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: _____________________