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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **國民中學：校名\_\_\_\_\_\_\_\_\_\_\_\_學生健康檢查紀錄卡**  **班級座號：\_\_\_年\_\_\_班\_\_\_號** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 學生基本資料 | 入學日期 | | | | 年 月 | | | | | | | | 姓名 | | | | | | | |  | | | | | | | 學號 | | | | | |  | | | | | | | | | 原住民身份 | | | | | | | □是□否 | | |
| 出生日期 | | | | 年 月 日 | | | | | | | | 血型 | | | | | | | |  | | | 性別 | | | | □男 □女 | | | | | | 身分證字號 | | | | | | | |  | | | | | | | | | | |
| 戶籍地址 | | | | 縣 | | | 市區 | | | | | | 村 | | | | | | 鄰 | | | | 路 | | | | | 段 | | | | 巷 | | | | | | | | 弄 | | | 號 | | | | | | | 樓 | |
| 市 | | | 鄉鎮 | | | | | | 里 | | | | | |  | | | | 街 | | | | |  | | | |  | | | | | | | |  | | |  | | | | | | | 室 | |
| 現居地址 | | | | □同上 □如右： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家長監護人及附近親友  緊急聯絡人 | | | | 關係 | | | | 姓名 | | | | | | | 電話（家） | | | | | | | | | | 電話（公） | | | | | | | | | | 行動電話 | | | | | | | | | 年級 班級 座號 | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | 七年 班 號 | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | 八年 班 號 | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | 九年 班 號 | | | | | | | |
| 健康基本資料 | 個人疾病史：  1.□至目前為止身體狀況一切正常  2.曾經罹患過的疾病  □1心臟病 □2第\_\_ 型糖尿病 □3腎臟病 □4血友病 □5蠶豆症 □6肺結核 □7氣喘  □8肝炎（A、B、C、D、E） □9癲癇 □10腦炎 □11疝氣\_左\_右（□已手術□未手術治療）  □12過敏物質名稱：\_\_\_\_\_\_\_\_\_\_□13重大手術名稱：\_\_\_\_\_\_\_\_\_  □14罕見疾病：\_\_\_\_\_\_\_\_\_\_\_\_□15海洋性貧血 □16紅斑性狼瘡 □17關節炎  □18心理或精神疾病：\_\_\_\_\_\_\_\_\_\_\_\_ □19癌症：\_\_\_\_\_\_\_\_\_\_\_\_  □99其他：\_\_\_\_\_\_\_\_\_\_\_\_  3.上述疾病目前是否持續治療中□否□是（請續填寫醫療院所名稱與治療藥物名稱與服用方式）  醫療院所名稱：\_\_\_\_\_\_\_\_\_\_\_治療藥物名稱與服用方式：□否□是\_\_\_\_\_\_\_\_\_\_  ※若有上述疾病尚未痊癒或仍在治療中，可提供就診病歷摘要（含疾病現況及應注意事項）或診斷書；治療藥物名稱可檢附藥袋，作為照護參考。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 特殊疾病現況或應注意事項  □詳如病歷摘要  家長簽名： | | | | | |
| □領有重大傷病證明卡，類別\_\_\_\_\_\_\_\_\_\_\_\_ 參加保險，類別□全民健保□學生團體保險□其他\_\_\_\_\_  □領有身心障礙手冊，類別\_\_\_\_\_\_\_\_\_\_\_\_ 等級：□極重度 □重度 □中度 □輕度  ※請檢附並影印重大傷病卡及身心障礙手冊 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家族疾病史：患有重大遺傳性疾病之家屬稱謂\_\_\_\_\_\_\_\_\_\_，疾病名稱\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 經常性檢查及缺點矯治 | 生長發育 | | 年級  項目 | | | 七上 | | | | | | | | | 七下 | | | | | | | | 八上 | | | | | | | 八下 | | | | | | | | | 九上 | | | | | | | | | 九下 | | | | |
| 身高（公分） | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | |
| 身高不足評值 | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | |
| 體重（公斤） | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | |
| 體位評值 | | | □過輕□適中  □過重□超重 | | | | | | | | | □過輕□適中  □過重□超重 | | | | | | | | □過輕□適中  □過重□超重 | | | | | | | □過輕□適中  □過重□超重 | | | | | | | | | □過輕□適中  □過重□超重 | | | | | | | | | □過輕□適中  □過重□超重 | | | | |
| 視力檢查及矯治追蹤 | | 裸眼視力 | | | 右 左 | | | | | | | | | 右 左 | | | | | | | | 右 左 | | | | | | | 右 左 | | | | | | | | | 右 左 | | | | | | | | | 右 左 | | | | |
| 戴鏡視力 | | | 右 左 | | | | | | | | | 右 左 | | | | | | | | 右 左 | | | | | | | 右 左 | | | | | | | | | 右 左 | | | | | | | | | 右 左 | | | | |
| 屈光度數 | | | 右 左 | | | | | | | | | 右 左 | | | | | | | | 右 左 | | | | | | | 右 左 | | | | | | | | | 右 左 | | | | | | | | | 右 左 | | | | |
| 散光度數 | | | 右 左 | | | | | | | | | 右 左 | | | | | | | | 右 左 | | | | | | | 右 左 | | | | | | | | | 右 左 | | | | | | | | | 右 左 | | | | |
| 屈光異常類別 | | | □近視□遠視□散光□弱視□高度近視 | | | | | | | | | □近視□遠視□散光□弱視□高度近視 | | | | | | | | □近視□遠視□散光□弱視□高度近視 | | | | | | | □近視□遠視□散光□弱視□高度近視 | | | | | | | | | □近視□遠視□散光□弱視□高度近視 | | | | | | | | | □近視□遠視□散光□弱視□高度近視 | | | | |
| 處置情形 | | | □長效散瞳  □短效散瞳  □角膜塑型  □其他 | | | | | | | | | □長效散瞳  □短效散瞳  □角膜塑型  □其他 | | | | | | | | □長效散瞳  □短效散瞳  □角膜塑型  □其他 | | | | | | | □長效散瞳  □短效散瞳  □角膜塑型  □其他 | | | | | | | | | □長效散瞳  □短效散瞳  □角膜塑型  □其他 | | | | | | | | | □長效散瞳  □短效散瞳  □角膜塑型  □其他 | | | | |
| 在學期間  重大傷病事故 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意事項 | | | | | | 1. 當孩子發生緊急傷病聯絡不到父母本人時，請聯絡上列親友。 2. 續上述，若無法聯絡到父母及上列親友時，學校可依據緊急醫療救護相關規定與送醫程序權宜辦理。   ※責任醫院為：\_\_\_\_\_醫院及\_\_\_\_\_醫院   1. 如發生上述狀況家長希望送往醫院□\_\_\_\_\_醫院□\_\_\_\_醫院，請務必擇一填寫（切勿複選） 2. 往返車資由家長自行負擔 3. 本人已詳讀上列注意事項並依實填寫各項資料 4. 家長簽名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_（請務必簽中文全名、勿蓋章）   重要紀錄卡請妥善表存並得於畢業(離校)時發還 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 班級座號 | | | |  | | | | | | | | | | | | | | | 姓名 | | | |  | | | | | | | | | | | | 學號 | | | | |  | | | | | | | | | | | |
| 檢查日期 | | | | 年月日 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 檢查項目 | | | | 檢查結果（採勾選方式，「其他」未詳列項目請以中文載明。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 檢查醫師簽章 | | |
| 血壓： / mmHg、脈搏： 次/分（視需要辦理項目）、腰圍：\_\_公分（視需要辦理項目） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 尿液  檢查 | | | | 初查日期： 年 月 日 | | | | | | | | | | | | | | 複查日期： 年 月 日 | | | | | | | | | | | | | 追蹤複查結果 | | | | | | | | | | | | | | | | | |  | | |
| 尿蛋白（ ） 尿 糖（ ）  潛 血（ ） 酸鹼度（ ） | | | | | | | | | | | | | | 尿蛋白（ ） 尿 糖（ ）  潛 血（ ） 酸鹼度（ ） | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |
| 眼睛 | | | | □無明顯異常 | | | □辨色力異常 □斜視： □睫毛倒插 □眼球震顫 □眼瞼下垂 □其他\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 耳鼻喉 | | | | □無明顯異常 | | | □聽力異常（右、左）□耳膜破損（右、左）□耳道畸形（右、左）□耳前瘻管（右、左）□唇顎裂 □構音異常 □耳垢栓塞（右、左） □扁桃腺腫大 □過敏性鼻炎 □慢性鼻炎  □其他\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 頭頸 | | | | □無明顯異常 | | | □斜頸 □異常腫塊（□甲狀腺腫 □淋巴腺腫大 □其他異常腫塊\_\_\_\_\_\_）  □其他\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 胸部  （胸腔及外觀） | | | | □無明顯異常  □**不同意受檢** | | | □胸廓異常\_\_\_\_\_\_\_ □其他\_\_\_\_\_\_\_\_  □心肺疾病（□心雜音 □心律不整 □呼吸聲異常 □其他心肺疾病\_\_\_\_\_） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 腹部 | | | | □無明顯異常  □**不同意受檢** | | | □腹部異常腫大 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 脊柱  四肢 | | | | □無明顯異常 | | | □脊柱側彎 □肢體畸形（□多併指/趾 □關節變形 □其他肢體畸形\_\_\_\_\_）  □蹲距困難 □其他\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 泌尿  生殖 | | | | □無明顯異常  □**不同意受檢** | | | □隱睪 □陰囊腫大 □包皮異常 □精索靜脈曲張 □其他\_\_\_\_\_**※僅限男生受檢** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 皮膚 | | | | □無明顯異常 | | | □癬 □疣 □紫斑 □疥瘡 □溼疹 □異位性皮膚炎 □其他\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口腔 | | | | 未治療齲齒：□無 □有 已治療齲齒：□無 □有  恆牙第一大臼齒齲齒經驗：□無 □有  □口腔衛生不良 □牙結石 □牙齦炎 □牙周病 □乳牙待拔牙 □待拔牙 □贅生牙  □缺牙 □阻生牙 □咬合不正 □其他\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **18** | **17** | **16** | **15** | **14** | | **13** | **12** | **11** | **21** | **22** | **23** | | **24** | | **25** | | **26** | | **27** | **28** | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | |  | |  |  | |  | **上** |  | **55** | **54** | | **53** | **52** | **51** | **61** | **62** | | **63** | | **64** | | **65** | |  | **上** |  | |  |  | **右** |  |  | |  |  |  |  |  | |  | |  | |  | | **左** |  |  | |  | **下** |  | **85** | **84** | | **83** | **82** | **81** | **71** | **72** | | **73** | | **74** | | **75** | |  | **下** |  | |  |  |  |  |  | |  |  |  |  |  | |  | |  | |  | |  |  |  | | **48** | **47** | **46** | **45** | **44** | **43** | | **42** | **41** | **31** | **32** | **33** | | **34** | | **35** | | **36** | | **37** | **38** | |  |  |  |  |  |  | |  |  |  |  |  | |  | |  | |  | |  |  |   C-齲齒  X-缺牙   **🛆**-已矯治  /-待拔牙（因齲齒造成之殘根）  h-乳牙待拔  ψ-阻生牙  Sp-贅生牙 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 血液  檢查 | | | | 實驗室檢查項目 | | | | | | | | 初檢報告 | | | | | | | | | | 判讀 | | | | | 實驗室檢查項目 | | | | | | | | | | | 初檢報告 | | | | | | | | 判讀 | | | | | |
| 白血球（103/μL） | | | | | | | |  | | | | | | | | | | □正常 □異常 | | | | | 肌酸酐（mg/dl） | | | | | | | | | | |  | | | | | | | | □正常 □異常 | | | | | |
| 紅血球（106/μL） | | | | | | | |  | | | | | | | | | | □正常 □異常 | | | | | 尿酸（mg/dl） | | | | | | | | | | |  | | | | | | | | □正常 □異常 | | | | | |
| 血小板（103/μL） | | | | | | | |  | | | | | | | | | | □正常 □異常 | | | | | 血尿素氮（mg/dl） | | | | | | | | | | |  | | | | | | | | □正常 □異常 | | | | | |
| 血色素（g/dl） | | | | | | | |  | | | | | | | | | | □正常 □異常 | | | | | 總膽固醇（mg/dl） | | | | | | | | | | |  | | | | | | | | □正常 □異常 | | | | | |
| 血球容積比Hct（﹪） | | | | | | | |  | | | | | | | | | | □正常 □異常 | | | | | 三酸甘油酯（mg/dl） | | | | | | | | | | |  | | | | | | | | □正常 □異常 | | | | | |
| 平均血球容積MCV（fl） | | | | | | | |  | | | | | | | | | | □正常 □異常 | | | | | 飯前（後）血糖（mg/dl） | | | | | | | | | | |  | | | | | | | | □正常 □異常 | | | | | |
| SGOT（U/L） | | | | | | | |  | | | | | | | | | | □正常 □異常 | | | | | B型肝炎表面抗原 | | | | | | | | | | |  | | | | | | | | □有反應 □無反應 | | | | | |
| SGPT（U/L） | | | | | | | |  | | | | | | | | | | □正常 □異常 | | | | | B型肝炎表面抗體 | | | | | | | | | | |  | | | | | | | | □有反應 □無反應 | | | | | |
| 增列  檢查項目 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 總評建議 | | | | □無明顯異常 □有異狀，需接受\_\_\_\_\_科醫師診治  □其他建議： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 承辦檢查廠商 | | | | | | | | | | | | | | |
| 臨時  性檢查 | | 檢查名稱 | | | | | | | | 檢查日期 | | | | | | | 檢查單位 | | | | | | | | 檢查結果 | | | | | | | 轉介複查追蹤及備註 | | | | | | | | | | | | | | | | | | | |
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| 健康  管理  綜合  紀錄 | | 學生健康檢查結果追蹤矯治情形：□1.已完成複查與矯治，科別：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □2.需持續追蹤矯治項目：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  個案管理摘要記載： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 預防  接種 | | HPV疫苗接種日期/廠牌 □嘉喜疫苗 □保蓓疫苗：  □第一劑\_\_年\_\_月\_\_日 □第二劑\_\_年\_\_月\_\_日 □第三劑\_\_年\_\_月\_\_日  流感疫苗接種日期：\_\_年\_\_月\_\_日、\_\_年\_\_月\_\_日、\_\_年\_\_月\_\_日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

109年 教育部國民及學前教育署 修訂