

Li Po Chun United World College of Hong Kong

MEDICAL REPORT

This form should be completed in **English only**.

TO BE COMPLETED BY THE PARENT/GUARDIAN

Student's Surname: _____

Tel. For Emergency Contact: _____

Given Names: _____

Do you already have health insurance? Yes/No

Sex: Male/Female

If Yes, please give details: Insurance

Date of Birth (dd/mm/yy): _____

Company Name: _____

Parent or
Guardian's Name: _____

Policy Name: _____

Home Address: _____

Does this include:

Dental Yes No

Prescription medications Yes No

Counsellor or psychologist Yes No

E-mail address: _____

Parents/Guardians are responsible for all dental expenses and prescription medications.

Home Telephone: _____

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TO BE COMPLETED BY THE STUDENT'S DOCTOR ONLY. Please complete the form in English.

Height _____ cm

1. Chest X-Ray: must be taken within recent six months: Date: _____

Weight _____ kg

X-Ray report: _____

Blood Pressure _____ mmHg

Pulse _____/min

2. Urine (full & microscopic examinations):

Ear Nose Throat _____

Abdomen _____

3. Blood test:

Locomotor System _____

Haemoglobin _____ Date: _____

Central Nervous System _____

HBsAg _____ Date: _____

Respiratory System _____

HBsAb _____ Date: _____

Cardiovascular System _____

4. Remarks: _____

Investigation of other conditions _____

Hepatitis B is quite common in Hong Kong and in order to give suitable advice to students it is important for us to know whether a student is a carrier or not.

New students are encouraged to undergo blood tests before they leave home to determine whether or not they are seropositive. If adequate test arrangements are not available at home, arrangements can be made by the College at the student's cost after arrival here.

We require that the students be immunized adequately and be up to date with booster inoculations. This refers to Tetanus, Rubella and Hepatitis B. Boosters must have been given against Tetanus between the ages of thirteen and sixteen.

ALL students must present documentary evidence of immunisation. Incomplete documentation regarding immunisation will require a student to have a complete primary series of immunisation. In addition, please complete the record below:

	Date of Immunisation	Date of Booster
Tetanus		
Hepatitis B		
Rubella (For Female Students only)		N.A.

Students will travel to South East Asia during Project Week, the following vaccinations are recommended for travel to some countries in South East Asia.

	Date of Immunisation
Typhoid	
Menigococcus	

Have you had Children Pox before:

- Yes, date: _____ No

You are encouraged to have Chicken Pox vaccination if you have not had Chicken Pox before.

- 1st dose. Date: _____ 2nd dose. Date: _____

HEALTH HISTORY (to be completed by **Doctor only**)

Please answer the following questions. Check Yes or No in the columns indicated. Has the student now or ever had:

	YES	NO		YES	NO
Migraine			Arthritis or other joint disease		
Concussion or head injury			Diabetes Mellitus		
Epilepsy (grand or petit mal)			Sexually transmitted disease		
Ear infection			Hepatitis A or B		
Sinus infection			Malaria		
Mumps			Infectious mononucleosis		
Strep throat			Rheumatic fever		
Tuberculosis			Allergies		
Asthma			Psychiatric problems		
Heart disease			Mood disorder		
Kidney or bladder disease			Anxiety		
Peptic ulcer			Panic attacks		
Menstrual problem			Sleep disorders		
Bowel disorder			Eating disorders		

IF your answer is yes to any item in "Health History", please give details:

Is there any reason to suspect the student may have problems adjusting to a boarding environment away from home?

FAMILY HISTORY

Has any member of the family had:

Tuberculosis, mental disease, heart disease, diabetes, other serious illness or disease?

Has the student been receiving counselling for any reason? Give particulars and dates.

Has the student had any other serious illness, any surgical operations, any constitutional disability? Give particulars and dates.

If the student needs a special diet for medical reasons, please state the requirements clearly. If a vegetarian diet is requested, please include foods eaten.

Is the student receiving any long-term medication?

Is the student a smoker? _____

Does the student have any history of drug use?

Is there any other information you think the College should be given?

Because of the full and rigorous life at the College, we require that ANY physical, emotional or mental illness be brought to our attention, and the parent/guardian is asked to write to us confidentially on any such condition.

Signature of
Medical Examiner: _____

Name: _____

Address: _____

Tel: _____

Fax: _____

Date: _____