



JERUDONG INTERNATIONAL SCHOOL

SCHOOL HEALTH RECORD

健康记录表

PHOTO
HERE
照片

OFFICE USE

Class/Year Group: _____

House: _____

Boarding / Day Student

Please provide details of your child's health status.

All information is confidential. 请如实填写您孩子的健康情况

STUDENT AND FAMILY INFORMATION 学生和家情况

Student's name: _____ Preferred name: _____
学生姓名 Family 姓 First 名 Second 常用名

Male男 / Female女 Date of Birth 出生日期: _____ Nationality国籍: _____

Mother's name: _____ Contact No.: _____
母亲姓名 联系电话:

Father's name: _____ Contact No.: _____
父亲姓名 联系电话:

Guardian's name (if applicable): _____ Contact No.: _____
监护人姓名 联系电话:

Student lives with: Both parents Mother Father Guardian Others _____
同居人 父母双方 母亲 父亲 监护人 其他人 (Provide details 请注明)

BRU-HIMS Number (when in Brunei): _____
(Brunei Darussalam Healthcare Information and Management System) 文莱BRU-HIMS号码

EMERGENCY CONTACT 紧急联络方式 (if parents can't be reached)

Primary contact name: _____ Relationship: _____ Contact No.: _____
主要联络人 关系 联系电话

Secondary contact name: _____ Relationship: _____ Contact No.: _____
其他联络人 关系 联系电话

Doctor/Health care provider: _____ Contact No.: _____
医生 联系电话

PERMISSION FOR EMERGENCY CARE 紧急措施安排

In the event that my child needs emergency care for an accident or sudden illness I agree to the school arranging transfer to RIPAS Hospital. I understand that I will be notified as soon as possible and that the school will not be liable for any costs incurred.
我同意在紧急情况下，学校可以送我的孩子去文莱的RIPAS医院就医。我理解我会在第一时间内得到通知，学校不负责承担任何费用。

Signature: _____ Date: _____
签名 **Mother/Guardian 母亲或监护人** **Father/Guardian 父亲或监护人** 日期

PARENTAL CONFIRMATION 家长声明

To provide the best health and safety care for your child it is important we have accurate and up to date information. This includes your contact details and your child's health and immunisation status. It is the parents'/guardian's responsibility to keep the school informed of any changes that occur. I have read and understood this.

我已阅读并同意：为保障孩子的安全和健康我有责任向校方提供正确的信息，包括我的联系方式和孩子的健康以及其接受免疫接种的记录。我也会确保提供最新的信息。

Signature: _____ Date: _____
签名 **Mother/Guardian 母亲或监护人** **Father/Guardian 父亲或监护人** 日期

STUDENT HEALTH HISTORY (to be completed by parents) 学生健康情况 (家长填写)

Does your child have a history of any health conditions?

您孩子有任何健康问题吗?

Please complete this section before the medical officers examination:

请完成填写以下表格:

| | | YES | NO | | | YES | NO |
|---|--|-----|----|--|--|-----|----|
| Neurological (Seizures, Headaches, Fainting) 神经系统问题 (癫痫, 头痛, 昏晕) | | | | Endocrinology/Hormonal (Diabetes, Thyroid) 内分泌/荷尔蒙问题 (糖尿, 甲状腺) | | | |
| Heart Problems (Rhythm & Sounds) 心脏问题 (韵律/声音) | | | | Mouth (Teeth, Gums, Braces) 口腔 (牙齿, 牙龈, 牙套) | | | |
| Breathing or Lungs (Asthma, etc) 呼吸系统/肺部 (哮喘或其他) | | | | Nose (Congestion, Nose bleeds) 鼻子 (堵塞, 出血) | | | |
| Muscles, Joints, Bones, Posture 肌肉, 关节, 骨, 姿势 | | | | Ears (Infections, Grommets, Hearing) 耳朵 (炎症, 胶耳, 听力) | | | |
| Stomach, Heartburn, Constipation 胃, 胃灼热, 便秘 | | | | Blood Disorders: (Anemia, G6PD, Hemophilia) 血液 (贫血, 葡萄糖6-磷酸脱氢酶缺乏症, 血友病) | | | |
| Skin Problems (Eczema, Rashes, Scars) 皮肤问题 (湿疹, 皮疹, 伤疤) | | | | Allergies 过敏 | | | |
| Psychological/ Emotional (Anxiety/self harm/depression) 心理/情感 (焦虑/自我伤害/沮丧) | | | | Hospitalizations/Surgeries 住院记录/手术 | | | |
| Kidney, Bladder, Urinary Infections 肾, 膀胱, 尿路感染 | | | | Nutritional Status (Over/Under weight, Eating disorder) 过重/轻, 饮食失调 | | | |
| Vision/Eyes 视力/眼睛 | | | | Special Dietary Requirements 特殊饮食习惯 | | | |

If you have answered YES to any of the above, please provide details below: 请对以上问题填写“是”的情况提供详细信息
(Please provide a copy of previous medical documentation regarding previous health conditions)

1. _____
2. _____
3. _____

PERMISSION TO GIVE MEDICATIONS 同意用药声明

PLEASE NOTE: All medications must be dispensed from the school's Health Centre or boarding Nurse Clinic. No student is to carry medication on their person, in their school bag, or keep in their locker or boarding house room without the knowledge and prior permission of the school nurse.

请注意所有的药物均由学校的医疗中心或者寄宿部的护士提供。在没有学校护士的认可下学生不允许私自携带任何药物, 藏于包袋, 寄宿部的寝室和储物箱中。

Student's own medication(s) should be clearly labelled with name, directions for use and handed in to the Health Centre or boarding Nurse Clinic where they will be stored safely and dispensed as requested.

学生个人药物必须注明学生姓名, 使用方式并且在学校的医疗中心或护士协助下按时按量服用。

Wherever possible, Junior School parents will be contacted prior to administering any medication.

在必要的情况下, 在给小学生任何药物之前会通知家长。

Please indicate your permission for the following medication to be used by the Health Centre and Boarding Nurse Clinic:

在您允许您的孩子服用的药物旁的yes格里打勾。

| | | | | | | | | |
|--|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| Panadol 扑热息痛 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Panadol Menstrual 生理期扑热息痛 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Ibuprofen 布洛芬 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Antihistamine 抗组胺药 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Decongestant 减充血剂 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cough syrup 咳嗽糖浆 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Throat lozenges 润喉糖 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Antacid 抗酸 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Creams for bruising/skin complaints/burns 皮肤涂膏-擦伤/敏感/烫伤 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | |

Comments 其他:

Signature: _____

签名

Mother/Guardian 母亲或监护人

Father/Guardian 父亲或监护人

Date: _____

日期

PHYSICAL EXAMINATION *(To be completed by a Medical Doctor / Nurse Practitioner)*

身体检查必须有医护人员填写并盖章

| | | | |
|---------------------|-------------------------------------|---|---------------|
| Height: _____ 身高 | Blood group (if known): _____ 血型 | Vision 视力 | Hearing 听力 |
| Weight: _____ 体重 | Pulse: _____ 心跳 | R: _____ 右 | R: _____ 右 |
| BMI: _____ 体重指数 | BP: _____ 血压 | L: _____ 左 | L: _____ 左 |
| | | Wears corrective lens Yes <input type="checkbox"/> No <input type="checkbox"/> 戴矫正镜片 是 否 | |

| | ABNORMAL 异常 | NORMAL 正常 | | ABNORMAL 异常 | NORMAL 正常 |
|--|----------------|--------------|---|----------------|--------------|
| Neurological (Seizures, Headaches, Syncope) 神经系统问题(癫痫, 头痛, 昏晕) | | | Endocrinology/Hormonal (Diabetes, Thyroid) 内分泌/荷尔蒙问题(糖尿, 甲状腺) | | |
| Heart Problems (Rhythm & Sounds) 心脏问题(韵律/声音) | | | Mouth (Teeth, Gums, Braces) 口腔(牙齿, 牙龈, 牙套) | | |
| Respiratory/Pulmonary (Asthma, Tb, Cystic Fibrosis) 呼吸系统/肺部(哮喘或其他) | | | Nose (Congestion, Nose bleeds) 鼻子(堵塞, 出血) | | |
| Musculo Skeletal (Postural, Joint Problems) 肌肉, 关节, 骨, 姿势 | | | Ears (Infections, Grommets, Hearing) 耳朵(炎症, 胶耳, 听力) | | |
| Gastrointestinal (Upper & Lower GI) 胃, 胃灼热, 便秘 | | | Blood Disorders: (Anemia, G6PD, Hemophilia) 血液(贫血, 葡萄糖6-磷酸脱氢酶缺乏症, 血友病) | | |
| Integumentary (Eczema, Rashes, Scars, Psoriasis) 皮肤问题(湿疹, 皮疹, 伤疤) | | | Allergies 过敏 | | |
| Urological 心理/情感(焦虑/自我伤害/沮丧) | | | Hospitalizations/Surgeries 住院记录/手术 | | |
| Psychological 肾, 膀胱, 尿路感染 | | | Nutritional Status (Over/Under weight, Eating disorder) 过重/轻, 饮食失调 | | |
| Vision/Eyes 视力/眼睛 | | | Special Dietary Requirements 特殊饮食习惯 | | |

Describe any abnormalities or conditions listed above and the dates involved:

如有异常请列出具体发生日期及描述详情

- _____
- _____
- _____

This student is able to participate in all physical education activities.

是否适合参加体育活动

Yes No
是 否

If not, please explain: _____

如填写否请列出原因

Regular or PRN MEDICATIONS

是否使用常用药物

Yes No
是 否

Name, dose and reason for medication: _____

请具体列出药物名称, 使用剂量和原因

- _____
- _____

Please provide immunisation details over the page 请在下页填写免疫接种记录

IMMUNISATION (Transcribe from immunisation records **and attach photocopy**)

免疫接种记录 (附上接种记录正本和复印件)

| DATES 日期 | Course Complete (for age) 接种时年龄 | | Comments 备注 |
|-----------------|------------------------------------|---------|----------------|
| | Yes 是 | No 否 | |
| Polio 脊髓灰质炎 | | | |
| DPT 百白破疫苗 | | | |
| MMR 麻疹风三联疫苗 | | | |
| HIB 流感嗜血杆菌疫苗 | | | |
| TB 结核病 | | | |
| Hepatitis A 甲肝 | | | |
| Hepatitis B 乙肝 | | | |
| Varicella 水痘 | | | |

Others 其他

- _____
- _____
- _____
- _____

 Physician's signature and title: _____
 (Stamp) 医师签名盖章

 Date: _____
 签名

 Address: _____
 地址

 Phone Number: _____
 联系电话
MEDICAL INSURANCE INFORMATION 医疗保险信息

All non-Bruneian Students are recommended to have full medical insurance. Please attach a copy and a copy of medical insurance card.

我们建议非文莱当地学生应该拥有个人医疗保险，如有请附上医疗保险资料/卡。

 Medical Insurer's Name: _____
 医疗保险公司名称

 Address: _____
 地址

 Contact Number: _____
 联系电话

 Policy Number: _____
 保险单号码