

# 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:

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			_____

### 病症 Diseases:

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 \_\_\_\_\_