國立臺北科技大學學生健康資料卡

Taipei Tech Student Health Form Date:

(y/m/d)

Studen	t ID no.			ID no . (Passport no.)						
N	ame			□male □female		Date of birtl	Date of birth		(yy/mm/dd)	
Dono	utan en t	Department		Undergraduate Master program		□日間部 □進修部			基修學院	
Бера	rtment	Class		Ph. D. Program		□進修部 □産碩専班				
Add	lress				Phone r	10.				
E-mail address:					Cell phone no.					
En	rergency contact	Name				Relationship				
	person	Phone no.			Cell phone no.					
		you have medical hist	19750	□2 Pail □12 Parel.			1			
	1. None Tuberculosis	2. Tuberculosis			☐7. Epilepsy ☐8. SLE (Lupus)		13. Psychological or mental illness: 14. Cancer:			
	3. Heart disease			□9. Hemophilia		15. Thalassemia:				
ű	4. Hepatitis			10. G6PD deficiency		☐16. Major surgery:				
Health Information	5. Asthma(Yes.I got asthma within three years)			11. Arthriti		17. Allergy to:				
	☐6. Kidney disease			□12. Diabete	es mellitus	☐18. Other:				
	☐ Have major illness certificate, type ☐ Have physical disabilities handbook, type Level: ☐ Extreme ☐ Severe ☐ Moderate ☐ Mild									
	If you are presently suffering from any of the abovementioned conditions and are currently under treatment, related medical records (including current status and medical alert notices) may be provided as reference.									
	Family medical history: Which, if any, of your family members have hereditary medical conditions/illness?Condition/illness?									
de										
	1. How much did you sleep during the past 7 days (<u>not including weekends, or days off) ?</u> : □ ⊕ ≥ 7 hours a day □ ②<7 hours a day □ ③ I suffer from insomnia									
	2. How many days did you eat breakfast during the past 7 days (not including weekends, or days off)?									
	3. During the past month (not including <u>weekends, days off, or winter or summer vacation</u>), have you exercised three times a week, for at least 30 minutes each time, and achieving a heartbeat rate of 130 bpm each time?: □①Yes □②No									
	4. During the past month, did you smoke?: \@No \@Often \@Every day: # cigarettes per day \@Quit									
	5. During the past month, did you drink alcohol? _\@No_\@Often _\@Every day: # glasses per day _\@Quit									
	(Note for : please say how many glasses, 'one glass' means: beer 330 ml, wine 120 ml, liquor 45 ml) 6 During the past month, did you glasses, 'one glass' means: beer 330 ml, wine 120 ml, liquor 45 ml) 6 During the past month, did you glasses, 'one glass' means: beer 330 ml, wine 120 ml, liquor 45 ml)									
	6.During the past month, did you chew betel quid? □ ①No □ ②Often □ ③Every day, # quids per day □ ④Quit 7.Do you feel worried or depressed? □ ①No □ ②Seldom □ ③Often									
sty	8.Do you regularly feel chest discomfort? ONo OSeldom OOften									
Lifestyle	9.Do you regularly feel stomach discomfort? □ ①No □②Seldom □③Often									
	10.Do you regularly have headaches? ONo Seldom Often									
	11.Menstrual history (women only): (1) Your age at first menstruation: □①Haven't begun menstruation yet □②Age at first period:									
	(1) four age at first mensuration. □□11avent begin mensuration yet □□2Age at first period. (2)Length of menstrual cycle: □□≤20 days□221-40 days □3≥41 days □⊕irregular (differing in length by more than 7 days)									
	(3)Do you have painful menstrual periods? ☐①No☐②Light pain ☐③Severe pain									
	12. Bowel habits: During the past 7 days, how often did you defecate? ① ① ① ② Days Days									
	☐ ③Once in 3 days ☐ ④Once in 4 or more days 13 Internet use: During the past seven days (not including weekends, or days off), how many hours did you use the internet									
	every day, apart from when doing homework or in class?									
	□①≤1 hour □②1-2 (less than)hours □③2-4 (less than) hours □④4-5 (less than) hours □⑤≥5 hours									
120	14.Same as question 4, will you agree to accept the health information of quit smoking if you are smoking? □ ♥ Yes □ ♥ No									
Self-rated Health	1. In general, during the past month, would you say your health is = ①xcellent = ②Very good = ③Good = ④Fair= ⑤Poor									
	2.In general, during the past month, would you say your mental health is = ①Excellent = ②Very good = ③Good = ④Fair = ⑤Poor Do you currently have any health concerns? Please give details:									
Self	120 you currently have any health concerns? Frease give details:									
	The content of your physical examination are all be searched from our website. (If your physical examination is not complete by NTUT contract hospital, the website search is not provided here.)									
	E-y-sea statement in the compact of 11101 conduct mapping are in come conduct to not provided nearly									
	Sigh:									