

Taipei Medical University student physical examination record form

Inspection date : / /

Name		Student ID		Department & major		attach your photo here (please write down your name and student ID# in the back)											
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"/> No obvious abnormality <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"/> No obvious abnormality <input type="checkbox"/> Dental caries _____ <input type="checkbox"/> Missing teeth _____ <input type="checkbox"/> Pending for extraction _____ <input type="checkbox"/> Corrected _____ <input type="checkbox"/> Impacted _____ <input type="checkbox"/> Supernumerary _____																
Tooth map : C- dental caries X-missing teeth Δ-corrected /-for extraction 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"/> Normal, no obvious irregularity <input type="checkbox"/> Found irregularity, please come back for follow-up															
General examination	Height : _____ cm Weight : _____ kg BP : _____ / _____ mmHg BMI : _____ kg/m <input type="checkbox"/> Underweight(<18.5) <input type="checkbox"/> Overweight(>24) <input type="checkbox"/> Obese(>27)																
Eye	Visual acuity test		uncorrected : left _____ right _____ corrected : left _____ right _____														
	<input type="checkbox"/> No obvious abnormality		<input type="checkbox"/> Abnormal color discrimination ability <input type="checkbox"/> Eyelashes invert insertion <input type="checkbox"/> Nystagmus <input type="checkbox"/> Ptosis <input type="checkbox"/> Others _____														
ENT	<input type="checkbox"/> No obvious abnormality		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"/> No obvious abnormality		<input type="checkbox"/> Torticollis <input type="checkbox"/> Abnormal mass <input type="checkbox"/> Others _____														
Chest	<input type="checkbox"/> No obvious abnormality		<input type="checkbox"/> Cardiopulmonary disease <input type="checkbox"/> Thoracic cage abnormality <input type="checkbox"/> Others _____														
Abdomen	<input type="checkbox"/> No obvious abnormality		<input type="checkbox"/> Hepatosplenomegaly <input type="checkbox"/> Other abnormality _____														
Spine&limbs	<input type="checkbox"/> No obvious abnormality		<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"/> No obvious abnormality		<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)				12.0-18.0	Liver function	GOT (IU/L)		<40								
	White blood cell (10 ³ /μL)				4.00-11.0		GPT (IU/L)		<41								
	Red blood cell (10 ⁶ /μL)				4.20-6.10	Serological study	HBsAg		Negative								
	Platelet (10 ³ /μL)				130-400		Anti-HBs		Negative								
	Hematocrit (%)				37.0-52.0	Urine examination	Urine sugar		0-50								
Blood fat	Total cholesterol (mg/dl)				<200		Urine protein		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		0.00-0.03								
<input type="checkbox"/> Refused urine test during MC period																	
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"/> Refused CXR during pregnancy <input type="checkbox"/> Refused CXR by the student															
Physician's comments and suggestions						Physician's signature											
※Health exam report is not valid without the official stamp of this institution.																	