

Taipei Medical University student physical examination record form

*No fasting

Inspection date : / /

Name		Student ID		Department & major													
Date of birth	/ /	ID No. or ARC No.:				<input type="checkbox"/> Male											
						<input type="checkbox"/> Female											
Phone No.		I agree to the chest and abdominal check-up on the student under the age of 20.															
		Guardian's Signature:															
Tested items	Results (Check all that apply)					Medical personnel's signature											
Oral cavity	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor oral hygiene <input type="checkbox"/> Calculus <input type="checkbox"/> Gingivitis <input type="checkbox"/> Periodontitis <input type="checkbox"/> Malocclusion <input type="checkbox"/> Oral mucosal abnormality <input type="checkbox"/> Milk tooth residue <input type="checkbox"/> Others															
Tooth	<input type="checkbox"/> Normal	<input type="checkbox"/> Dental caries _____ <input type="checkbox"/> Missing teeth _____ <input type="checkbox"/> Filled _____ <input type="checkbox"/> Impacted _____ <input type="checkbox"/> Supernumerary _____															
Tooth map : C-dental caries X-missing teeth △- filled ϕ-impacted teeth Sp.-supernumerary teeth																	
upper right lower right	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	upper left lower left
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
Dentists comments and suggestions		<input type="checkbox"/> No obvious abnormality <input type="checkbox"/> Please come back for follow-up															
General examination	Height : _____ cm Weight : _____ kg BMI : _____ Waistline : _____ cm BP : _____ / _____ mmHg Pulse rate : _____ /min																
Eye	Visual acuity test	uncorrected : right _____ left _____ corrected : right _____ left _____															
	Other abnormalities	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal color discrimination <input type="checkbox"/> Strabismus <input type="checkbox"/> Others _____															
ENT	<input type="checkbox"/> Normal	Abnormal hearing ability : <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> Suspected otitis media e.g. perforation of eardrum <input type="checkbox"/> Tonsils enlargement <input type="checkbox"/> Impacted cerumen <input type="checkbox"/> Suspected goiter <input type="checkbox"/> Suspected Lymph node enlargement <input type="checkbox"/> Nasal septum deviation <input type="checkbox"/> Allergic rhinitis <input type="checkbox"/> Others _____															
Head&neck	<input type="checkbox"/> Normal	<input type="checkbox"/> Torticollis <input type="checkbox"/> Abnormal mass <input type="checkbox"/> Others _____															
Chest	<input type="checkbox"/> Normal	<input type="checkbox"/> Cardiopulmonary disease <input type="checkbox"/> Thoracic cage abnormality <input type="checkbox"/> Others _____															
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormally swollen <input type="checkbox"/> Others _____															
Spine&limbs	<input type="checkbox"/> Normal	<input type="checkbox"/> Scoliosis <input type="checkbox"/> Limb deformities <input type="checkbox"/> Frog leg deformity (squatting difficulty) <input type="checkbox"/> Others _____															
Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Ringworm <input type="checkbox"/> Scabies <input type="checkbox"/> Wart <input type="checkbox"/> Atopic dermatitis <input type="checkbox"/> Eczema <input type="checkbox"/> Others _____															
Lab studies		Result	Notes	Normal	Lab studies	Result	Notes	Normal									
Blood routine examination	Hemoglobin (g/dl)			♂:13-17 ♀:12-16	Serological study	HBsAg		Negative									
	Red blood cell (10 ⁶ /μL)			♂:4.20-6.10 ♀:3.80-5.50		Anti-HBs		Positive									
	White blood cell (10 ³ /μL)			4.00-11.0	Liver function	GOT (U/L)		<40									
	MCV (fl)			80-99		GPT (U/L)		<41									
	Platelet (10 ³ /μL)			130-400	Urine examination	Urine sugar (mg/dl)		0-50									
Blood fat	Total cholesterol (mg/dl)		<200	Urine protein (mg/dl)			0-20										
Renal function	Creatinine (mg/dl)			♂:0.7-1.2 ♀:0.5-0.9		PH		5.0-8.0									
	Uric acid (mg/dl)			♂:3.4-7.0 ♀:2.4-5.7		Occult blood (mg/dl)		0.00-0.01									
<input type="checkbox"/> If you are in menstrual period, please complete your urine examination in Division of Laboratory Diagnosis before 9/18.																	
Chest X-ray	Date / /	Results : <input type="checkbox"/> No obvious abnormality <input type="checkbox"/> Suspected tuberculosis <input type="checkbox"/> Calcification of tuberculosis <input type="checkbox"/> Abnormal thoracic cage <input type="checkbox"/> Pleural effusion <input type="checkbox"/> Scoliosis <input type="checkbox"/> Cardiac hypertrophy <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Others _____ <input type="checkbox"/> Decline CXR (eg: pregnancy)															
Physician's comments and suggestions					Physician's signature												
※Health exam report is not valid without the official stamp of this institution.																	