

2026 健康檢查表 / Health Form

- 請注意：1. 第一頁請家長或監護人填妥，簽名和註明日期。
2. 第二頁請家庭醫生填妥，簽名和註明日期。

Please provide a copy of your child's insurance card both front and back.

請提供你孩子的醫療保險卡的正反面副本。

- Please note: 1. Parents/Guardians must complete page 1 with signature and date.
2. Physician must complete page 2 with signature and date.

營友資料 Camper's Information

姓名 Name _____ 出生日期 Date of Birth _____ 性別 Sex _____

電話 Phone (家 Home) _____ (手提 Mobile) _____

家長或監護人姓名 Parent or Guardian _____ 電話 Phone _____

地址 Address _____

緊急聯絡人 In case of emergency, please contact:

姓名 Name _____ 電話 Phone () _____ 關係 Relationship _____

姓名 Name _____ 電話 Phone () _____ 關係 Relationship _____

健康記錄 Health History (由家長填妥 To be filled out by the parents)

請於曾患有的項目旁寫下日期。 Please provide camper's medical history with known dates.

	敏感 Allergies:	病症 Diseases:
風濕性熱 Rheumatic Fever _____	花粉症 Hay Fever _____	水痘 Chicken Pox _____
痙攣、抽搐 Convulsions _____	常春藤毒 Poison Ivy _____	麻疹 Measles _____
糖尿 Diabetes Behavior _____	盆尼西林 Penicillin _____	德國麻疹 German Measles _____
暈眩 Dizziness _____	其他藥物 Other Drugs _____	腮腺炎 Mumps _____
心臟 Heart Disease _____	蟲咬 Insect Stings _____	哮喘 Asthma _____
眼、耳炎 Eye/ Ear Infection _____	常發性喉嚨發炎 Recurring sore throat _____	

手術或嚴重受傷 Operations or serious injuries _____

慢性或現有疾病 Chronic or recurring illness _____

其他需要關注的地方 Other concerns _____

注意：如營友在入營前一個月染上傳染病，請馬上通知營地主任。

IMPORTANT: If the camper is exposed to any communicable disease within a month of camp start date, please notify camp director.

授權書

本人證明以下提供的健康記錄是準確的。本人理解和同意營地的規矩和程序，並准許敝子女參與營地內各項活動(本人或醫生特別指名除外)。如果發生緊急情況，本人授權營地主任和醫療人員來決定必要的醫療照顧。經過治療後，敝子女可以根據出院指示由營地主任接回營地繼續進行活動。

CONSENT

The following health history is accurate to the best of my knowledge. The camper has permission to participate in all Camp activities except for any medical restrictions. I agree to cooperate with Camp procedures and regulations. In case of an emergency, I give permission to the Camp Director and Camp Health Facilitator to determine and authorize necessary medical attention. After ER treatment, my child can be released back to the Camp Director for continued activities as per discharge orders.

簽名 Signature _____

日期 Date _____

此欄只可由醫生填寫

MEDICAL EXAMINATION – To be filled out by licensed physician

A physical examination should be performed within 12 months of arrival to the Camp.

Codes: **S** – Satisfactory

X – Not Satisfactory (explain)

O – Not examined

Height _____ Weight _____ Hgb. Test _____ Urinalysis _____
Eyes _____ Extremities _____
Glasses _____ Posture (Spine) _____
Ears _____ Skin _____
Nose _____ Allergy _____
Throat _____ Please Specify _____
Teeth _____

Heart _____

Lungs _____ General Appearance: _____

Abdomen _____

Hernia _____

(For girls)

Has this person menstruated? _____

If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Special Consideration: _____

RESTRICTIONS AND RECOMMENDATIONS:

Food Allergies _____

Allergies to medication _____

Special Diet _____

CIRCLE restricted sports: Archery, Badminton, Basketball, Boating, Football, Soccer, Swimming, Volleyball

Other _____

疫苗注射記錄 IMMUNIZATION HISTORY

請附上最新的疫苗注射記錄副本。

PLEASE ATTACH AN UP-TO-DATE IMMUNIZATION RECORD.

I have examined and reviewed his/her health history. He/she is physically able to engage in camp activities, except any stated restrictions.

_____, M.D. _____
Examining Physician Date

Telephone () _____ - _____

Address _____