

Student
Passport-sized
Photo



BEIJING INTERNATIONAL
BILINGUAL ACADEMY
海嘉国际双语学校



Health and Physical
Examination
健康记录表

Applicant's Information / 学生基本情况

Student's Name / 学生姓名 : _____ / _____
Family Name / 姓 First Name / 名 Male / 男 Female / 女

Date of Birth / 出生日期: _____ / _____ / _____
yyyy年 mm月 dd日 血型 / Blood Type : _____

Emergency Contact / 紧急联络人信息

Please fill out emergency contact information in the form below according to order of priority. / 请按优先顺序填写紧急联络人信息。

	Name 姓名	Relationship to the Student 与学生的关系	Contact Telephone 联系电话
1			
2			
3			

Medications and Conditions / 药物治疗和前提条件

Hospital / Family Doctor (in Beijing) 固定医院或家庭医生 (北京) _____

Address / 地址 : _____ Tel / 电话 : _____

Please describe any medical conditions (Hyperpyrexia, Convulsion, Asthma, Heart disease, Epilepsy and anamnesis etc.) of your student that BIBA should be aware of / 如有以下任何病情 (高热, 惊厥, 哮喘, 心脏病, 癫痫等既往病史) 请及时告知, 以便学校给予必要的关照:

Has your student received special educational services in the past or been diagnosed with a condition that could impact learning (eg. Learning Support, Dyslexia, ADHD, Talented & Gifted)? If so, please give details. / 您的孩子是否曾经接受过特殊教育或者被诊断出有可能出现影响学习的情况 (例如, 学习辅助支持、阅读障碍、注意力不集中症、才华出众或天赋极高)? 如果是, 请提供详细资料。



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Please list any medication your student is currently taking, including the reason for this medication, and how it should be administered / 请列举您的孩子是否正在接受任何药物治疗，包括进行治疗的原因和治疗程序：

Medication / 药物治疗	Reason / 原因	How Administered / 治疗程序

Please list all allergies, special medicine and / or food conditions / 请详细列出过敏史，包括药物和食物：

Does your student have any special dietary requirements? / 您的孩子对饮食是否有特殊要求？

In the event of an emergency, do you agree to allow your student to have first-aid treatment at school (general first-aid treatment including minor cuts and abrasions) ? / 如遇到紧急情况，您是否同意子女在学校接受急救治疗（一般急救包括小伤口及擦伤）？

In case of emergency, we will transport your student to the nearest or most appropriate hospital or clinic. It is agreed to promptly reimburse and indemnify the school for any sums incurred as a result of the school's giving such authorization of obtaining medical care. Please sign here if this is acceptable. / 如遇到紧急情况，我们会将您的孩子送至最近或者最合适的医疗机构就医。由学校预先支付的一切费用，家长/监护人同意在事后立即偿还，如果同意请签名。

Warm Reminder 温馨提示

- a. The school teacher will administer first aid to students but will not prescribe any oral medication or disease diagnosis and treatment. / 学校仅给予急救事故处理，不提供任何口服药，不进行疾病诊疗工作。
- b. If your student needs to take medicine at school, please send it to the school nurse, labeled clearly with student name, the correct dosage, time and parent signature. Please note that all medicine taken to school should have formal packaging and instructions. / 如您的孩子需要在学校服用从家里带来的药品，请将药品送到学校校医室。药品需要有正规的包装和说明，请写清楚学生的姓名、正确剂量和服药的时间，并且家长签名。
- c. If the student is not capable of participation in P.E. lessons or any other type of school activity, please specify and submit a medical certificate for school reference. / 当您认为学生不宜上体育课或参加其他类型的学校活动，请具体说明，并提交医生证明供校方参考。

Immunization / 预防疫苗

Has your child received any vaccination for / 您的孩子接种过何种疫苗？

- HBV / 乙肝
 - HAV / 甲肝
 - VZV / 水痘
 - EBV / 乙脑
 - MenCCV / 流脑A+C
 - BCG / 卡介苗
 - DT / 精白破
 - DPT / 白百破
 - OPV / 脊灰疫苗
 - MMR / 麻疹，腮腺炎，风疹
- Other / 其他 _____

(Parent's signature / 家长签名)

(Date / 日期)