



## 入学体格检查报告（仅适用于中国大陆地区）

### PRE-ENTRANCE MEDICAL EXAMINATION REPORT (MAINLAND CHINA ONLY)

\*此表格仅适用于中国大陆地区县级以上公立医院作体检之用。

\*Applicable for Registered Public Hospital above the county level in the Mainland China.

#### 第一部分 学生个人资料（由学生填写）

#### PART I PARTICULARS OF STUDENT (FILLED BY STUDENT)

中文姓名	:	性 别	:
Chinese Name	:	Sex	:
外文姓名	:	出生日期	:
English Name	:	Date of Birth	:
电邮地址	:	联系电话	:
E-mail Address	:	Contact Number	:
户 籍	:		:
Address (Household)	:	省	市 县

吋半近照  
1.5 Inch Photo

(医院盖骑缝印)

紧急联系人姓名	:	联系电话	:
Emergency Contact Person	:	Contact Number	:
与学生之关系	:	<input type="checkbox"/> 父子/女	<input type="checkbox"/> 母子/女
Relationship with student	:	Father son / daughter	Mother son / daughter
	:	<input type="checkbox"/> 其他（请注明）	
	:	Other (Please specify)	

1. 您或您的家人曾否接受肺结核病治疗？若有，请注明具体情况。  
Have you or your family ever received a tuberculosis treatment? If yes, please specify.
2. 您或您的家人曾否曾患精神病？若有，请注明具体情况。  
Have you or your family ever suffered from mental illness? If yes, please specify.
3. 您或您的家人曾否患昏厥、癫痫、先天性心脏病等疾病？若有，请注明具体情况。  
Have you or your family ever suffered from syncope, epilepsy, congenital heart disease or other diseases? If yes, please specify.
4. 您或您的家人有否患哮喘或有过敏病史？若有，请注明具体情况。  
Have you or your family ever suffered from asthma or having history of allergies? If yes, please specify.
5. 您是否患有肢体残障？若有，请注明具体情况。  
Do you have physical disabilities? If yes, please specify.
6. 您曾否注射破伤风预防针？若有，请注明日期及提交注射纪录影印本。  
Have you ever received tetanus vaccine? If yes, Please specify the date and submit a copy of your immunization records.

本人在注册医生前签署并谨声明上述所填内容正确无误及全部属实。

I hereby signed and declare that the above mentioned contents are correct and true.

学 生 签 名	:
Student's Signature	:
日 期	:
Date	:

医 生 签 名	:
Doctor's Signature	:
日 期	:
Date	:

第二部分 学生体格资料（由医生填写）

PART II PHYSICAL DATA OF STUDENTS (FILLED BY DOCTOR)

五官科	眼	视力	右		矫正视力	右		辨色力		砂眼	右		其它眼疾		医师意见
			左			左					左				
	耳	听力		右				耳疾							
				左											
	鼻	嗅觉			鼻及鼻窦疾病										
	唇腭				咽喉						口吃			签章	
外科	身高	公分		体重	公斤		皮肤			甲状腺				医师意见	
	胸围			呼吸			淋巴腺			脊柱					
	关节			四肢			平足			其他			签章		
内科	脉搏	次/分		血压			发育			营养				医师意见	
	神经及精神			心脏及血管											
	肺及呼吸道			腹腔器官											
	其他												签章		
化验检查 (要附化验单据)	血常规			肝功			尿常规								
	医师签章														
胸部X线检查	医师签章														
其他检查															
检查结论	负责医师签章														
年 月 日															

此表格只适用于入读澳门城市大学之学生，校方有权查核学生之身体状况以确认是否适合入读本校课程。学生必须于注册时递交此报告表正本，没有医生签署及医疗机构盖章之报告均视为无效。新生填写注册表将作为进行教育活动、提供教育辅助及与学生及其父母和监护人进行联络等用途。本校承诺恪守资料保密的原则，确保其收集及保存之个人资料的保密性和完整性。所有由阁下提供及登记的个人资料在澳门城市大学完成的相关教育活动资料将成为本校的学生记录。这些个人资料可在澳门城市大学内部及其他依法规定或获阁下列授权的实体之间传递，以作大学行政及教学用途。澳门城市大学将根据个人资料保护办公室第02/2008号许可第三条对个人资料保存期的规定作保存学生及毕业生的资料指引。如学生未能填写或确认注册表上所需提供的有关身份识别及与教育活动相关的数据，其注册将不获处理。

This report is exclusively used for admission to City University of Macau ("the University"). The University has the right to check the student's health status for the purpose of admission. The student must submit the original version of this medical examination report with doctor's signature and the stamp of hospital or health center; otherwise, the report will be considered invalid. Completion of the report by new students is for the purpose of conducting educational activities, providing educational assistance and maintaining contact with students, their parents or guidance. City University of Macau undertakes the protection of personal data and will make every effort to ensure the confidentiality and integrity of personal information collected and maintained by the University. All personal data provided and registered by the student which related to their education at the City University of Macau will be transferred to the student dossier established by the University. The personal data mentioned above may still be transferred within the University, and other entities, in accordance with the law, or with prior authorization, for the purpose of administration and teaching at the University. The City University of Macau observes Article 3 (Conservation period) of the Authorization No. 02/2008 of the Office for the Personal Data Protection of Macao, with regard to the conservation of the students' and graduates' personal data. Enrollment will not be completed if the student fails to complete or confirm any of the required areas required in the report, personal identification and educational and / or academic qualifications.

校方专用  
FOR OFFICE USE ONLY

收件人签名及日期  
Recipient's Signature and Date :  
复核审查签名及日期  
Review Person's Signature and Date :