

Dharma Realm Buddhist University Student Medical Form  
法界佛教大學 學生入學體檢表  
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Applicant's name 申請人 \_\_\_\_\_

Social History and Habits (Tobacco, Alcohol, Sleep, Eating) 社會史及興趣 (煙草、酒精、睡、吃):

Previous Illnesses (過去病症):

Previous Accidents (過去意外事件):

Visions and Hearing (視力及聽力):

Immunizations(including dates and dosage) 免疫史 (註明日期及用量)  
:

Tuberculin test results 肺病測驗結果:  Positive 正  Negative 負. Date 日期\_\_\_\_\_ If T. B. test is positive, a chest X-ray is required 如果肺病測驗結果是正, 請附 X 光片. (Tuberculin tests are required and must have ben taken during the past year 肺病測驗須在最近一年內始有效.)

Are there any health problems which may require special attention while this person is a student in the above program? If yes please describe in detail 申請人之健康情況, 本校是否有需要特別注意健康情況之處? \_\_\_\_\_ 若有, 請詳細述之。

Date of most recent examination 最近一次體檢日期: \_\_\_\_\_ Today's date 填表日期 \_\_\_\_\_

(For female applicants only 限女性申請人填寫)

Menstrual History 經期:

- (a) Any pain with menstruation 經期時有無疼痛?  
(b) Number of pregnancies, deliveries, miscarriages and abortions 懷孕生產次數、流產或墮胎

Physician's name 醫生名: \_\_\_\_\_ Signature 醫生簽字: \_\_\_\_\_

Physician's address 醫生地址: \_\_\_\_\_