National Chin-Yi University of Technology Student Health Examination Record

Class： **Student No.:** **Name：**

Health Examination Record (to be completed by medical personnel)		Date: Day_____Month_____Year_____	Examiner's Signature
Height:_____cm Weight:_____kg BMI:_____		☐ Waistline:_____cm	
Blood Pressure:_____/_____mmHg Pulse rate:_____/min			
Vision: Uncorrected: Left_____ Right_____ Corrected: Left_____ Right_____			
Eyes	☐Normal	☐Color vision deficiency ☐Other:_____	
ENT	☐Normal	Hearing abnormality: ☐Left ☐Right ☐Suspected otitis media (*further diagnosis required*) ☐Other:_____	
Head & Neck	☐Normal	☐Wry neck (torticollis) ☐Abnormal mass ☐Other:_____	
Chest	☐Normal	☐Cardiopulmonary disease ☐Abnormal thorax ☐Other:_____	
Abdomen	☐Normal	☐Abnormally swollen ☐Other:_____	
Spine & limbs	☐Normal	☐Scoliosis ☐Limb deformity ☐Difficulty squatting ☐Other:_____	
Skin	☐Normal	☐Ringworm ☐Scabies ☐Wart ☐Atopic dermatitis ☐Eczema ☐Other:_____	
Oral health Screening	☐Normal	Untreated caries: ☐0.No ☐1.Yes Missing tooth (been extracted due to caries): ☐0.No ☐1.Yes Filled tooth : ☐0. No ☐1. Yes Gingivitis※: ☐0. No ☐1. Yes Dental calculus or tartar※: ☐0.No ☐1.Yes ☐Poor oral hygiene ☐Malocclusion ☐Other	
Summary	☐Normal ☐Requires a consultation with:_____ ☐Other:_____		Stamp of hospital/clinic where examination was done

Laboratory Tests		1st test	Result		Laboratory Tests		1st test	Result	
			Abnormal	Follow up				Abnormal	Follow up
Urinalysis	Protein (+) (−)				Blood test	Hb (g/dl)			
	Sugar (+) (−)					WBC (10^3/μL)			
	O.B. (+) (−)					RBC (10^6/μL)			
	pH					Platelet count (10^3/μL)			
Blood lipid	Total cholesterol (mg/dl)					MCV (fl)			
Renal function	Creatinine (mg/dl)					Hct (%)			
	UA (mg/dl)				Liver function	SGOT (AST) (U/L)			
	BUN (mg/dl)					SGPT (ALT) (U/L)			

Chest X-ray	Date of X-ray	Result:	Further treatment, date, and comment:
		☐No obvious abnormality ☐R/O TB ☐TB-related Calcification ☐Abnormal thorax ☐Pleura cavity edema ☐Scoliosis ☐Cardiomegaly ☐Bronchiectasis ☐Pulmonary infiltrates ☐Solitory pulmonary nodule ☐Other:_____	

Other tests	Item	Date	Checked by	Result	Referred for follow-up, comment:

Summary	Summary of health examination results, for follow-up or treatment, and case management outline

2021/12