



# LLA Summer Program Health Examination Form 2025

## 小蓮花學校暑期班體檢表(2025)

*This page is to be completed by parents.* 此頁由家長填寫

Name 姓名 \_\_\_\_\_

Birth Date 生日 \_\_\_\_\_ Sex 性別 \_\_\_\_\_ Age 年齡 \_\_\_\_\_

Address 住址 \_\_\_\_\_

### Mother/Guardian

母親 / 監護人 \_\_\_\_\_

Work Phone

工作電話 \_\_\_\_\_

Cell Phone

手機電話 \_\_\_\_\_

### Father/Guardian

母親 / 監護人 \_\_\_\_\_

Work Phone

工作電話 \_\_\_\_\_

Cell Phone

手機電話 \_\_\_\_\_

### Emergency Contact 緊急情況請通知:

1. Name 姓名 \_\_\_\_\_ Relationship 與學生關係 \_\_\_\_\_

Address 住址 \_\_\_\_\_ Phone No. 電話 \_\_\_\_\_

2. Name 姓名 \_\_\_\_\_ Relationship 與學生關係 \_\_\_\_\_

Address 住址 \_\_\_\_\_ Phone No. 電話 \_\_\_\_\_

## Health History 病史

Please answer Yes/No. Provide dates if answered "Yes."  
是/否 (如回答“是”，請在右邊線上填寫相應的時間)

Has/does the student 營員:

1. Had any recent injury, illness or infectious diseases? 最近有受傷、生病、或傳染性疾病?  
\_\_\_\_\_

2. Have a chronic or recurring illness/condition? 慢性或複發型疾病/病症?  
\_\_\_\_\_

3. Ever been hospitalized? 住過醫院? \_\_\_\_\_

4. Ever had surgery? 動過手術? \_\_\_\_\_

5. Have frequent headaches? 經常頭痛? \_\_\_\_\_

6. Ever had a head injury? 頭部受過傷? \_\_\_\_\_

7. Ever been knocked unconscious? 曾經撞倒無意識? \_\_\_\_\_

8. Wear glasses, contacts, or protective eyewear? 佩帶眼鏡、隱形眼鏡或防護眼鏡?  
\_\_\_\_\_

9. Ever had frequent ear infections? 頻繁的耳部感染? \_\_\_\_\_

10. Ever been injured during or after exercise? 曾經有過在運動中或之後受傷?  
\_\_\_\_\_

11. Ever been dizzy during or after exercise? 曾經有過運動期間或運動後頭暈?  
\_\_\_\_\_

12. Ever had seizures? 是否有過癲癇發作? \_\_\_\_\_

13. Ever been diagnosed with a heart murmur? 被診斷有心臟雜音? \_\_\_\_\_

14. Ever had back problem? 有否腰背問題? \_\_\_\_\_

15. Ever had problem with joints (ex. knees, ankles)? 關節問題 (如膝、腳踝)?  
\_\_\_\_\_

16. Have an orthodontic appliance being brought to camp? 矯形器具帶到營地?  
\_\_\_\_\_

17. Wear braces? 帶護腕否? \_\_\_\_\_

18. Have any skin problems (ex. itching, acne, rash)? 皮膚疾病 (搔癢、痤瘡、皮疹)?  
\_\_\_\_\_

19. Have diabetes? 糖尿病? \_\_\_\_\_

20. Have asthma? 哮喘? \_\_\_\_\_

21. Had mononucleosis in past 12 months? 過去十二個月有單核細胞增多症?  
\_\_\_\_\_

22. Had problems with diarrhea/constipation? 有否腹瀉/便秘?  
\_\_\_\_\_

23. Have problems sleepwalking? 夜游症? \_\_\_\_\_

24. If female, have an abnormal menstrual history? 女性, 有否不正常月經史?  
\_\_\_\_\_

25. Have a history of bedwetting? 是否尿床? \_\_\_\_\_

26. Have ADD/ADHD? 注意力缺陷/注意多動症? \_\_\_\_\_

27. Have OCD/ODD? 強迫症/對立違抗性障礙? \_\_\_\_\_

**\*\*\*Please attach a photocopy of both sides of insurance card\*\*\***

**請附上保險卡的雙面複印件**