

Munsang College

Students' Medical History (2016 / 2017)

(Please return this to the Class Teacher on / before 5th September, 2016)

Please

- put a tick in the appropriate box for “**have**” or “**do not have**” and
- complete the table below if you have chosen the box for “**have**”.

I, _____ of F. _____ (_____) # have _____ the following medical condition(s).
 do not have

		Details of Medical Condition / Remarks
<input type="checkbox"/>	Anaemia (貧血)	
<input type="checkbox"/>	Bronchial asthma (哮喘)	
<input type="checkbox"/>	Diabetes (糖尿病)	
<input type="checkbox"/>	Epilepsy (癲癇)	
<input type="checkbox"/>	Fits due to fever (高熱引致抽搐)	
<input type="checkbox"/>	G6PD deficiency (六磷酸葡萄糖脫氫酶素缺乏症)	
<input type="checkbox"/>	Hearing defect (聽覺不良)	
<input type="checkbox"/>	Heart disease (心臟病)	
<input type="checkbox"/>	Hemophilia (血友病)	
<input type="checkbox"/>	Kidney disease (腎病)	
<input type="checkbox"/>	Pulmonary tuberculosis (肺結核)	
<input type="checkbox"/>	*Allergy to drugs (藥物敏感)	
<input type="checkbox"/>	*Allergy to vaccines (疫苗敏感)	
<input type="checkbox"/>	*Allergy to food (食物敏感)	
<input type="checkbox"/>	*Other allergies (其他敏感)	
<input type="checkbox"/>	*Long-term/regular medication (長期/定期服藥)	
<input type="checkbox"/>	*Minor operation (小手術)	
<input type="checkbox"/>	*Major operation (大手術)	
<input type="checkbox"/>	Mental problems (e.g. psychosis, depression, anxiety disorder, obsessive compulsive disorder, etc.) 精神問題 (例如: 思覺失調、抑鬱症、焦慮症、強迫症等)	
<input type="checkbox"/>	*Others (其他)	

* Please specify the details

Name of Student : _____ Signature of Parent : _____

Class and Class No. : _____ Name of Parent : _____

Date : _____