

2019 年 Wisconsin(威州)英文音樂營健康證明表
Health Certificate for the North American English Music Summer Camp

【 Valid for Three Months ; Please e-mail the completed form to
 shihchen@northamericanchineseschool.com 】

中文姓名名：_____	日期 / Date: _____	請黏貼 1.5 吋個人相片 Please attach a recent 1.5- inch photo here
Name in English: _____	電話號碼/ Home Tel: _____	
性別 Gender : <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	護照號碼 Passport No : _____	
出生(月日年)Date of Birth:(M)____(D)____(Y)	國籍 Nationality : _____	
住址(Address) : _____		

身體檢查 PHYSICAL EXAMINATIONS	
A. 身高 Height : _____ <input type="checkbox"/> Ft / In <input type="checkbox"/> cm	D. 體重 Weight : _____ <input type="checkbox"/> Lb <input type="checkbox"/> Kg
B. 脈搏 Pulse : _____ 次 / 分 time / min	E. 血壓 Blood pressure : _____ / _____ 毫米汞柱 mm Hg
C. 心臟 Heart : <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	F. 體肢運動 Locomotors : <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal

免疫注射證明 PROOF OF VACCINATIONS	
The above named individual has completed each immunization of :	
A. <input type="checkbox"/> a TB Test has been taken within last 2 years.	B. Hepatitis B series on _____
C. DTP on _____	D. MMR on _____
E. Td on _____	F. Polio on _____

疾病史 MEDICAL	
♥ 您是否曾經感染下列疾病 Have you ever had the following diseases ?	
A. 心臟病 Heart disease : <input type="checkbox"/> Yes <input type="checkbox"/> No	F. 癲癇 Epilepsy : <input type="checkbox"/> Yes <input type="checkbox"/> No
B. 氣喘病 Asthma : <input type="checkbox"/> Yes <input type="checkbox"/> No	G. 腎臟病 Kidney disease : <input type="checkbox"/> Yes <input type="checkbox"/> No
C. 高血壓 Hypertension : <input type="checkbox"/> Yes <input type="checkbox"/> No	H. 瘧疾 Malaria : <input type="checkbox"/> Yes <input type="checkbox"/> No
D. 糖尿病 Diabetes : <input type="checkbox"/> Yes <input type="checkbox"/> No	I. 肝病 Liver Disease : <input type="checkbox"/> Yes <input type="checkbox"/> No
E. 過敏病症 Allergies : <input type="checkbox"/> Yes <input type="checkbox"/> No	J. She/He is allergic to過敏原 : _____

結論：根據以上的檢查結果，他/她 適合 不適合 到昂貴的美國醫療費用參加英文音樂營。

Remarks:
 The above named individual is is not recommended to participate in Summer camp in Wisconsin.

Healthcare Provider's name (print) _____ Clinic's name _____
 Healthcare Provider's signature _____ License Number _____ Issuing State _____
 Located in the county of _____ Tel: _____ Date:(M)____/(D)____/2019

I hereby submit this document and agree my child/children to participate in the North American English Music summer. I certify that this information I provided in this form is true, accurate and complete. If any false statements, I will be responsible for all medical expenses for my child/children. 以上所填的學生健康狀況存屬事實，若有任何不實或後果，一切由監護人承擔。

監護人簽名 Guardian's Signature _____ 日期 Date: _____