



# 信義宗神學院

## LUTHERAN THEOLOGICAL SEMINARY

地址：香港沙田道風山路 50 號

電話 Tel. : 2691 1520

Address: 50, To Fung Shan Road, Shatin, H.K.

傳真 Fax : 2691 8458

### 健康檢驗表      Medical Examination Form

申請入學時呈交      To be submitted with Application for Admission

姓名：(中文) \_\_\_\_\_

Name: (English) \_\_\_\_\_

地址：(中文) \_\_\_\_\_

Address: (English) \_\_\_\_\_

出生日期 Date of Birth \_\_\_\_\_ 性別 Sex \_\_\_\_\_

1. 病歷 (重症，感染，手術)

Medical History of Patient (serious illnesses, infections, operations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. 一般情況 General Condition

\_\_\_\_\_

3. 體重 Height \_\_\_\_\_ 4. 體重 Weight \_\_\_\_\_

5. 皮膚 Skin \_\_\_\_\_

6. 耳朵 Ears \_\_\_\_\_

7. 眼睛 Eyes \_\_\_\_\_

8. 乳房 (女同學)

Breasts (female students) \_\_\_\_\_

9. 甲狀腺 Thyroid \_\_\_\_\_

10. 心臟循環系統 Cardio-Vascular System

- a. 心臟 Heart \_\_\_\_\_
- b. 血壓 Blood Pressure \_\_\_\_\_
- c. 脈搏 Pulse \_\_\_\_\_
- d. 靜脈 Veins \_\_\_\_\_
- e. 血色素 HB \_\_\_\_\_

11. 腺 Glands \_\_\_\_\_

12. 呼吸系統 Respiratory System

- a. 鼻 Nose \_\_\_\_\_
- b. 肺 (附胸肺部 X-光照片)  
Lungs (Negative Chest Ray required) \_\_\_\_\_
- c. X-光 X-Ray \_\_\_\_\_

13. 消化系統 Alimentary System

- a. 口和咽頭部 Mouth and pharynx \_\_\_\_\_
- b. 牙齒 Teeth \_\_\_\_\_
- c. 腹部 Abdomen \_\_\_\_\_
- d. 大便 Stool \_\_\_\_\_

14. 泌尿系統 (小便)

Urinary System \_\_\_\_\_

15. 神經系統 Nervous System

- a. 頭痛 Headaches \_\_\_\_\_
- b. 睡眠 Sleep \_\_\_\_\_

16. 一般觀察 General Remarks \_\_\_\_\_

17. 種痘及注射

Vaccinations and Inolations \_\_\_\_\_

檢驗醫生 Name of Examining Doctor \_\_\_\_\_

簽名 Signature \_\_\_\_\_ 日期 Date \_\_\_\_\_