Asia University
Student Health Examination Form (Self-written)

Date of Entry	/ (yy)/(mm)	Name		
ARC No.		Nationality		Attached Photo
Birth Date	/ / (yy/mm/dd)	Sex ☐M ☐F	Blood Type	
Department & Class		Student No.		
		Cell Phone No.		

Emergency Contact (Parents or guardian)	Relationship	Name	Phone(home)	Cell phone No.

Medical History

※Please tick any og the following ailments you have had:

☐1. Tuberculosis
☐2.Heart disease
☐3.Asthma
☐4.Kidney Disease
☐5.Cancer:_______
☐6. Diabetes
☐7.Epilepsy
☐8.Hypertension
☐9.Hemophilia
☐10.Lupus erythematosus
☐11. Arthritis
☐12.Favism
☐13.Hepatitis:☐Type A ☐Type B ☐Type C
☐14.Polio
☐15. Thalassemia
☐16.Name of major surgery:_______________
☐17.Name of mental disease: _______________
☐18.Name of drug allergy:_______________
☐19.Name of food allergy: _______________
☐20.Others: _______________
☐21.No above-mentioned diseases

Lifestyle

※ Tick the box that best describes your lifestyle:

1. How much did you sleep during the past 7 days (*not including weekends, or days off*) ?:☐① ≧7 hours a day ☐②<7 hours a day ☐③ I suffer from insomnia
2. How many days did you eat breakfast during the past 7 days (*not including weekends, or days off*)?: ☐①Never☐②Seldom:____days ☐③Every day at (time)?__________________
3. During the past month (*not including weekends, days off, or winter or summer vacation*), have you exercised three times a week, for at least 30 minutes each time, and achieving a heartbeat rate of 130 bpm each time?: ☐①Yes ☐②No
4. During the past month, did you smoke?: ☐①No ☐②Often ☐③Every day:____ # cigarettes per day ☐④Quit
5. During the past month, did you drink alcohol? ☐①No ☐②Often ☐③Every day: ____ # glasses per day ☐④Quit (*Note for ③: please say how many glasses, 'one glass' means: beer 330 ml, wine 120 ml, liquor 45 ml*)
6. During the past month, did you chew betel quid? ☐①No ☐②Often ☐③Every day, ____ # quids per day ☐④Quit
7. Do you feel worried or depressed ? ☐①No ☐②Seldom ☐③Often
8. Do you regularly feel chest discomfort? ☐①No ☐②Seldom ☐③Often
9. Do you regularly feel stomach discomfort? ☐①No ☐②Seldom ☐③Often
10. Do you regularly have headaches? ☐①No ☐②Seldom ☐③Often
11. Menstrual history (*women only*):
    (1) Your age at first menstruation:☐①Haven't begun menstruation yet ☐②Age at first period:_________
    (2) Length of menstrual cycle: ☐①≦20 days ☐②21-40 days ☐③≧41 days ☐④irregular (*differing in length by more than 7days*)
    (3) Do you have painful menstrual periods? ☐①No ☐② Light pain ☐③ Severe pain
12. Bowel habits: During the past 7 days, how often did you defecate? ☐①At least once every day ☐②Once in 2 days ☐③Once in 3 days ☐④Once in 4 or more days
13. Internet use: During the past seven days (*not including weekends, or days off*), how many hours did you use the internet every day, apart from when doing homework or in class? ☐①≦1 hour ☐②1-2 (less than)hours ☐③2-4 (less than) hours ☐④4-5 (less than) hours ☐⑤≧5 hours

Self-rated Health

1. In general, during the past month, would you say your health is ☐①Excellent ☐②Very good ☐③Good ☐④Fair ☐⑤Poor
2. In general, during the past month, would you say your mental health is ☐①Excellent ☐②Very good ☐③Good ☐④Fair☐⑤Poor

Do you currently have any health concerns? Please give details:

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