



中二及中三級 學生健康調查

敬啟者：

為瞭解學生的健康狀況，懇請 台端填妥下列調查表，以便本校安排學生上體育課和參與各類活動及比賽，惟家長必須留意，如 貴子弟有任何健康問題，應徵詢醫生的意見，以確定是否適宜參與體育活動。若 貴子弟需暫時或長期豁免參與體育活動，必須呈示註冊醫生證明書。

請於九月三十日(星期三)，將回條交回班主任。若發現 貴子弟健康狀況有任何轉變，請立刻通知學校，以便跟進。如有垂詢，請與班主任聯絡。

此致

中二及中三級家長

仁愛堂田家炳中學校長

吳潔容謹啟

二零二零年九月二十九日

✂

回條(須於 30/9 交回班主任)

2020/21 學生健康調查表

學生姓名：_____ 性別：_____ 班別：_____ 學號：_____

身體健康狀況 (請於適當方格內填上“✓”號)：

- ① 健康正常，適宜參與全年體育課、各項體育活動、各類運動比賽及各類課外活動。
- ② 不適宜上體育課及參與各類體育活動和比賽，茲附上醫生證明書。
- ③ 豁免由_____至_____上體育課及參與各類體育活動和比賽，茲附上醫生證明書。
- ④ 被診斷患上以下疾病 (例如：G6PD 缺乏症、色盲、花粉敏感症等)，但不會影響一般學校學習活動； 或
- 被診斷患上以下疾病，只適宜參與經醫生建議的活動。

疾病名稱及狀況：_____

學生家長／監護人簽署：_____

二零二零年九月 日

No. 20-21/05a

*註： 學生健康正常，必須參加學校體育課或學校指定之課外活動。
未完成家長信申請或醫生證明，及未經學校批准程序而不上體育課或學校指定之課外活動者，會作曠課或無故缺席處理。



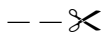
S2 & S3 Student Health Survey

In order to better understand our students' health condition so that PE lessons and other sports activities can be arranged, parents are kindly requested to fill out the following survey. Parents should also seek medical advice from doctors about whether your child can take part in PE lessons and other sports activities if they suffer from any health issues. If a temporary exemption from sports activities is needed, a valid medical certificate is always required.

Please ask your child to return this survey to the form teacher on 30 September (Wed). It is highly appreciated if you could inform the school of any changes to your child's health condition immediately.

For enquiries, please contact the form teacher.

Ng Kit Yung
Principal



Reply Slip (Please return to the form teacher on 30 September)

_____ September 2020

Student Health Survey 2020/21

Name of student: _____ Sex: _____ Class: _____ Class Number: _____

Health conditions (Please put a "✓" in the appropriate box) :

- ① My child is in good health condition and can take part in PE lessons and various sports and extra-curricular activities.
- ② My child is not advised to take part in PE lessons and any sports activities.
(Please attach a doctor's certificate)
- ③ My child should be exempted from PE lessons from _____ to _____.
(Please attach a doctor's certificate)
- ④ My child has been diagnosed with the following disease(s) (e.g. G6PD deficiency, colourblindness, pollen allergy etc). However, the disease would not affect common learning activities in school, or
 My child has been diagnosed with the following disease(s) and can only take part in activities advised / recommended by doctors.

Name(s) of disease(s) and conditions: _____

(Please attach a doctor's certificate)

Parent/Guardian signature: _____

No. 20-21/05a

* Notes: Students in good health condition are required to take part in the PE lessons and extra-curricular activities as specified by the school.

If students do not take part in the PE lessons and extra-curricular activities as specified by the school without providing a letter from parent or doctor's certificate and obtaining permission from the school, this will be recorded as either truancy or casual absence.