

課程|PROGRAMME: _____

學號|STUDENT NO.: _____

個人資料|PERSONAL INFORMATION

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

吋半近照
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？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)? 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: _____

2. 台端是否患有先天性/遺傳性疾病？

Have you had any congenital/hereditary diseases? 否|No 是(請註明)| YES (please indicate): _____

3. 台端是否已按《澳門特別行政區防疫接種計劃》的規定適當接種疫苗（新生入學體格檢查指引所列之疫苗項目）？

Have you had the required vaccines described on the Guidelines for Medical Examination Report according to the "Macao SAR Vaccination Programme" ?

是|YES 否|No

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 _____

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 (含蛋白或糖粉) |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 (僅適用於報讀以下領域的學位/深造文憑課程的

考生：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

醫生姓名|Name of doctor in full _____

診所地址|Address _____

衛生中心、醫院或西醫診所
蓋章

Official Stamp of Medical Centre,
Hospital or Clinic

醫生執照號碼|License no. _____

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.