

STUDENT MEDICAL RECORD

(学生病史记录)



Year / Term: _____
(年 / 学期)

Name of Student: _____ Class: _____
(学生姓名) (班级)

Student's Local Address: _____
(学生本地地址)

Student's Local Contact No.: _____
(学生本地联络号码)

Name of Guardian: _____
(监护人姓名)

Guardian's Local Contact No.: _____
(监护人本地联络号码)

Guardian's E-mail Address: _____
(监护人电邮地址)

Pre-existing medical conditions if any (如有已知病史):

Drug Allergies (药物过敏):

I hereby declare that all the particulars furnished by me in this form are true and correct. I will not hold the school responsible if it is later proven false or intentionally omitted by me. 我在此声明我提供的一切资料都是真实和正确的。如果后来证明资料有错误或是由我故意省略，我将不会追究于学校。

Acknowledged by Guardian/Parent
(监护人 / 家长确认签名)
Name:
(姓名)
Date:
(日期)

Acknowledged by AA Personnel
(爱信工作人员确认签名)
Name:
Designation:
(职位)