

**费城教育局/The School District of Philadelphia**  
**学校卫生保健服务处/School Health Services**  
**体检报告 /REPORT OF PHYSICAL EXAMINATION**

学生姓名 /Name of Student	出生/Date of Birth __月/Mo. __日/Da ____年/Yr	学生证号/Student ID #	年级 /Grade
学校名称 /Name of School	教室 / 区 / 组 /Room/Section/Book	签发日期 /Date Issued	
<b>致医生（请填写全部项目）/TO THE CARE PROVIDER (Please complete all items)</b> 宾州法律要求在宾州境内上学的学生必须接受疫苗接种，并定期接受体检。这些体检的费用均由家长支付。只有接种过下列疫苗的学生才能上学。请附上一份该学生的疫苗接种记录的复印件，或在下面的表格里填写接种的日期。/Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE. Attach a copy of the student's immunization record, or record the dates below.			
<b>疫苗接种记录。请将全部接种记录（连同血清检测结果）附本表一并呈交。</b> <b>/RECORD OF VACCINE ADMINISTRATION. Please attach complete immunization record including serology results if available</b>			
过敏源/Allergies _____		最后一次 PPD 的日期/Date of last PPD _____	
结果/Result _____mm			
该学生是否有健康保险？ /Does this student have health insurance? __有/Yes __没有/No      保险公司名称/Name of insurance provider: _____			
<b>请填写以下项目 (RECORD THE FOLLOWING)</b>			
1.	视力（不戴眼镜）/Visual acuity (without glasses) 右/R____ 左/L____ （戴眼镜）/(with glasses) 右/R____ 左/L____		
2.	听力 /Audiometric screening 右/R ____ 左/L____	3. 血压/BP _____	
4.	身高 /Height _____英寸 / 厘米/Inches/cm      体重 /Weight _____磅 / 公斤/lb./kg      体重指数/BMI percentile _____		
5.	脊椎侧凸检查/Scoliosis screening: __正常 /Normal    __异常 /Abnormal    __转诊/Referred    __未转诊 /No Referral		
6.	推荐的运动强度 /Activity Recommendation: __无运动限制 /Full Physical Activity __有限的运动（必须填写因病体育减免 / 修改课程内容表 MEH-23）/Restricted Physical Activity (Must complete Phys. Ed. Medical Exemptions/Program Modification Form MEH-23); 详述限制的内容/Specify Restrictions: _____		
7.	列出所有正在使用的药物 / List all medications currently being taken: 药物 /Medication _____ 使用药物的原因/Reason: _____		
8.	列出病史中或体检中发现的问题 /List all problems by history or examination      目前状况 （请圈一项）/Status of problem  1. _____ 正在治疗中/Under care      治疗已结束/Care completed      转诊/Referred 2. _____ 正在治疗中/Under care      治疗已结束/Care completed      转诊/Referred 3. _____ 正在治疗中/Under care      治疗已结束/Care completed      转诊/Referred  ____未发现任何异常 /No Problems Identified		
评语 / 后续治疗方案 / 校方应注意的事项 /Comments/follow-up treatment plan/Special instructions to school:			
医生签字（必须填写） /Signature (Required)	电话 /Telephone	医生办公室印章（必须加盖） /Care Provider office stamp (Required)	
地址/Address	体检日期 /Date of Exam		

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](http://www.philasd.org/language/chinese) 查询