



Collection of Students' Health Records

有關收集學生病歷事宜

Dear Parents,
各位家長:


To enhance the safety and health management of students, the school kindly requests your cooperation in reporting your children's medical history. Please fill in the form below and select "Yes" if your child has or had any of the following diseases. The school ensures that students' health records are handled in compliance with the Personal Data (Privacy) Ordinance. If you have any further inquiries, please feel free to contact Mr Choy Tsz Kit or Ms Soen Yi Wun at 2604 9762 during office hours. Thank you for your attention.

Yes / No 有/沒有	Chronic Disease 慢性疾病	Age of Incidence 患病時年齡 / 最近病發日期	Long-term Medication 是否長期服用藥物	Supplementary Information 有關疾病補充資料
<input type="checkbox"/> Yes / <input type="checkbox"/> No	G6PD deficiency 六磷酸葡萄糖脫氫酶素缺乏症			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Bronchial asthma 哮喘			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Epilepsy 羊癇			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Fits due to fever 高熱引致抽搐			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Kidney disease 腎病			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Heart disease 心臟病			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Diabetes mellitus 糖尿病			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Hearing defect 聽覺不健全			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Haemophilia 血友病			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Anaemia 貧血			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Other blood disease 其他血病			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Allergies 各類敏感 (請列明)			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Tuberculosis 肺結核			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Operation 曾接受之手術			
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Others 其他 (請列明): _____			

為了提升學校對學生安全和管理的能力，學校誠邀家長協助填報貴子弟的病歷記錄。請填寫以下表格，如貴子弟曾患有上表所列疾病，請剔選「有」並提供詳細資料。學校會按照《個人資料(私隱)條例》的規定處理學生的健康記錄。如有任何疑問，請於辦公時間內致電 2604 9762 聯絡蔡子傑老師或孫依媛老師。

Christian Alliance Cheng Wing Gee College
宣道會鄭榮之中學




Shum Kai Shing, Principal 沈啟誠校長
11 September 2023 2023 年 9 月 11 日