**大專校院校名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_學生健康資料卡**

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| 全身檢查項目 | | | 檢查日期： 年 月 日，檢查結果登錄（請勾選） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 檢查醫事人員簽章 | |
| 身高： 公分 體重： 公斤 | | | | | | | | | | | | | | | | | 自選項目：□腰圍 公分 | | | | | | | | | | | | | | | | |  | |
| 血壓： / mmHg 脈搏： 次/分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 視力檢查 裸視：左眼 右眼 矯正視力：左眼 右眼 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 眼 | | □無明顯異常 | | | | | □辨色力異常 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 耳鼻喉 | | □無明顯異常 | | | | | 聽力異常：□左 □右  □疑似中耳炎，如：耳膜破損 □扁桃腺腫大 □耵聹栓塞 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 頭頸 | | □無明顯異常 | | | | | □斜頸 □異常腫塊 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 胸部 | | □無明顯異常 | | | | | □心肺疾病 □胸廓異常 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 腹部 | | □無明顯異常 | | | | | □異常腫大 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 脊柱四肢 | | □無明顯異常 | | | | | □脊柱側彎 □肢體畸形 □青蛙肢（蹲距困難） □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 泌尿生殖 | | □無明顯異常  □未檢查 | | | | | □包皮異常 □精索靜脈曲張 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 皮膚 | | □無明顯異常 | | | | | □癬 □疥瘡 □疣 □異位性皮膚炎 □溼疹 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口腔 | | □無明顯異常 | | | | | □口腔衛生不良 □牙結石 □牙齦炎 □牙周炎 □齒列咬合不正  □口腔黏膜異常 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 牙齒位置圖 | | 檢查代碼 C-齲齒 X-缺牙 🛆-已矯治 ψ-阻生牙 Sp.-贅生牙 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | |  | |  | |  | | |  | |  |  | |  | | |  | |  | |  |  | |  |  |  | |  | | |  |
| 右上 | | 18 | | 17 | | 16 | | 15 | | | 14 | | 13 | 12 | | 11 | | | 21 | | 22 | | 23 | 24 | | 25 | 26 | 27 | | 28 | | | 左上 |
| 右下 | | 48 | | 47 | | 46 | | 45 | | | 44 | | 43 | 42 | | 41 | | | 31 | | 32 | | 33 | 34 | | 35 | 36 | 37 | | 38 | | | 左下 |
|  | |  | |  | |  | |  | | |  | |  |  | |  | | |  | |  | |  |  | |  |  |  | |  | | |  |
| 總評  建議 | □無明顯異常  □有異狀，需接受 科醫師診治  □其他建議： | | | | | | | | | | | | | | | | | | | | | | | | | | | | 承辦檢查醫院簽章 | | | | | | |
| 實驗室檢查項目 | | | | | | | | | | 初查  結果 | | 檢查結果 | | | | | | | | 實驗室檢查項目 | | | | | | | | | 初查  結果 | | | 檢查結果 | | | |
| 異常註記 | | | 追蹤 | | | | | 異常註記 | | | 追蹤 |
| 尿液  檢查 | 尿蛋白 （＋）（－） | | | | | | | | |  | |  | | |  | | | | | 腎功能  檢查 | | 肌酸酐 （mg/dl） | | | | | | |  | | |  | | |  |
| 尿糖 （＋）（－） | | | | | | | | |  | |  | | |  | | | | | 尿酸 （mg/dl） | | | | | | |  | | |  | | |
| 尿潛血 （＋）（－） | | | | | | | | |  | |  | | |  | | | | | 血尿素氮( mg/dl）※ | | | | | | |  | | |  | | |  |
| 酸鹼值 | | | | | | | | |  | |  | | |  | | | | | 肝功能  檢查 | | 麩胺酸草醋酸轉胺酶 （U/L） | | | | | | |  | | |  | | |  |
| 血液  常規  檢查 | 血色素 （g/dl） | | | | | | | | |  | |  | | |  | | | | | 麩胺酸丙酮酸轉胺酶 （U/L） | | | | | | |  | | |  | | |
| 白血球 （103/μL） | | | | | | | | |  | |  | | |  | | | | | 血脂肪  檢查 | | 總膽固醇（mg/dl） | | | | | | |  | | |  | | |  |
| 紅血球 （106/μL） | | | | | | | | |  | |  | | |  | | | | | 高密度膽固醇HDL | | | | | | |  | | |  | | |
| 血小板 （103/μL） | | | | | | | | |  | |  | | |  | | | | | 低密度膽固醇LDL | | | | | | |  | | |  | | |  |
| 平均血球容積 MCV(fl) | | | | | | | | |  | |  | | |  | | | | | 三酸甘油脂(TG) | | | | | | |  | | |  | | |
| 血球容積比 Hct（﹪）※ | | | | | | | | |  | |  | | |  | | | | | 危險因子 | | | | | | |  | | |  | | |
| 胸部X光檢查 | 檢查日期 | | | | 檢查結果：  □無明顯異常  □疑似肺結核病徵 □肺結核鈣化 □胸廓異常 □肋膜腔積水  □脊柱側彎 □心臟肥大 □支氣管擴張 □其他 | | | | | | | | | | | | | | | | | | | | | | | | 複查矯治、日期及備註： | | | | | | |
| 臨時性  檢查 | 檢查名稱 | | | | | | | | 檢查日期 | | | | | | | | | 檢查單位 | | | | | | | 檢查結果 | | | | | | 轉介複查追蹤及備註 | | | | |
|  | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |
| 健康  管理  綜合  紀錄 | 健康檢查結果追蹤矯治情形及個案管理摘要紀錄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

姓名:\_\_\_\_\_\_\_\_\_\_\_\_系級:\_\_\_\_\_\_\_\_\_\_\_\_學號:\_\_\_\_\_\_\_\_\_\_\_\_\_\_