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ST PAUL'S GRAMMAR SCHOOL PENRITH LIMITED

Medical Form 医疗健康表

(All information is dealt with in strictest confidence 该表所提供的所有情况绝密)

Parents/Guardians are requested to complete this form prior to a student commencing at the School.
学校要求家长或监护人在学生入学前完成填写该表。

1. Student's surname 学生姓: _____ First Name(s)名: _____
2. Date of Birth出生日期: _____ Nationality 国籍 _____ School Year 年级 _____
3. Has he/she had 该学生曾患过: (Please circle 请在必要处画圈)
 - a. Chicken Pox (水痘)
 - b. Measles (麻疹)
 - c. German Measles (德国风疹)
 - d. Scarlet Fever (猩红热)
 - e. Whooping Cough (百日咳)
 - f. Convulsions (痉挛)
 - g. Rheumatic Fever (风湿病)
 - h. Mumps (流行性腮腺炎)
4. What other illnesses (if any) has he/she had 患过其它病否? _____
5. Has he/she been immunised 接受过免疫否? YES 是/NO 否
If YES, please supply an Immunisation Certificate 是, 请附证明.
If YES, please put names of vaccines and the date of vaccination.
6. Does he/she suffer from any of the following 曾患过以下任何病否: (Please circle 请在必要处画圈)
 - a. Epilepsy (癫痫)
 - b. Diabetes (糖尿病)
 - c. Bronchitis (气管炎)
 - d. Asthma (哮喘)
 - e. Back Trouble (腰背受伤)
 - f. Other (其它) _____
7. Does he/she have any allergies 有否任何过敏? (Please circle 请在必要处画圈)
 - a. Penicillin (青霉素)
 - b. bee stings (蜂叮)
 - c. food (食物)
 - d. other, please specify (其它): _____

If YES, please supply detailed information (medication, severity of reaction) 是, 请提供详情。
8. Does he/she have any problem hearing? 有否听力困难? _____
9. Does he/she have any problem seeing? 有否视力困难? _____



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10. Does he/she have any problem writing? 有否书写困难? _____
11. Does he/she have any problem speaking? 有否说话困难? _____
12. Has he/she had any serious accident e.g. fracture or dislocation? 曾有否过严重外伤? 如: 骨折错位?
If YES, please specify 是, 请提供详情: _____
13. Has he/she had any surgical operations? 有否过外科手术? YES 是/NO 否
If YES, please specify if it causes any ongoing complications. 如有过, 请说明现在有否影响? _____
14. Has he/she been hospitalised for reasons other than surgery? 有否住院过? YES 是/NO 否
If YES, please specify 是, 请提供详情: _____
15. Does he/she have any regular medication? 是否定期服药? If YES, please supply relevant details 如是, 情提供相关详情。
 a. Type of Medication 药物种类: _____
 b. Dosage 剂量: _____
 c. Reason(s) for medication 服药原因: _____
 d. Side effects (if any) 副作用: _____
 e. What involvement the School must have in the administration of this medication 对此药物的管理, 学校该做什么: _____
16. Does anyone in the immediate family suffer from a serious, long term illness? 任何家庭直系成员患长期严重疾病? YES 是/NO 否
If YES, please give details 如是, 详情: _____
17. Does he/she have any medical, psychiatric, psychological supervision or counselling? 您的孩子正在接受医疗, 精神, 心理的监督或治疗 YES 是/NO 否
If YES, please give details 如是, 提供详情 _____
18. Are there any family situations (e.g. Divorce, Deaths) that we should be aware of in order to help your child/ward better? 有否特殊家庭情况 (如: 离婚, 亡故) 需学校协助配合孩子? YES 是/NO 否

Please supply details on separate sheet 如是, 另附说明。

Please attach any further information which you think is relevant medical information about which the School should know about him/her. 请附上任何相关的情况, 您认为学校给知道的。

PARENTS/GUARDIANS ARE REQUESTED TO ADVISE THE SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES

如以上任何情况改变请及时通知学校

Signature of parent/guardian 家长签名

Date 日期

Signature of parent/guardian 家长签名

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