

# 中南美洲聖經學院

## Alliance Bible School of Central and South America

### 健康資料表

### Health History Form

申請人姓名

Name of Applicant: \_\_\_\_\_

Last Name (Surname)

First Name (Given Name)

In Chinese 中文姓名

1. Does the applicant have or have had any of the following? 申請人是否有以下的症狀?

Tuberculosis 肺結核  Yes 有  No 沒有 Nervous Breakdown 精神衰弱  Yes 有  No 沒有

Heart Trouble 心臟病  Yes 有  No 沒有 Fainting Spells 不省人事  Yes 有  No 沒有

Diabetes 糖尿病  Yes 有  No 沒有 Convulsion 痙攣、抽筋  Yes 有  No 沒有

Epilepsy 癲癇症  Yes 有  No 沒有 Paralysis 中風  Yes 有  No 沒有

Abnormal Blood Pressure 不正常的血壓  Yes 有  No 沒有

Immunization, what kind? 是否有預防注射? 那一種? \_\_\_\_\_

2. Has he/she ever received treatment or has treatment been recommended by a physician for physical or emotional condition? 他/她曾否接受醫生的身體或心理的治療, 或醫生建議他/她去接受治療?

3. Any continuing health problem? 是否有持續的健康問題?  Yes 有  No 沒有

4. Does the applicant have any other disability which affects class attendance and participation (such as vision, hearing, or walking disability)? 申請人是否會防礙上課或參與學校活動的其他殘障問題? (例如: 視力或行動不便等等)  Yes 有  No 沒有

5. Remarks \_\_\_\_\_

醫生簽名

Physician's Signature: \_\_\_\_\_

日期

Date \_\_\_\_\_

醫生姓名

Name of Physician: \_\_\_\_\_

中文姓名

In Chinese (if applicable) \_\_\_\_\_

醫生的地址

Address of Physician: \_\_\_\_\_