

**MEDICAL HISTORY AND SCREENING FORM**医疗历史和筛查表格

**General Information** 基本信息

**Participant:** 参与者

Name 姓名 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Contact phone numbers 联系电话 \_\_\_\_\_

Birth date 出生日期 \_\_\_\_\_

**Sex:** 性别

Male 男                       Female 女

**School Name:** 学校名称

\_\_\_\_\_

**School Address:** 学校地址

\_\_\_\_\_

**Grade:** 年级 \_\_\_\_\_

**Family Physician and/or Primary Health Care Provider** 家庭医生和/或初级卫生保健提供者:

**Name of the Doctor/Other** 医生/其他

\_\_\_\_\_

**Present Medical History** 目前医疗史

**Please check all that apply if you currently have or in the past three months had the following conditions.**

如果您目前有或在过去三个月内有以下情况，请检查所有适用情况。

- Temperature 发烧
- Coughing 咳嗽
- Short of breath 呼吸短促
- Infection 感染
- Diarrhea 腹泻
- Dizziness or fainting spells 头晕或昏厥
- Epilepsy or seizures 癫痫

- Asthma哮喘
- allergies (what kind? Please specify below: 过敏史, 如有, 请具体说明

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- Anxiety or depression焦虑或抑郁
- Eating disorder饮食紊乱
- Sleep disorder睡眠障碍
- Afraid of the dark or being alone害怕黑暗或独处
- Any condition(s) that AGES LLC should be aware of. If yes, please specify AGES LLC应该知道的任何情况。如果有, 请具体说明

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**Please provide any information that could help us to manage your kid while he/she is at camp with us 请提供任何可帮助我们在活动期间照看您孩子的信息:** \_\_\_\_\_

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Please provide a list of medications your child is taking (Includes over-the-counter medications and/or vitamins): 请提供您的孩子正在服用的药物清单 (包括非处方药和/或维生素) \_\_\_\_\_

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Date of last complete physical examination上次完成体检的日期: \_\_\_\_\_

- Normal正常       Abnormal异常       Never 从未体检       Can't remember  
不记得

List any drug allergies: 列出任何致敏药物: \_\_\_\_\_

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**IMPORTANT NOTE:重要提示**

Please attach a copy of all the vaccinations your child had since birth or medical form from doctor which certifies that the child is medically fit to travel to Boston for summer camp. 请附上您孩子出生以后的所有接种过的疫苗或医生提供的证明孩子身体健康适合前往波士顿参加夏令营的医疗表格的复印件。

Medical Doctor:医生

Please review the form above and indicate whether you 请查看上面的表格并指出您是否

recommend to attend the camp 推荐参加夏令营

not recommend to attend the camp due to medical reasons. 不推荐由于医疗原因参加夏令营

Print打印\_\_\_\_\_

Signed by 签名\_\_\_\_\_

Phone #电话\_\_\_\_\_

Date日期\_\_\_\_\_