

Health and Safety Information



Please complete the following allergy questionnaire and return it to school as soon as possible along with **an up to date copy of your child's vaccination record** and **completed physical examination form** if school does not already have them.

请填写以下所附的过敏问卷，并同最新的疫苗接种复印件，学生体检报告一并交回学校。

Student Allergy Questionnaire		学生过敏问卷	
Child's name:	D.O.B		
学生姓名	出生日期		
Known allergies:	Food/ Medicinal/Environmental		
已知过敏源:	食物, 药品, 环境		
Allergic reaction:			
Please give details of how your child's allergic reaction manifests itself, warning signs and symptoms to look out for.			
过敏症状: 请仔细描述您孩子的过敏症状, 过敏迹象以便我们观察			
Medicines used to control the above:			
历史用药记录: 控制过敏症状			
Please see the 3e Nurse to complete Medicine Forms for all medicines kept in school.			
请与 3e 校医联系并填写相关的“药品给予表”以便备案			

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We wish to cooperate with you in protecting and promoting the good health of your child while they are attending 3e International. In order to comply with the entrance requirements of school, a physical examination performed within the last six months is required for all new students.

Please have your physician complete this form. Return it along with the completed **allergy questionnaire**, and **an up to date copy of your child's vaccination record** to the Admissions Department prior to enrollment.

To the Physician: Please undertake a physical examination of the child named below:

Family Name(姓):		First Name(名):	
Date of Birth(出生日期):		Age(年龄):	
Height 身高	厘米 cm	Sex 性别	
Weight 体重	千卡 kg	Body Mass Index 体重指数	
Blood pressure 血压	mmHg	Pulse 脉搏	/ 分 minute
Body Temperature 体温	°C	Respiration 呼吸	/ 分 minute

Examination Items 检查重点

Medical Exam 内科检查	Cardiopulmonary auscultation 心肺听诊			
	Abdominal palpation (liver, spleen, kidneys) 腹部触诊(肝,脾,肾)			
	Thyroid physical examination 甲状腺检查			
	Lymphatic nodes 淋巴结			
	External genitalia exam 外生殖器			
Musculoskeletal Exam 骨科检查	Spine 脊柱			
	Limb joints 四肢关节			
	Physical Activities 体育运动	Unrestricted 无限制	Modified 限制 Details 详细:	
Sensory Organs Exam 五官检查	Eye 眼	Cockeye 斜视	Left 左	Right 右
		Optometry 视力	Left 左	Right 右
	Ear 耳	Inflammation 炎症	Left 左	Right 右
		Hearing 听力	Left 左	Right 右
	Teeth 牙齿			
	Nose examination 鼻部检查		Left 左	Right 右
Allergy history (e.g. Drug / Food) 过敏历史 (例如: 药物/食物)				
Medical history & regular medication 既往病史 及 定期药物				
Hospital/Operation record 住院/手术 纪录				

Doctor's Name(医师姓名):		Date of Examination: 体检日期:	
Address(地址):		Telephone(联系电话):	
Email Address(电子邮箱):		Fax(传真):	
Signature 签字:		Hospital Stamp (医院盖章):	