

Dharma Realm Buddhist University
Student Medical Form

法界佛教大學 學生入學體檢表
(to be filled out by a physician 醫生填體檢表)

Applicant's name: _____
(申請人姓名) last (姓) First (名) middle

Address: _____
(地址) No.(門牌號) Street (街)

City (城市) State (州) zip code (郵遞區號) country (國家)

This report is being requested in connection with a application for admission to Dharma Realm Buddhist University. Please answer the following questions so that we have a record of the applicant's health and any problems that would require special attention. Add additional sheets if space is insufficient. 本表為申請入法界大學所需，請確實回答下列問題，俾使本班認識申請人之健康情況，並於入學後對有特殊健康情況者給予特別注意。如紙張不敷填寫，請另加頁。

General Health (一班健康情況):

Does that applicant show signs of emotional instability 申請人是否有情緒不穩之徵狀? _____ if yes 如有，please describe in detail 請詳細述之:

Any problems in health history 過去病患史?

Any previous surgery 過去是否有開刀?

Any allergy to medicatin(s) 有無任何藥物過敏? If yes, please describe in detail 如有，請詳細述之

Bleeding tendencies 血型傾向:

Medications 藥物治療:

Allergies 藥物過敏:

Family History 家庭醫學史: