國立臺灣海洋大學學生健康檢查紀錄表
NTOU Health Examination Record

Please fill out the information in the bold box.

Link to QR code to fill in basic information and lifestyle assessment survey.

學號 Student ID No.		姓名 Name		科別系所 Department	
Date of birth	y m d	ID no.(Passport no.)		Cell phone no.	

Health Examination Record (to be completed by medical personnel)	Date: Day_____Month_____Year_____	Examiner's Signature

Height:_____cm	Weight:_____kg	Waistline:_____cm	BMI：	
Blood Pressure: 1. / mmHg 2. / mmHg		Pulse rate: /min	Body FAT%：	

Vision	Uncorrected: Left_____Right_____	Corrected: Left_____Right_____	
Color vision	☐Normal	☐Color vision deficiency ☐Other:	
Hearing abnormality	☐Normal	☐Left ☐Right	
ENT	☐Normal	☐Suspected otitis media ☐Perforated eardrum ☐Swollen tonsils ☐Other:	
Head & Neck & Eyes	☐Normal	☐Wry neck (torticollis) ☐Abnormal mass ☐Other:	
Chest	☐Normal	☐Cardiopulmonary disease ☐Abnormal thorax ☐Other:	
Heart	☐Normal	☐Arrhythmia ☐Cardiac murmur ☐Other:	
Abdomen	☐Normal	☐Abnormal swelling ☐Other:	
Spine &limbs	☐Normal	☐Scoliosis ☐Limb deformity ☐Difficulty squatting ☐Other:	
Skin	☐Normal	☐Ringworm ☐Scabies ☐Wart ☐Atopic dermatitis ☐Eczema ☐Other:	

Oral Health Screening	☐Normal	Untreated caries: ☐0.No ☐1.Yes Missing tooth (been extracted due to caries): ☐0.No ☐1.Yes Filled tooth : ☐0. No ☐1. Yes Gingivitis※: ☐0. No ☐1. Yes Dental calculus or tartar※: ☐0.No ☐1.Yes ☐Poor oral hygiene ☐Malocclusion ☐Other	Oral Examiner's Signature	(smoker testing) CO

Summary	☐ Normal ☐ Requires a consultation with : ☐ Other:	Stamp of hospital/clinic where examination was done

Laboratory Tests		Result	Laboratory Tests		Result
Blood test	Hb	g/dL	Liver function	SGOT(AST)	U/L
	WBC	10^3/uL		SGPT(ALT)	U/L
	RBC	10^6/uL	Renal function	Creatinine	mg/dL
	Platelet count	10^3/uL		UA	mg/dL
	MCV	fL	Urinalysis	Protein	(+)(−)
	Sugar ☐PC ☐AC	mg/dL		Sugar	(+)(−)
Blood lipids	Total chloesterlo	mg/dL		O.B.	(+)(−)
	Trilycerd	mg/dL		PH	
	HDL	mg/dL			

Chest X-ray	Date of X-ray	Result：☐No obvious abnormality ☐Other：_____ ☐R/O TB ☐TB-related calcification ☐Abnormal thorax ☐Pleural cavity edema ☐Scoliosis ☐Cardiomegaly ☐Bronchiectasis ☐Pulmonary infiltrates ☐Solitary pulmonary nodule

矯治追蹤紀錄 Records of treatmant	特殊紀載 Remarks