

REPORT OF HEALTH EXAMINATION

健康檢查報告

NAME 姓名 _____ BIRTHDATE 出生日期 _____

ADDRESS 地址 _____

Does patient have family or personal medical history of any of the following significant diseases: (please indicate if it is family or personal)

此病患的家屬或個人是否曾經罹患下列任一疾病(請明確指出是家屬或個人)

alcoholism 酗酒 _____ arthritis 關節炎 _____ asthma 氣喘 _____

cancer 癌症 _____ cardiovascular disease 心血管疾病 _____

diabetes 糖尿病 _____ drug addiction 吸毒 _____

epilepsy 癲癇 _____ handicapping 身心障礙 _____

condition 健康狀態 _____ major surgery 重大手術 _____

tuberculosis 肺結核 _____ venereal diseases 性病 _____

Other 其他 _____ Comments 建議 _____

Has this person ever been treated for mental illness? If so, please describe

此人是否曾經接受過精神疾病治療？若有，請詳述：

Comment of patient's emotional condition as you know it. _____

請就您所了解此病患情緒狀態提供建議：

Significant findings of current physical examination:目前身體狀況的重要發現

Height 身高 _____ Weight 體重 _____ Blood pressure 血壓 _____

GENERAL APPEARANCE AND NUTRITION

一般外觀與營養

NORMAL 正常	ABNORMAL 異常	EXPLAIN 詳述
Heart 心臟		
Lungs 肺臟		
Abdomen 腹部		
Extremities 四肢		
Genitals 生殖器		
Hearing 聽力		
Muscular system 肌肉系統		
Nervous system 神經系統		
Vision 視力		

Results of laboratory test: (must be current within 6 months of date of application.)

實驗室檢查結果(必須在申請日起六個月內完成)

Tuberculin test and/or chest x-ray 肺結核檢驗 及/或 胸部 X 光檢查

Date 日期_____ Results 結果_____

Urinalysis 尿液檢查

Date 日期_____ Results 結果_____

Does the patient smoke?此病患是否抽煙 Yes 是_____No 否_____

Has patient any chronic physical condition?此病患是否有慢性病

Yes 是_____No 否_____

Has patient had any hospital admission?此病患是否住院過

Yes 是_____No 否_____

Explanation:請詳述_____

For how long a period of time has this individual received medical care and supervision from you?此病患多久以前曾經接受過您的醫療照顧及診治?

Do you have concerns or comments regarding this individual's suitability as an adoptive parent? 對於此人是否適合擔任收養人，你有何意見或建議？

Is this person in good health and free from communicable disease?此人是否身體健康，無傳染疾病_____

Physician 醫師 License NO. 執照編號

Date 日期_____

Address 地址_____
