



入學體格檢查報告(僅適用於澳港台及海外地區)

PRE-ENTRANCE MEDICAL EXAMINATION REPORT(MACAU/HONG KONG/TAIWAN AND OVERSEAS AREA)

* 此表格僅適用在澳門、香港、台灣及海外地區醫療機構體檢之用

Applicable for the medical establishments in Macau/Hong Kong/Taiwan and overseas area.

第一部分 學生個人資料 (由學生填寫)		PART I PARTICULARS OF STUDENT (FILLED BY STUDENT)	
中文姓名 : Chinese Name	_____	性別 : Sex	_____
外文姓名 : English Name	_____	出生日期 : Date of Birth	_____
電郵地址 : E-mail Address	_____	聯絡電話 : Contact Number	_____
住址 : Postal Address	_____		
緊急聯絡人姓名 : Emergency Contact Person	_____	聯絡電話 : Contact Number	_____
與學生之關係 : Relationship with student	<input type="checkbox"/> 父子/女 <input type="checkbox"/> 母子/女 <input type="checkbox"/> 其他 (請註明) Father son / daughter Mother son / daughter Other (Please specify)		

吋半近照
1.5 Inch Photo

1. 您或您的家人曾否接受肺結核病治療? 若有, 請註明具體情況。
Have you or your family ever received a tuberculosis treatment? If yes, please specify.

2. 您或您的家人曾否患精神病? 若有, 請註明具體情況。
Have you or your family ever suffered from mental illness? If yes, please specify.

3. 您或您的家人曾否患昏厥、癲癇、先天性心臟病等疾病? 若有, 請註明具體情況。
Have you or your family ever suffered from syncope, epilepsy, congenital heart disease or other diseases? If yes, please specify.

4. 您或您的家人有否患哮喘或有過敏病史? 若有, 請註明具體情況。
Have you or your family ever suffered from asthma or having history of allergies? If yes, please specify.

5. 您是否患有聽覺障礙? 若有, 請註明接受矯正後之結果。
Do you have impairment in hearing? If yes, please describe getting used to hearing aid/s or after medical or surgical treatment.

6. 您是否患有肢體殘障? 若有, 請註明具體情況。
Do you have physical disabilities? If yes, please specify.

7. 您曾否注射破傷風預防針? 若有, 請註明日期及提交注射紀錄影印本。
Have you ever received tetanus vaccine? If yes, Please specify the date and submit a copy of your immunization records.

本人在註冊醫生前簽署並謹聲明上述所填內容正確無誤及全部屬實。
I hereby signed and declare that the above mentioned contents are correct and true.

學生簽名 : Student's Signature	_____	醫生簽名 : Doctor's Signature	_____
日期 : Date	_____	日期 : Date	_____

第二部分 學生體格資料 (由醫生填寫) PART II PHYSICAL DATA OF STUDENTS (FILLED BY DOCTOR)

1. 身高 Height _____ 2. 體重 Weight _____
3. 血壓 Blood pressure _____ 4. 心率 Heart rate _____
5. 視力 Vision
- 接受矯正前 Before correcting visual acuity 右眼 Right eye _____ 左眼 Left eye _____
- 接受矯正後 After corrected visual acuity 右眼 Right eye _____ 左眼 Left eye _____
- 顏色觸覺 Color tactile 正常 Normal
- 異常 (請註明是否色盲或色弱) _____
- Abnormal (please specify if color blind or weakness) _____

其他眼疾 Other eye diseases (Please specify) _____

6. 尿常規 (含蛋白或糖份) Routine urine (containing protein or sugar)
- 正常 Normal
- 異常 (請註明) Abnormal (please specify) _____

7. 胸部X光線報告 (三個月內有效) Chest X ray report (valid for three months)
- 正常 Normal
- 異常 (請註明是否具傳染性) _____
- Abnormal (Please specify whether it is infectious) _____

8. 血液檢驗 (只適用於住宿生) Blood Test (For students applying for student dormitory only)

- 8.1 血常規 CBP
- 正常 Normal
- 異常 (請註明是否具傳染性) _____
- Abnormal (Please specify whether it is infectious) _____

- 8.2 肝功能 Liver Function Test
- 正常 Normal
- 異常 (請註明是否具傳染性) _____
- Abnormal (Please specify whether it is infectious) _____

9. 本人證實上述資料由本人驗證, 並聲明該生之健康狀況是否適合就讀學生所申請報讀之課程。

I certify that the above information is verified by me and the health condition of the candidate is suitable/not suitable for enrollment of the

- 適合 Suitable 不適合 Not suitable

醫療機構蓋章方為有效

Valid Through Seal

醫生簽名: _____ 日期: _____

Doctor's Signature _____ Date _____

10. 醫生備註 Doctor's remarks

(若無法證明申請者是否適合就讀本校, 請註明原因, 並說明該情況是屬於永久性或短期性。)

(If doctor cannot confirm if the candidate's health status is suitable for attending the University, please specify the reason, and indicate if it is a permanent or temporary issue.)

第三部分 醫生資料 (由醫生填寫) PART III PARTICULARS OF DOCTOR (FILLED BY DOCTOR)

醫生姓名 : _____ 醫生執照號碼 : _____

Doctor's Name _____ Doctor's License Number _____

任職醫療機構名稱 : _____ 聯絡電話 : _____

Medical Institution Name _____ Contact Number _____

任職醫療機構地址 : _____

Medical Institution Address _____

此表格只適用於入讀澳門城市大學之學生, 校方有權查核學生之身體狀況以確認是否適合入讀本校課程。學生必須於註冊時遞交此報告表正本, 沒有醫生簽署及醫療機構蓋章之報告均視為無效。新生填寫註冊表將作為進行教育活動、提供教育輔助及與學生及其父母和監護人進行聯絡等用途。本校承諾恪守資料保密的原則, 確保其收集及保存之個人資料的保密性和完整性。所有由閣下提供及登記的個人資料在澳門城市大學完成的相關教育活動資料將成為本校的學生記錄。這些個人資料可在澳門城市大學內部及其他依法律規定或獲閣下授權的實體之間傳遞, 以作大學行政及教學用途。澳門城市大學將根據個人資料保護辦公室第02/2008號許可第三條對個人資料保存期的規定作保存學生及畢業生的資料指引。如學生未能填寫或確認註冊表上所須提供的有關身份認別及與教育活動相關的資料, 其註冊將不獲處理。

This report is exclusively used for admission to City University of Macau ("the University"). The University has the right to check the student's health status for the purpose of admission. **The student must submit the original version of this medical examination report with doctor's signature and the stamp of hospital or health center; otherwise, the report will be considered invalid.** Completion of the report by new students is for the purpose of conducting educational activities, providing educational assistance and maintaining contact with students, their parents or guidance. City University of Macau undertakes the protection of personal data and will make every effort to ensure the confidentiality and integrity of personal information collected and maintained by the University. All personal data provided and registered by the student which related to their education at the City University of Macau will be transferred to the student dossier established by the University. The personal data mentioned above may still be transferred within the University, and other entities, in accordance with the law, or with prior authorization, for the purpose of administration and teaching at the University. The City University of Macau observes Article 3 (Conservation period) of the Authorization No. 02/2008 of the Office for the Personal Data Protection of Macao, with regard to the conservation of the students' and graduates' personal data. Enrollment will not be completed if the student fails to complete or confirm any of the required areas required in the report, personal identification and educational and / or academic qualifications.

校方專用
FOR OFFICE USE ONLY

收件人簽名及日期 : _____

Recipient's Signature and Date _____

覆核審查簽名及日期 : _____

Review Person's Signature and Date _____