澳門理工大學
Universidade Politécnica de Macau
Macao Polytechnic University

入學體格檢查報告
MEDICAL EXAMINATION REPORT

機密
CONFIDENTIAL

課程|PROGRAMME: _____ 學號|STUDENT NO.: P- _____

個人資料 | PERSONAL INFORMATION

證件類別|ID DOC. TYPE	**證件編號**|ID DOC. NO.
姓名[中]|NAME[CHINESE]	
姓名[外]|NAME[FOREIGN LANGUAGE]	
性別|GENDER	**出生日期**|DATE OF BIRTH
聯絡電話|TEL	**聯絡電郵**|EMAIL
緊急聯絡人及電話|EMERGENCY CONTACT PERSON AND TEL	

近照
PHOTO

第一部份 | PART I [由學生填寫 | TO BE COMPLETED BY STUDENT]

1. 台端或家人曾否患有以下疾病/身體機能障礙？如有，請註明與台端的關係。
Have you or any members of your family ever had the following illness(es) / disability(ies)? If so, please indicate your relationship with the patient.

1.1. 肺結核 | Tuberculosis ☐否 | NO ☐有|YES : (☐本人|MYSELF)
1.2. 肝炎 | Hepatitis ☐否 | NO ☐有|YES : (☐本人|MYSELF)
1.3. 糖尿病 | Diabetes ☐否 | NO ☐有|YES : (☐本人|MYSELF) ☐家人|FAMILY : _____)
1.4. 精神病 | Mental disorder ☐否 | NO ☐有|YES : (☐本人|MYSELF) ☐家人|FAMILY : _____)
1.5. 癲癇症 | Epilepsy ☐否 | NO ☐有|YES : (☐本人|MYSELF) ☐家人|FAMILY : _____)
1.6. 昏厥 | Syncope ☐否 | NO ☐有|YES : (☐本人|MYSELF) ☐家人|FAMILY : _____)
1.7. 先天性心臟病 | Congenital heart disease ☐否 | NO ☐有|YES : (☐本人|MYSELF) ☐家人|FAMILY : _____)
1.8. 腎炎 | Nephritis ☐否 | NO ☐有|YES : (☐本人|MYSELF) ☐家人|FAMILY : _____)
1.9. 先天性 / 遺傳性 / 具傳染性疾病 | congenital / hereditary / infectious disease
☐否 | NO ☐有 (請註明) | YES (please indicate) : _____
1.10. 肢體 / 視覺 / 聽覺 / 語言等身體機能障礙 | physical / visual / auditory / verbal disability
☐否 | NO ☐有 (請註明) | YES (please indicate) : _____

2. 台端請註明下列疫苗接種日期，並須提交相關疫苗記錄。 (日期格式：日/月/年)
Please specify the vaccination dates as below and submit the vaccination certificate. (Date Format: DD/MM/YYYY)

含麻疹疫苗 | Measles-containing Vaccine (1) _____ (2) _____
含德國麻疹(風疹)疫苗 | Rubella-containing Vaccine (1) _____
含破傷風疫苗 | Tetanus-containing Vaccine (1) _____ (2) _____ (3) _____
(最後一劑須在最近10年接種 | the most recent shot must be given within the last 10 years)
含白喉、百日咳疫苗 | Diphtheria and Pertussis-containing Vaccine (1) _____
乙型肝炎疫苗 | Hepatitis B-containing Vaccine (適用於入讀護理學、檢驗技術、藥劑技術、言語語言治療領域的學位/深造文憑課程的同學|
Applicable to students joining the degree / postgraduate diploma programmes of Nursing, Medical Laboratory Technology, Pharmacy Technology and Speech-Language Therapy)
(1) _____ (2) _____ (3) _____
含脊髓灰質炎疫苗 | Poliovirus-containing Vaccine (僅適用於來自巴基斯坦和阿富汗的人士 | For persons from Pakistan and Afghanistan only)
(1) _____ (2) _____ (3) _____ (4) _____

本人在註冊醫生前簽署並聲明上述填寫內容全部屬實。I sign and declare before the registered doctor that the information provided above is true and accurate.

學生簽署|SIGNATURE OF STUDENT _____ **日期**|DATE _____

醫生簽署|SIGNATURE OF DOCTOR _____ **日期**|DATE _____

請雙面列印 | double-sided printing

招生註冊處專用 FOR THE REGISTRY'S USE ONLY	登記人簽名及日期： Signature of handling staff and date:

證件編號	ID DOC. NO.

第二部份 | PART II

[由醫生填寫 | TO BE COMPLETED 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|Without correction

左眼|Left eye _____

右眼|Right eye _____

接受矯正後|With correction

左眼|Left eye _____

右眼|Right eye _____

顏色觸覺|Chromatic sense

☐ 正常|Normal

☐ 異常請註明情況）|Abnormal (please specify) : _____

6. 尿常規（含蛋白或糖份）|Urine (Presence of albumin or sugar)

☐ 正常|Normal

☐ 異常（請註明情況）|Abnormal (please specify) : _____

7. 胸部 X 光片報告（三個月內有效）

Radiologist's report of chest (issued within the last three months)

☐ 正常|Normal ☐ 異常|Abnormal

如異常，請註明是否具傳染性及傳播途徑：

If abnormal, please specify: _____

8. 血液檢驗（僅適用於入讀以下領域的學位/深造文憑課程的學生：護理學、檢驗技術、藥劑技術、言語語言治療）

Blood tests (only for students to register in degree or postgraduate diploma programmes in these areas: Nursing, Medical Laboratory Technology, Pharmacy Technology, Speech-Language Therapy)

8.1. 血常規|Blood routine

☐ 正常|Normal ☐ 異常|Abnormal

如異常，請註明是否具傳染性及傳播途徑：

If abnormal, please specify: _____

8.2. 乙型肝炎表面抗原|Hepatitis B surface antigen (HBsAg)

☐ 正常|Normal ☐ 異常|Abnormal

如異常，請註明是否具傳染性及傳播途徑：

If abnormal, please specify: _____

8.3. 丙型肝炎抗體|Hepatitis C antibody (Anti-HCV)

☐ 正常|Normal ☐ 異常|Abnormal

如異常，請註明是否具傳染性及傳播途徑：

If abnormal, please specify: _____

9. 醫生備註|Other observations _____

本人已對此報告所述學生進行體檢，在此確認此報告內容全部屬實，

I certify that the information provided on this report is true and accurate, and

且此學生 _____ (姓名)

this student (name) is

☐ **適合|physically fit** ☐ **不適合|physically not fit**

就讀其所申請報讀澳門理工大學的課程。

for the programme of study to be registered at Macao Polytechnic University as verified in the medical check-up.

醫生簽署 Signature of Doctor _____ 日期 Date _____

衛生中心、醫院或西醫診所蓋章

Official Stamp of Medical Centre, Hospital or Clinic

醫生姓名|Name of doctor in full _____ 醫生執照號碼|License no. _____

診所地址|Address _____ 電話|Tel. _____

學生必須於入學登記時遞交此報告正本，沒有醫生簽署及衛生中心/醫院/西醫診所蓋章之報告表均視為無效。

Students must submit the original medical examination report during registration. Without the doctor's signature and the official stamp of the hospital/medical centre/clinic, the report will not be regarded valid.