

Kaohsiung City Alian District Public Health Center

General Health Exam Form

Date for health exam :

Exam No:

Photo	Name		Date of Birth	Y	M	D	Sex		Female		Male		
	Nationality						TEL						
	Address												
	ID or Passport No											Occupation	
	1.Height : cm 2.Weight kg 3.Waist Circumference : cm										Doctor's Signature		
4.Breast Circumference Expiration : cm Inspiration : cm													
5.Pulse Rate /Min Blood Pressure : / mmHg													
6.Nutrition Status : 7.Development : 8.Body Temperature : °C													
9.Eye : L R 10.Color Different ion :													
11.Vision : L (Corrected) R (Corrected) Bil (Corrected)													
12.Ear : L R 13.Hearing : L R						Agency Seal							
14.Nose : 15.Throat :													
16.Oral Cavity : 17.Skin :													
18.Spinal Column : 19.Limbs :													
20.Deformity : 21.Cardiovascular System :													
22.Lungs : 23.Abdomen :													
24.Psychiatric Speech :													
25.Others :													
Chest X-Ray :													
(Y M D Picture No:) Report :													
Syphilis(VDRL) : Hb: gm% RBC M/ μ L WBC M/ μ L PLT: K/ μ L													
AC Sugar : mg/dL Cholesterol: mg/dL Triglyceride: mg/dL Creatinine: mg/dL													
Hepatitis A Antibody : Hepatitis B Antigen : Hepatitis B Antibody : Hepatitis C : GPT: U/L													
Urine Routine Protein : Occult Blood: Sugar:													
Stool : Others :													
Comment and Suggestions :													
Use						Administrator's Signature							