

入托时健康检查记录

检查日期				检查单位	
检查前患过何种病					
身长		体重		营养	
一般情况					
心脏情况					
肺部情况					
肝脏情况					
其他	其 风、腮、97.8.27. MMR 他 甲肝、97.4.27				

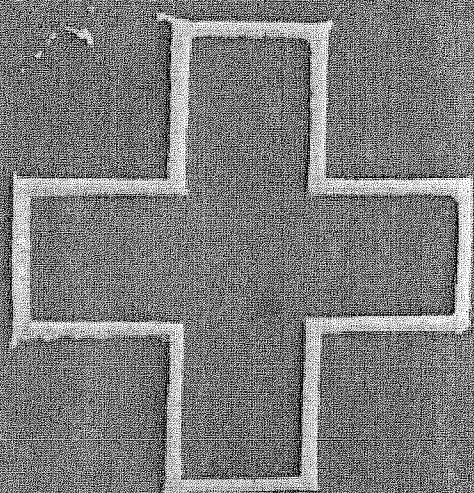
— 8 —

(hzh155972@tray.edu)

MMR & Tdap
Documents

麻疹疫苗	一次	96.5.17		
	二次	95.11.17		
	三次	95.12.17		
	加强	96.1.17		
小儿麻痹糖丸疫苗	加强	97.3.27		
	三次	96.1.17		
	二次	95.12.17		
	一次	96.1.17		
百白破	一次	96.2.17		
	二次	97.3.27		
	三次			
	加强			
三联	一次			
	二次			
	三次			
	加强			

預防接种



吉林省卫生

STUDENT MEDICAL HISTORY RECORD (Confidential)

Student Health Services
Troy, Alabama 36082
Phone (334) 670-3452
Fax (334) 670-3853

AUG - 9 2016

Comp. _____
Temp. _____
HLD _____
Inc. _____

This record must be filed with Student Health Services prior to registration.

Name Zhu Hai ning SS/ID No. 1509476
Last First Middle

Permanent Home Address _____
Street City State Zip

Date of Birth 08/31/1995 Sex Male Phone _____ Cell Phone _____

Person to be notified in an emergency _____
Name _____
Relationship Telephone Number (Home) (Work)

All students should carry Health Insurance. Please attach copy of front & back of insurance card.

Please give D.O.B for individual on insurance card: _____
Insurance Company _____ Name on card _____
Contract/Policy # _____ Group # _____
Personal Physician _____
Name Address Telephone Number

Troy University requires all students born after 1956 to submit official documentation of two (2) measles (rubella) vaccinations.

REQUIRED VACCINATIONS. A copy of an official document may be attached.

Measles: #1 07/27/2016 Official Signature 艾晓光 Circle One MR ☒ MMR
Measles: #2 _____ AT XIAO GUANG (01) MR ☐ MMR

Troy University requires all students entering the University to submit official documentation of TB skin testing within 12 months.

Tuberculin Skin Test Date given 07/27/2016 Date read 07/29/2016 Results 2x2 MM
Chest X-ray and treatment must be submitted with skin tests.
Chest X-ray Date _____ Results _____
Recommended Treatment _____

Recommended but NOT required vaccinations.

Tetanus _____ Meningitis _____ Hep B _____
Hep B _____ Hep A _____ Hep A _____
(over)

Consent on "yes" responses.

	Comment	Yes	No		Comment	Yes	No
Energy			✓	HIV infection			✓
Anemia or other blood Disease			✓	Kidney disease			✓
Anorexia			✓	Meningitis			✓
Appendicitis, acute or chronic			✓	Mononucleosis			✓
Arthritis			✓	Nervous or mental disorder			✓
Asthma			✓	Pneumonia			✓
Back Problems			✓	Rheumatic fever			✓
Binge eating			✓	Scarlet fever			✓
Bronchitis			✓	Sexually transmitted infection			✓
Cancer			✓	Sinus disease			✓
Chickenpox			✓	Stomach problems or gastric reflux			✓
Diabetes			✓	Thyroid trouble			✓
Epilepsy or seizure disorder			✓	Tuberculosis			✓
Heart disease			✓	Ulcer, stomach or duodenal			✓
Head aches			✓	Vertigo (dizziness) or fainting spells			✓
Hepatitis			✓				

Other diseases or conditions _____

Severe injuries _____

Surgical procedures _____

Current meds _____

MEDICAL CONSENT

I understand that I am responsible for my own physical and mental health, and for informing staff of any need for treatment.

I hereby affirm that all information supplied is complete and accurate to the best of my knowledge. I understand that withholding information requested or giving false information could be cause for dismissal. I hereby grant permission to the Troy University Student Health Service to render medical care that in their judgement is deemed advisable; to make necessary referrals; to release medical information necessary for appropriate care and treatment, and to authorize hospitalization when recommended in the event of illness or accident for Zhu Haining
Print Name

Parents, guardians, or next of kin will be promptly notified in the event of serious illness or accident, except when delay by such communication would endanger life. I understand that Troy University cannot be responsible for chronic illnesses which are a part of the medical history of the student.

Signed Zhu Haining Date 07/29/2016
*Signature of Applicant

Signed _____ Date _____
*Signature of Minor's Parent or Guardian

*A minor is a person under 19 years of age.

TROY UNIVERSITY

A future of opportunities.

**Student Health Center
Hamil Hall 1st Floor
Troy, Alabama 36082
TEL (334) 670-3452
FAX (334) 670-3853**

FAX COVER SHEET

DATE

11/11/06

TO

Hilary Porter

FROM

Troy U. Health Center

FAX/PHONE

(334) 670-3452

NUMBER OF PAGES(including the cover sheet)

(3)

NOTES

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