Health Examination Record

Student ID No.		Name		Attach photo here
Department				
Inspection Date	(Y) (M) (D)			
General Exam				
Height	cm	Weight	kg	
Blood Pressure	/ mmHg	Waist	cm	

Vision	Naked eye	R:	Corrected	R:
		L:		L:
Color Blindness	☐ Normal ☐ Abnormal _____			
Hearing Test	☐ Normal ☐ Abnormal R：☐_____ L: ☐_____			

Oral Cavity

R								L							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

D	M	F	T

C= Dental Cavities ; X= Anodontia ; /= Hinder ; △= Corrected

☐ Bad Oral Hygiene ☐ Dental Plaque

☐ Periodontal Disease ☐ Malocclusion ☐ Other _____

Bio Exam

ENT	☐uspected otitis media (*further diagnosis required*),such as from a perforated ear drum ☐Swollen tonsils ☐Earwax embolism ☐Other:_____.	
Head&Neck	orticollish	☐ Normal ☐ Other _____
	Abnormal Mass	
	Thyrold Gland	
Chest	Heart	☐ Heart Rate_____ ／Min ☐ Normal ☐ Heart Murmur ☐ Cardiac Arrhythmia ☐ Other _____
	Lung	☐ Normal ☐ Asthma ☐ Other _____
Abdomen	☐ Normal ☐ Splenohepatomegaly ☐ other_____	
Muscles/Bones/ Joints	☐ Normal ☐ Other _____	
Skin	☐ Normal ☐ Other _____	
Other	☐ Normal ☐ Other _____	

Urinalysis		Hepatitis & Liver Function		Complete Blood Count	
Protein		HBsAg		WBC : 10³/uL	MCHC: G/dL
Sugar		HBsAb		RBC: 10⁶/uL	MCH: Pg
PH		HBeAg		Hb : g/uL	Hct: %
O.B		SGOT	U/L	PLT: 10³/uL	MCV: fL
Lipid Exam		SGPT	U/L	Physical defects and suggestions	
cholesterol	mg/dL	Renal Function			
		BUN	mg/dL		
blood		UA	mg/dL	Chest Radiograph	
		Cr	mg/dL		
Records of treatment				Doctor's Signature	