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| 健康調查表 |

☆ 基本資料

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| 姓名： |  | | | | | | | | 性別： | | | | | | □ 男 □ 女 | | | | | | 編號： | | |  | | | | 本欄請勿填寫 |
| 出生： |  | | 年 |  | | 月 |  | | 日 | | | | 身份證號碼： | | | |  | | | | | | | | | | | |
| 身高： |  | | 公分 | |  | 體重： | |  | | | | | | 公斤 | | | 血型： | | |  | | | | | R | | | |
| 單位： |  | | | | | | | | |  | | 部門： | | | |  | | | | | |  | 職位： | | | |  | |
| 地址： |  | | | | | | | | | | | | | | | | |  | 電話： | | | 〔 |  | | | 〕 |  | |
| E-mail： | |  | | | | | | | | | | | | | | | |  | 手機： | | | 〔 |  | | | 〕 |  | |
| 飲食： | □ 一般 □ 素食 □ 其它： | | | | | | | | | | （請說明） | | | | | | | | | | | | | | | | | |

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| 您有 健康／意外保險 嗎？ |  | | □ | 是 | □ | 否 |
|  | |
| 如果有，請寫出保險公司的名稱： | |  |  |  |  |  |

如果您發生傷害或意外事件，請詳述必須聯絡誰：

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| 姓名： |  | | 關係： |  |  | | | |
| 地址： |  | |  |  | | | 郵編： |  |
| 手機： |  | 住宅電話： | |  | | 單位電話： | |  |

☆ 健康狀況

請問您現在或過去是否有下列症狀：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| □ | | 心臟病、冠心病 | | | | □ | 心悸、心絞痛 | | | | | | | | | | □ | | 心肌梗塞 | | | | | | | | |
| □ | | 胸痛或胸悶 | | | | □ | 心率不整 | | | | | | | | | | □ | | 高／低血壓 | | | | | | | | |
| □ | | 中風、血管栓塞 | | | | □ | 疝氣、脫腸 | | | | | | | | | | □ | | 氣喘 | | | | | | | | |
| □ | | 梅尼爾氏症、癲癇 | | | | □ | 糖尿病 | | | | | | | | | | □ | | 焦躁、憂鬱、歇斯底里 | | | | | | | | |
| □ | | 關節、肌肉的問題 | | | | □ | 骨折 | | | 時間： | | |  | | | | □ | | | 脫臼 | 時間： | | |  | | | |
| □ | | 其他 (例如經期、懷孕) | | | | □ | 任何不能從事較耗費體力活動的病症 | | | | | | | | | | | | | | | | | | | | |
| ※ | 如果勾選上述任何一項，請提供完整的訊息： | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  | | | | |  | | | | | | | | | | | | | | | | |  |  | |  |  |
| 1. | 您現在有服用藥物嗎？ | | | |  | | | | | | | | | | | | | | | | | □ | 是 | | □ | 否 |
|  | | | | | | | | | | | | | | | | |
|  | 如果有，請說明是何種藥物及什麽樣的狀況需要服藥： | | | | | | | | | | | | | | |  | | | | | |  |  | |  |  |
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| 2. | 您有任何身體上的限制、健康問題或殘疾 (暫時或永久)，使您的醫師認爲應該限制您參加 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 南興國民中學第二校區探索體驗設施教育訓練課程的活動課程嗎？ | | | | | | | |  | | | | | | | | | | | | | □ | 是 | | □ | 否 |
|  | | | | | | | | | | | | |
|  | 如果有，請說明以協助我們瞭解： | | | | | | |  | | | | | | | | | | | | | |  |  | |  |  |
|  | | | | | | | | | | | | | |  | | | | | | | |  |  | |  |  |
| 3. | 您有任何過敏症狀、藥物反應或其他的用藥限制嗎？ | | | | | | | | | | | | |  | | | | | | | | □ | 是 | | □ | 否 |
|  | | | | | | | |
|  | 如果有，請說明： | |  | | | | | | | | | | | | | | | | | | |  |  | |  |  |
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| 4. | 您曾因爲任何情況做過手術，可能不適於參加激烈的活動？ | | | | | | | | | | | | | | | | |  | | | | □ | 是 | | □ | 否 |
|  | | | |
|  | 您曾經做過手術，現在仍在後續追蹤療養嗎？ | | | | | | | | | | |  | | | | | | | | | | □ | 是 | | □ | 否 |
|  | | | | | | | | | |
|  | 如果有，請說明： | | |  | | | | | | | | | | | | | | | | | |  |  | |  |  |
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☆ 其他

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| 1. | 您的家族中，有人曾有心臟方面的疾病嗎？ | |  | □ | 是 | □ | 否 |
|  |
|  | 如果有，請說明： |  | |  |  |  |  |

請指出下列哪一項最能代表您的運動狀態：

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| □ | 日常生活中，幾乎不運動或是根本不運動 |
| □ | 規律的運動（例如：每日跑步、快走20分鐘，或每星期至少3次類似的運動） |

☆ **經過您自己的評估，您認為自己適於參加南興國中第二校區探索體驗設施教育訓練課程…**

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| □ | 不適合 | □ | 對自己充滿信心 |

☆ 參加人員聲明

我保證以上的健康與醫療訊息正確屬實而且完整。若我未完全告知或隱瞞我的健康狀況及醫藥史，我同意在參加嘉義市立南興國民中學第二校區探索體驗設施教育訓練課程時，必須為所有因此可能發生的傷害自行擔負完全的責任。

若我在嘉義市立南興國民中學第二校區發生任何疾病、傷害或意外，我同意接受必要的緊急醫療措施、住院或其他處置。

我同意在參加嘉義市立南興國民中學第二校區訓練課程的期間，完全遵照訓練人員的所有安全指示，並聲明我在參加訓練課程時，若因未遵照正常操作程序或安全指示而遭受傷害或發生意外，與嘉義市立南興國民中學、及其訓練員和領導人員無關。

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| 參加人員簽名： | |  | | | | | |  | 監護人： |  |
| 日期： |  | | 年 |  | 月 |  | 日 |  |  |  |