



Nanchang International School
南昌国际学校

Medical History Form
医药与病历记录

Student's
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A Particulars of Student (please print clearly)

Name: _____
(As in Passport, underline Family Name)

学生姓名: _____
(Chinese characters, if any)

Date of Birth: ____ 日 / ____ 月 / ____ 年
出生日期 (day) (month) (year)

Sex: **M** / **F**
性别

Application to Enter Grade Level: _____ Expected Starting Date: ____ 日 / ____ 月 / ____ 年
申报年级 开始就读日期 (day) (month) (year)

Address in China: _____
在中国的地址

_____ Post Code 邮编 _____

Home Tel: (_____) - _____
家庭电话

Father's Contact Tel: _____
父亲联系电话

Mobile: _____
手机

Mother's Contact Tel: _____
母亲联系电话

Mobile: _____
手机

B Vaccination Background (please circle) 请圈出适当选择

Has the student been vaccinated for the following? 是否有接种以下疫苗?

Measles / Mumps / Rubella / (MMR) 麻疹 / 流行性腮腺炎 / 风疹 / (联合) Yes是 / No否

Diphtheria / Pertussis (whooping cough) / Tetanus (DPT) 白喉 / 百日咳 / 破伤风 Yes是 / No否

Poliomyelitis 小儿麻痹症 / 骨髓灰质炎 Yes是 / No否

Influenza 流感 Yes是 / No否

Hepatitis (Gamma Globulin) / Hepatitis B (HBV) 肝炎 / 乙肝 Yes是 / No否

Varicella 水痘 Yes是 / No否

Encephalitis B (EBV) / Meningococcus A (MAV) 乙型脑炎 / 流行性脑膜炎 Yes是 / No否

Others (please specify) 其他 (请注明: _____) Yes是 / No否

C Medical Background

1. Is the student allergic to any medication or food items? (If yes, please specify)
 是否对任何药物或食物敏感? (若是, 请写明药物或食物名称) Yes是 / No否

2. Is the student on any continual medication? (If yes, please specify)
 是否长期服药? (若是, 请写明药物名称) Yes是 / No否

3. Does the student have any eyesight or hearing problems? (If yes, please specify)
 是否有视力和听力的缺陷? (若是, 请写明情况) Yes是 / No否

4. Does the student have any history of asthma, heart disease, epilepsy, etc? (If yes, please specify)
 是否有病历: 如哮喘、心脏病、羊痫疯症状? (若是, 请写明情况) Yes是 / No否

5. Does the student have any physical or mental disabilities? (If yes, please specify)
 是否有身体上或精神上的缺陷? (若是, 请写明情况) Yes是 / No否

6. Does the student suffer from frequent headaches or abdominal pain? (If yes, please specify)
 是否有经常性头痛或腹痛? (若是, 请写明情况) Yes是 / No否

D Emergency Contacts (other than parents) 紧急情况发生时, 父母以外的联系人

Contact #1
Name in Block Letters 姓名大写: _____
Relationship to Student 与学生的关系: _____
Contact numbers 联系号码: _____

Contact #2
Name in Block Letters 姓名大写: _____
Relationship to Student 与学生的关系: _____
Contact numbers 联系号码: _____
Does the student have a specified doctor / clinic? If so, please attach contact information. 是否有指定家庭医生 / 诊所? (若是, 您可以提供联系讯息) Yes是 / No否

E Declaration 声明

Being the parents / guardians of the child, I / we do hereby agree to undertake with NCIS as follows:
 身为学生的家长 / 监护人, 我 / 我们同意与学校达成以下协议:

1. That I / we agree when an emergency happens or when my / our child is sick at school, my / our child will first be sent to the school clinic.
 我 / 我们同意当孩子在校时生病或有意外事件发生时, 首先送到学校医务室接受治疗。
2. That I / we understand in cases requiring medical attention and when the school is unable to contact any of the above members, my / our child will be taken to a nearby hospital by a staff member of the school.
 如果学校医务室建议有必要到附近的医院去就诊, 而学校又联络不到家长或紧急联系人时, 我 / 我们同意由学校教职员陪同孩子去就诊。
3. That I / we understand whilst the school will make all necessary efforts to contact me / us in case of a medical emergency, this is not always possible. Therefore, I / we authorize the school to seek medical advice and treatment for my / our child if the school believes there to be an emergency and I / we hereby undertake to pay all costs incurred.
 我 / 我们了解当孩子在校需要紧急治疗时, 学校必定会尽量联系我们家长, 但是, 这不是一定可以办到的。因此, 我 / 我们在此授权学校将孩子送到附近的医院接受治疗, 而所有由此而产生的费用将由我 / 我们来承担。
4. That I / we undertake the responsibility to inform the school in writing (or by doctor's certificate) of any changes to my / our child's health and medical condition.
 若我 / 我们的孩子身心健康及医疗状况发生任何变化, 我 / 我们将负责以书面或医生的报告通知学校。
5. That I / we will be responsible to purchase the "school accident insurance" for my child.
 我 / 我们将负责为孩子购买“校园意外险”。

Name of Student (学生姓名) (in English) _____

(In Chinese, if applicable) _____

Name of Parent / Guardian (家长 / 监护人姓名)	Signature of Parent / Guardian (家长 / 监护人签名)	Date Signed (签订日期)
(1)		
(2)		

Any additional or updated medical information will be attached to this form. 其他更多或更新的医疗病史信息, 将随此表递交。