



## 学生健康信息表 Student Health Form

学生信息 Student Information			
学生护照姓名 Passport Name		中文姓名 Chinese Name	申请人照片 Applicant Photo
出生日期 Date of Birth		性别 Gender	
电话 Telephone		血型 Blood Type	
地址 Address			
固定医院或家庭医生 (北京) Please provide an approved hospital or doctor in Beijing			
保险信息 Insurance Information			
您孩子的保险公司名称 Child's health Insurance company			
保险编号 Insurance No.		保险到期日 Expiration Date	
健康记录 Health History			
<p>请根据孩子健康状况回答以下问题。我们将对所有信息保密。如果问题回答为“是”，请说明用药和治疗情况。如需要，可以附加相关文件。如有严重状况请提供详细的医疗报告。</p> <p>Please answer the following questions regarding the health history of your child. All information will be kept confidential. For "Yes" answers, please list any treatment or medication. Please attach additional documentation as needed. For serious conditions, please provide a detailed medical report.</p>			
健康情况 Condition	是 Yes	否 No	治疗/用药 Treatment/Medication
视力问题 Eyesight problems			
听力问题 Hearing problems			
皮肤问题 Skin condition			
花粉热 Hay fever			
高热惊厥 Hyper pyretic convulsion			
多动症/注意力不集中 ADD/ADHD			
气喘或呼吸问题 Asthma or respiratory problems			
哮喘 Asthma			
尿床 Bedwetting			
骨骼问题 Bone/Skeletal Problems			



健康情况 Condition	是 Yes	否 No	治疗/用药 Treatment/Medication
水痘 Chicken Pox			
糖尿病 Diabetes			
眩晕症 Dizzy Spells			
湿疹 Eczema			
癫痫症 Epilepsy			
心脏病 Heart Disease			
偏头疼 Migraine			
梦游 Sleepwalking			
晕车船/运动病 Travel / Motion sickness			
家族遗传病史 Familial-hereditary disease/disorder Disease			

您的孩子是否经历过任何外科手术? Has your child had any surgical procedures?  是 Yes  否 No

您的孩子是否曾经接受过特殊教育或者被诊断出有可能出现影响学习的情况（例如学习辅助支持、阅读障碍、注意力不集中症、才华出众或天赋极高）？

Has your child ever received a special education or been diagnosed with possible problems affecting learning (such as learning support, dyslexia, attention deficit disorder or talent?)  是 Yes  否 No

如有以上任何情况，请提供详细信息：If "yes" to any of the above, please provide details:

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请您描述关于您的孩子情感/行为和心理上的其他问题。

Please inform us of any other emotional, behavioral, or psychiatric problems that the school should know:

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请详细列出过敏史，包括药物和食物：

Please list your child's history of allergies, including drugs and food:

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饮食特别注意 Special Dietary Considerations:

清真 Halal Meat  素食 Vegetarian

如遇到紧急情况，您是否同意子女在学校接受急救治疗（一般急救包括小伤口及擦伤）？

In the event of an emergency, do you agree to allow your student to have first-aid treatment at school (general first-aid treatment including minor cuts and abrasions)?  是 Yes  否 No



### 疫苗接种 Immunization Record

您的孩子接种过何种疫苗：

Has your child received any vaccination for:

接种名称 Vaccination	是 Yes	否 No	接种名称 Vaccination	是 Yes	否 No
卡介苗 BCG			乙肝 HB		
麻疹，腮腺炎，风疹 MMR			甲肝 HAV		
精白破 DT			流脑 A+C/MenCCV A+C		
白百破 DPT			乙脑 JEV		
水痘 Varicella			其他 Others		
脊灰疫苗 OPV					

### 紧急联系人信息 Emergency contact information (Required)

在遇到疾病、意外、紧急情况及任何不可预知的情况，我们需要联系家长/监护人中的一位。如果联系不上，我们会联系其他联系人。请按优先顺序填写两位紧急联络人信息。

If we cannot reach a parental guardian, we will contact another person. Please fill in two emergency contacts.

	姓名 Name	与学生的关系 Relationship to the Student	联系电话 Contact Tel
1			
2			
3			

### 家长须知 Guide for Parents

A. 学校仅给予急救事故处理，不提供任何口服药。

The school only provides emergency treatment, and does not provide any oral medicine.

B. 如您的孩子需要在学校服用从家里带来的药，请将药送到学校校医室。药品需要有正规的包装和说明，请完整填写“学生服药登记单”。

If your child needs to take medicine brought from home, please send this medicine to the school infirmary. Drugs need to be in their original packaging with instructions. Please fill the “Student Medicine Record Form”.

C. 当您认为学生不宜上体育课或参加其他类型的学校活动，请具体说明，并提交医生证明供校方参考。

If you feel your child should not take PE class or attend other kinds of school activities, please specify and submit a doctor's reference.

D. 如遇紧急情况，我们会将您的孩子送至最近或者最合适的医疗机构就医。由学校预先支付的一切费用，家长/监护人在事后应立即偿还。

In the event of a medical emergency, NOA will pay all initial hospital fees on the condition that the parent / guardian will repay all hospital fees.



## 授权 Authorization

我相信学校在发生需要紧急救护的情况下会尽一切方法和努力与我联系，但仍有联系不上的可能。因此我授权学校为我的孩子寻求医疗建议与治疗，如果学校认为面临的是紧急情况，我将承担所产生的所有费用。

I understand that, while the school will make all reasonable efforts to contact me in the case of a medical emergency, this is not always possible. Therefore, I authorize the school to seek medical advice and treatment for my child if the school believes there to be an emergency, and I hereby agree to pay all costs incurred by the school.

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家长/监护人签字 Parent/Guardian Signature

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日期 Date