkbox"/> ③ ≥ 41 天 days <input type="checkbox"/> ④ 不規律 irregular (差異 7 天以上 <i>differing in length by more than 7days</i>) (3) 有無經痛現象? Do you have painful menstrual periods? <input type="checkbox"/> ① 沒有 No <input type="checkbox"/> ② 輕微 Light pain <input type="checkbox"/> ③ 嚴重 Severe pain					
	12. 排便習慣 Bowel habits: 過去 7 天內，多久排便一次? During the past 7 days, how often did you defecate? <input type="checkbox"/> ① 每天至少一次 At least once every day <input type="checkbox"/> ② 2 天 Once in 2 days <input type="checkbox"/> ③ 3 天 Once in 3 days <input type="checkbox"/> ④ 4 天以上 Once in 4 or more days					
13. 網路使用習慣 Internet use: 過去 7 天內 (不含假日) 每日除了上課及作功課需要之外，累積網路使用的時間? During the past seven days (<i>not including weekends, or days off</i>), how many hours did you use the internet every day, apart from when doing homework or in class? <input type="checkbox"/> ① 每天少於 1 小時 ≤ 1 hour <input type="checkbox"/> ② 每天約 1-2 小時 1-2 (less than) hours <input type="checkbox"/> ③ 每天約 2-4 小時 2-4 (less than) hours <input type="checkbox"/> ④ 每天約 4-5 小時 4-5 (less than) hours <input type="checkbox"/> ⑤ 每天約 5 小時或以上 ≥ 5 hours						
Self-rated Health 自我健康評估	1. 過去一個月，一般來說，您認為您目前的健康狀況是 In general, during the past month, would you say your health is <input type="checkbox"/> ① 極好的 Excellent <input type="checkbox"/> ② 很好 Very good <input type="checkbox"/> ③ 好 Good <input type="checkbox"/> ④ 普通 Fair <input type="checkbox"/> ⑤ 不好 Poor					
	2. 過去一個月，一般來說，您認為您目前的心理健康是? In general, during the past month, would you say your mental health is <input type="checkbox"/> ① 極好的 Excellent <input type="checkbox"/> ② 很好 Very good <input type="checkbox"/> ③ 好 Good <input type="checkbox"/> ④ 普通 Fair <input type="checkbox"/> ⑤ 不好 Poor					
	※ 有哪些健康問題? : <input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes、請敘述: Do you currently have any health concerns? Please give details:					

