

CERTIFIED HEALTH EXAM FORM

健康证明

Name 姓名: _____

Date of Birth 出生日期: _____

Gender 性别: _____

Residence (Country) 国籍: _____

IMMUNIZATIONS / HEALTH HISTORY 免疫接种/健康史

Immunization record attached 免疫接种见附件

Sickle Cell Screen 镰状细胞筛查: Not done 未完成

PPD 结核菌检测: Not done 未完成:

Significant Medical/Surgical History 重大病史/手术史: _____

Allergies 过敏:

LIFE THREATENING 危及生命的 _____

Food 食物: _____

Insect 昆虫: _____

Seasonal 季节性的: _____

Medication 药物: _____

Other 其它: _____

PHYSICAL EXAM 生理检查

Height 身高: _____ Weight 体重: _____ Blood Pressure 血压: _____

Date of Exam 检查日期: _____

EXAM ENTIRELY NORMAL 健康情况良好

Tanner: Scoliosis 脊柱侧突: Negative 阴性:

Specify any abnormality 详细说明任何其他畸形 (attach if needed 如有需要请附附件): _____

MEDICATIONS 所用药物

Medications (list all) 药物 (列出全部)

OPTIONAL INFORMATION, if known 选填信息

Specify current diseases 当前所患疾病:

Other 其它 _____

Physician's Signature 医师签字: _____

Phone 电话: _____ (OFFICIAL STAMP BELOW 盖章)

Physician's Name 医师姓名: _____ Fax 传真: _____

Physician's Address 医师地址: _____ - Tel. _____

CLI Student Signature 学生签字: _____ Date 日期: _____