

## 建道神學院健康報告書 (Confidential)

此表格先由申請者親自填寫，經醫生檢查後，寄回學院。請台端往政府認可之西醫作身體檢查。

姓名：\_\_\_\_\_ 年齡：\_\_\_\_\_ 性別：\_\_\_\_\_ 投考科目：\_\_\_\_\_

家人健康狀況	年齡	職業	有無病痛	若歿，請寫明其死因及日期
父(姓名)	_____	_____	_____	_____
母(姓名)	_____	_____	_____	_____
兄弟(姓名)/	_____	_____	_____	_____
姊妹(姓名)	_____	_____	_____	_____

父母是同住的 \_\_\_\_\_ 分居 \_\_\_\_\_ 離婚 \_\_\_\_\_ 其他 \_\_\_\_\_

家中有那位成員曾患下列之病症？

Renal disease 腎病 \_\_\_\_\_ Epilepsy 癲癇 \_\_\_\_\_ Tuberculosis 肺結核 \_\_\_\_\_

High/low blood pressure 高血壓 \_\_\_\_\_ Sinusitis 竇炎 \_\_\_\_\_ Rheumatic fever 風濕熱 \_\_\_\_\_

Diabetes mellitus 糖尿病 \_\_\_\_\_ Mental disorder 精神病 \_\_\_\_\_ Asthma 哮喘 \_\_\_\_\_

Mood disorder 情緒病 \_\_\_\_\_ Attempt suicide 自殺 \_\_\_\_\_ Cancer 癌症 \_\_\_\_\_

Divorce/re-marriage 離婚或再婚 \_\_\_\_\_ Heart disease 心臟病 \_\_\_\_\_

於最近一年內去世或突然去世 \_\_\_\_\_

申請者的病歷 (寫明病發及痊癒之年日或大概年齡)

Allergy 過敏症 \_\_\_\_\_ High/low blood pressure 高/低血壓 \_\_\_\_\_ Measles 麻疹 \_\_\_\_\_

Asthma 哮喘症 \_\_\_\_\_ Renal disease 腎病 \_\_\_\_\_ Tension headaches 緊張頭痛 \_\_\_\_\_

Colds 經常傷風 \_\_\_\_\_ Pneumonia 肺炎 \_\_\_\_\_ Sore throats 經常喉痛 \_\_\_\_\_

Rheumatic fever 急性關節風濕症 \_\_\_\_\_ Tuberculosis 肺病 \_\_\_\_\_ Epilepsy 癲癇 \_\_\_\_\_

Skin problem 皮膚病 \_\_\_\_\_ Amoebic dysentery 亞米巴性痢疾 \_\_\_\_\_ Chickenpox 水痘 \_\_\_\_\_

Stomach trouble 胃病 \_\_\_\_\_ Diabetes mellitus 糖尿病 \_\_\_\_\_ Cancer 癌症 \_\_\_\_\_

Heart disease 心臟病 \_\_\_\_\_ Sinusitis 鼻竇炎 \_\_\_\_\_ Anxiety disorder 焦慮症 \_\_\_\_\_

Migraine headaches 偏頭痛 \_\_\_\_\_ Somatoform disorder 身心症 \_\_\_\_\_ Depression 抑鬱症 \_\_\_\_\_

Mental disorder 思覺失調/精神病 \_\_\_\_\_ Attempt suicide 曾經有自殺的意念或嘗試自殺 \_\_\_\_\_

長時間失眠或精神緊張 \_\_\_\_\_ 間中需要服食安眠藥或鎮靜劑 \_\_\_\_\_

經常身體有什麼痛楚？ \_\_\_\_\_

曾受過什麼重傷？ \_\_\_\_\_

曾經吸煙，喝酒，吸毒品否？ \_\_\_\_\_ 何時？ \_\_\_\_\_ 戒除否？ \_\_\_\_\_

甚麼時候戒掉？ \_\_\_\_\_ 怎樣得解脫？ \_\_\_\_\_

曾入醫院留醫的日期 \_\_\_\_\_ 緣因 \_\_\_\_\_

最近照 X 光的日期 \_\_\_\_\_ 正常 \_\_\_\_\_ 有問題 \_\_\_\_\_

曾接受輔導 (包括個人、婚姻或家庭輔導) 機構： \_\_\_\_\_

內容 \_\_\_\_\_ 日期： \_\_\_\_\_

需要經常服用藥物 \_\_\_\_\_

按本人所知上述資料是正確無偽的。

申請人簽署 \_\_\_\_\_

\_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

**ALLIANCE BIBLE SEMINARY**

22, Peak Road, Cheung Chau, N.T. Hong Kong

**Medical Examiner's Report**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_

Vision R. \_\_\_\_\_ L. \_\_\_\_\_ Pulse \_\_\_\_\_

Hearing R. \_\_\_\_\_ L. \_\_\_\_\_

NORMAL CHECK	ABNORMAL CHECK	REMARKS
_____ General appearance _____		
_____ Skin, scalp and face _____		
_____ Lymph nodes _____		
_____ Eyes _____		
_____ Ears _____		
_____ 1Nose _____		
_____ Mouth, teeth and gums _____		
_____ Throat _____		
_____ Breath _____		
_____ Neck _____		
_____ Thorax and Breast _____		
_____ Lungs _____		
_____ Hear _____		
_____ Back _____		
_____ Abdomen _____		
_____ Inguinal region and _____ Genitalia anus and rectum _____		
_____ Sacral area _____		
_____ Extremities _____		
_____ Neurological _____		

Urine Report : \_\_\_\_\_

Blood test : (if necessary) \_\_\_\_\_

X – ray (Lungs) : \_\_\_\_\_

In your opinion, is there anything about this student's condition that would hinder him / her in pursuing his / her seminary career, or in dormitory living? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Date of this examination \_\_\_\_\_ Telephone \_\_\_\_\_

✧ Doctor, Please mail this health examination to the following address, Thank you.  
Admissions Office, Alliance Bible Seminary, 22 Cheung Chau Peak Road, Cheung Chau, N.T.  
Hong Kong