培 南 独 立 中 学
SEKOLAH MENENGAH POI LAM (SUWA)
Lot No.18274，Jalan Simpang Pulai，Pengkalan，
31500 Lahat，Perak，Malaysia.
Tel. No. : 605-3218120　　Fax No. : 605-3217023
Email: poilam@poilam.edu.my　　URL: http://poilam.edu.my

Certificate Number : 601596

学生健康状况暨紧急事件调查表　　F8
Student's Medical Background Form

致：亲爱的家长/监护人
Parents/guardians,

您好！贵子弟的健康与学习效果有着密切的关系。学校为了了解并掌握贵子弟的健康状况，敬请家长/监护人给予配合，仔细填写下列资料后交还给班级任，谢谢合作！
Kindly complete the following particulars relating to your child's medical history (if any), for our records in case of any accident/emergency that may occur during the school hours. Please submit the completed form to the respective Class Teacher.

(A) 学生资料 Student's Particular

姓名(英) Name (English)				学号 Reg. No.	
姓名(中) Name(Chinese)		班级 Class		性别 Gender	☐ 男 Male ☐ 女 Female
身份证/护照号码 NRIC/Passport No.		年龄 Age			
住址 Address					

(B) 紧急联络人 Emergency Contact

	姓名 Name	关系 Relationship	联络号码 Contact No.
家长/监护人 Parents/Guardian	1)		
	2)		
	3)		

(C) 学生病史 Student's Medical History (请在条件符合的格子里打勾 Please tick the relevant boxes)

1. 疾病史 Any history of medical problem? ☐ 有 Yes　☐ 没有 No

☐ 心脏病 Heart Disease	☐ 精神疾病 Mental Illness	☐ 高血压 Hypertension	☐ 物质过敏 Allergy
☐ 癫痫 Epilepsy	☐ 糖尿病 Diabetes	☐ 气喘 Asthma	☐ 肾脏病 Kidney Ailment
☐ 蚕豆症 G6P	☐ 肝炎(A,B,C,D,E) Hepatitis (A,B,C,D,E)	☐ 血友病 Haemophilia	☐ 肺结核 Tuberculosis
☐ 疝气(小肠气) Hernia	☐ 脑膜炎 Meningitis	☐ 重大手术 Major Operation	☐ 胃肠疾病 Stomach/Intestinal ailment
☐ 其他 Others: _____			

2. 是否曾看辅导员/心理医生/治疗师? Have you ever visited any counselor/psychologist/ or therapist?

☐ 否 No

☐ 是 Yes，请列下病情 Please list the medical conditions: _____

3. 是否需要定期与辅导员/心理医生/治疗师? Is regular meeting with counselor /psychologist/ or therapist necessary?

☐ 否 No

☐ 是 Yes，请列下辅导员/心理医生/治疗师资料
Please provide the counselor/psychologist/ or therapist particulars: _____

4. 是否需要定时服用药物？Is it necessary to take medication at regular intervals?

☐ 否 No

☐ 是 Yes，请列下药物 Please list the medications:_____

5. 是否有购买医药保险？Do you have medical insurance?

☐ 否 No

☐ 是 Yes,
a. 请写下保险公司 Please state the insurance company:_____
b. 请列举学校/住家附近常去就诊医药保险特约医院/诊所(仅供参考) Clinic/hospital where medical treatment is sought：
(1)　　(2)

_____　　_____

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(D) 重要声明 Important Declaration：

家长或监护人须如实填写孩子的健康状况信息。若未能如实告知有关孩子的健康状况，学校保留勒令学生退学的权力。
Important Declaration: Parents or guardians are required to provide accurate infomation about the child's health status.
If parents or guardians fail to disclose the child's medical condition truthfully, the school reserves the right to suspend the student.

1. 当孩子发生紧急伤病，如联络不到本人时，请联络上述亲友。
   If I cannot be contacted in case of sickness/emergency, please contact relative concerned.
2. 当校方无法在三通电话之后联络上本人及上述亲戚时，本人同意校方把孩子送到附近的诊所或医院。(校方会把学生送到家长所提供的诊所或医院)
   If neither I nor my relative can be contacted after three calls, I give my full consent to the school authorities to use its discretion in handling the case concerned. (The school will send the student to the clinic/general hospital that parents mentioned).
3. 孩子一切医疗费用由本人/监护人自行负担。
   I as a parent/guardian will be responsible for all the medical fees.

***本校学生若发生紧急伤病事故时，均送往附近的诊所或医院。以下是诊所或医院的资料：**
*** In case of emergency/sickness, students will be sent for immediate treatment at the following clinics/hospital:**

A) Poliklinik Medi Jaya　　05-3235808 (Tesco 后面 behind Tesco)
B) Poliklinik Pengkalan　　05-3213436 (Aeon 附近 near Aeon)
C) Hospital Raja Permaisuri Bainun Ipoh (General Hospital Ipoh 怡保中央医院) 05-2085000

家长/监护人姓名 Name of parents/guardians		签名 Signature	
日期 Date			

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