费城教育局 就医报告单

M-34 (REV.3/2007) Comm. Code 61602445241

学生姓/Student Last Name	名 /First Name	填表日期 /Date	
学校名称 /Name of School		年级 /Grade	班/Room/Bk No.

家长/ 监护人/TO THE PARENT/G	SUARDIAN:			
据学校护士报告,您的子女曾因下 below:	列疾患/创伤在医务室就诊/The School No	urse reports that your child was seen in	the health room for the illness/injury indicated	
头痛/Headache	咽喉痛/Sore throat	轻度割伤 /Minor cut	撞伤/青瘀 /(Bump/bruise	
肚子痛 /Stomachache	铅笔/笔戳伤/Pencil/pen stick	重度割伤 /Major cut	情绪/行为异常 /Emotional/behavioral issue	
恶心/呕吐/Nausea/vomiting	关节创伤/Joint injury	头部创伤 (附 MEH-51 表)	月经疼痛/Menstrual cramps	
其它/Other	眼部创伤/Eye injury	/Head injury/MEH-51 attached	_	
医务人员采取的治疗措施				
敷冰块止痛 /Ice乙酰氨基酶	汾/Acetaminophen 布洛芬/Ibuprofen	清洗/包扎 /Cleansed/Bandage	休息/Rest咨询/Counseled	
学校护士/学校专科护士对您子	女进行了体验/Physical Exam completed b	y School Physician/School Nurse Practi	itioner	
体检结果 /Comments:				
我们建议您与您的家庭医生联系/Rd		立即送往急珍室 /At once for en 尽快去见医生 /As soon as possi	• •	
	生将反面的表格填好,并尽快交给学校 the back of this form and to return it to the School	假如病情没有改善时/If condition does not improve 需要医生出具的证明时/Note from doctor is required 其它情况/Other		
学校护士签字/SIGNED-SCHOOL N	EURSE 电话/Phone	学校医生/学校专科护士签字/SIG NURSE PRACTIONER	NED-SCHOOL PHYSICIAN/SCHOOL	

家庭医生出具的报告 /REPORT BY FAMILY DOCTOR							
诊断 /DIAGNOSIS:							
治疗措施 /TREATMENT:							
复诊日期 /DATE OF FOLLOW-UP VISIT:							
	医生签名 /DOCTOR'S SIGNATURE	日期/DATE SIGNED					
	医生姓名(正楷)/DOCTOR'S PRINTED NAME)	电话号码 /PHONE NUMBER					
家长/监护人出具的报告/REPORT BY PARENT/GUARDIAN							
	家长签名 /PARENT'S SIGNATURE	日期 /DATE SIGNED					

如欲了解更多有关教育局的中文信息及文件的中文版本,请上网至: www.philasd.org/language/chinese 查询