LEMANIA COLLEGE
SWITZERLAND

MEDICAL QUESTIONNAIRE
医疗健康口卷

1. PERSONAL DETAILS (please write in capital letters) 个人详细信息

Mr. 先生 **o** Mrs. 女士 o Miss 小姐 **o**

Family Name 姓_____ First name 名_____

Father's name 父亲 名_____ Father's first name 父亲 姓_____

Mother's name 母亲 名_____ Mother's first name 母亲 姓_____

Date of Birth 出生日期: Day日_____ Month月_____ Year年_____

Address 地址_____

City 城市_____ Postal Code 邮编_____

State 区县_____ Country 国家_____

2. MEDICAL QUESTIONNAIRE 健康调查

		Yes 是	No 否
1	Has your weight varied by more than 5kg in the last 12 months? 在过去十二个月里体重轻重变化有超过五公斤吗？		
	If yes, by how much and why? 如果是，变化多少？是什么原因？ _____		
2	Have you consulted a physician over the last 3 years, for anything other than a check-up or a minor affection? 在过去的三年里，除了体检，有没有去看过医生？		
3	Have you already been hospitalized? 您是否住院治疗过？		
	a) In the medical department 内科		
	b) In the surgical department 外科		
	c) In the neuropsychiatry department 精神科		
	d) In a centre for detoxification and rehabilitation from drug abuse 戒毒和康复中心		
4	Has an abnormality already been noticed in biological test? 体检中是否发现有健康医疗问题?		
5	Was an affection of respiratory or cardiovascular organ found? 是否发现呼吸或心血器官问题？		
6	Was a psychic illness or neurological or muscular disease found? 是否发现精神疾病或神经或肌肉疾病？		
7	Are you presently under medical treatment for a mental illness or a psychic disturbance? 你目前是否正在接受治疗精神或心理咨询治疗?		
8	Was any illness of the digestive or urologic and reproductive organs found? 是否发现消化系统和泌尿及生殖系统的疾病?		
9	Was any illness of the metabolism system (diabetes or lipids disturbances) and blood system found? 是否有任何代谢系统（糖尿病或血脂絮乱）和血液系统的毛病？		

10	Was any disease of the skin (eczema, acne or cancer), of the eyes or ears found? 眼或鼻是否有皮肤类疾病（湿疹、痤疮、癌症）？		
11	Was any other disturbance, disease or sickness unmentioned above found? 是否有以上没有提到的疾病或不适？		
12	Do you have any neonatal malformation/or any chronic/or any congenital disease? 是否有新生儿畸形、慢性疾病或先天性疾病？		
13	Will you have to be surgically operated on or to undergo any medical complementary examinations during the following months? 在接下来几个月您是否会动手术或需要医疗治疗？		
14	Do you suffer or have suffered or are you predisposed to the diseases of the following organs? 您是否患有以下器官的疾病：		
	a) The bones, the articulations or the muscle 骨骼，关节或肌肉		
	b) The Back 背部		
	c) The kidneys, the genital organs, the bladder or the prostate 肾脏、生殖器官、膀胱或前列腺		
	d) The central nervous system 中枢神经系统		

2. MEDICAL QUESTIONNAIRE(SUITE) 健康辅助问卷

If you answered yes to one of the questions on page one (medical questionnaire), please specify:

如果您在第一页的问题（健康问卷）中，任何一题回答"是"，请在下表详细注明：

Question number 编号	Information 内容	Treatment 治疗方案	Will you have any special needs during you studies at Lemania College Switzerland? 莱蒙尼亚学院学习过程中您是否有特别的帮助需要？

3. PHYSICIANS' DETAILS (please write in capital letters) 您的医生的联系方式

Mr. 先生 o Mrs. 太太 o Miss 小姐 o

Family Name 姓_____ First name 名_____

Professional address 办公地址_____

City 城市_____ Postal Code 邮编_____

State 区县_____ Country 国家_____

Phone number 联系电话_____ Fax number 传真_____

Mobile number 手机号码_____ E-mail 邮箱_____

4. PHYSICIAN'S REPORT 病历报告及医疗辅助申请

To be completed by a physician only
只能由医生填写完成

Name of the patient 患者姓名_____

Date of birth 出生日期: Day日___Month月_____Year年_____ Sex 性别: Male男**o** Female 女 o

Blood pressure 血压_____MM/HG毫米/汞_____

Height(kg)体重（公斤）_____Pulse rate心跳率_____

Clinic Evaluation 临床评价

Please indicate if you have experienced any problems with the following:

请列明您的病人以下身体部位是否申请需要医疗帮助:

	Yes 是	No 否	Please specify 请说明
1. Skin 皮肤			
2. Head & Neck 口和口			
3. Eyes & Ears 眼和耳			
4. Mouth &Throat 口和喉			
5. Chest & Breast & Lungs 胸，乳，肺			
6. Heart & Blood vessels 心口和血管			
7. Digestive system 消化系口			
8. Nervous system 中枢神口系口			
9. Skeletal, muscular system 骨骼，肌肉系口			
10. Urinary, reproductive system 泌尿，生殖系口			
11. Others (specify) 其他（指定）			

Required Laboratory tests / information
个人医疗检查/信息

Blood Group 血型**:** _____

Tuberculin Skin Test(TST) 结核菌素皮肤测试**:**_____

Has the applicant been immunized against any of the followings? Please specify the dates and number of doses.

申请人是否接受过以下免疫接种？请说明日期以及剂量:

	Yes 是	**No** 否	**Dates** 日期	**Doses** 剂量
1. Diphtheria 白喉				
2. Whooping cough 百日咳				
3. Tetanus 破伤风				
4. Poliomyelitis 脊髓灰质炎				
5. Tuberculosis(BC) 结核病				
6. Hepatitis A 甲型肝炎				
7. Hepatitis B 乙型肝炎				

The undersigned doctor certifies that all information provided in the present document is complete and correct.

以下需要您的医生签字来，证明所有信息的完整并准确

Date **日期:**_____

Physician's signature and stamp 医生□名并盖章**:**_____

5. SCHOOL AUTHORIZATION 授权

Does your child need special care during her/his studies in Lemania College Switzerland?
在瑞士莱蒙尼亚院的学习期间，您的孩子需要哪些特别的照顾？

1. Allergy 过敏 oYes oNo

   If yes, please specify which allergy 如果是，请注明那种过敏:

   _____

   Which medicine 对哪种药过敏:_____

   Dosage 剂量:_____

2. Food 食物 oYes oNo

   If yes, please specify which diet 如果是，请说明哪种食物:_____

3. Other medicine? 其他药 Yes oNo

   If yes, please specify which illness 如果是，请具体说明哪些疾病:_____

   Which medicine 哪种药:_____

   Dosage 剂量:_____

Does your child need special infrastructures during her/his studies in Lemania College Switzerland?
在瑞士莱蒙尼亚学院学习期间，您的孩子需要配备特殊的医疗设备吗？ oYes oNo

If yes, please specify which infrastructures 如果是，请注明哪种医疗设备:_____

_____

_____

_____

_____

Do you authorize Lemania College Switzerland to take your child to the doctor or to the hospital if necessary?
您是否授权瑞士莱蒙尼亚学院学在必要时带您的孩子到医生或者去医院？ oYes oNo

By signing this document, the parents or legal guardian confirm that they are aware of the following:
通过签署这份文件，父母或者法定监护人确认同意以下内容:

- Student is required to have medical care and health insurance recognized by the Swiss authorities.
  学生必须得到瑞士当局认可的医疗保险和健康保险
- Lemania College Altdorf-Switzerland can provide a medical care and health insurance to the student.
  莱蒙尼亚学院可以为学生申请医疗保险和健康保险
- If it is not the case a **copy of the students' insurance** has to be sent enclosed to medical questionnaire.
  如果学生及其父母和监护人没有办理以上报销，学生须将个人已有保险的复印件附加在本医疗健康问卷上。

Date 日期:_____

Signature of the parents or legal guardian 父母或者法定□□人□字:_____