Hong Kong Tang King Po College
香港鄧鏡波書院

享受閱讀 自信勵學
正向價值 積極人生
(Sch 25-26/12)
5th September 2025

學生健康狀況調查表

各位家長：

為使學校了解　貴子弟的健康情況，以便教職員照顧學生在校的生活，請家長填寫以下健康狀況資料。

校長　黃嘉明謹啟
二零二五年九月五日

一．收集個人資料聲明

收集目的：本校收集　貴子弟的個人資料，只會用作處理有關學生的保健及安全事宜。雖然提供個人資料與否純屬自願，但若你所提供的資料不足，本校可能無法掌握　貴子弟的病歷，當意外發生時，我們可能未能為　貴子弟提供適切的協助。

二．體育課及課外活動（只選一項）

- ☐ 小兒現在適宜上體育課及參加任何其他類型的學校活動。
- ☐ 小兒暫不適宜上體育課(需提交醫生證明書)，請豁免小兒由_____至_____的體育課。
- ☐ 小兒不適宜參加下列類型的學校活動(需提交醫生證明書)：

_____

三．貴子弟患有的疾病(如有)

例如：葡萄糖六磷酸去氫酵素缺乏症(G6PD)、哮喘、腦癇病(羊癇)、高熱引致抽搐、腎病、心臟病、糖尿病、聽覺不健全、血友病、貧血、其他血病、藥物敏感、疫苗敏感、食物敏感、肺結核、小手術、大手術等。。。

_____

請列明患病時年齡及疾病資料(醫生建議對於發病時的處理方法)。

四．如小兒健康狀況有變化，本人承諾立刻以書面通知學校

請於二零二五年九月九日前簽妥電子通告。

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Student Health Condition Survey

Dear Parents,

To help the school understand your child's health condition so that our staff can better care for them during school hours, please complete the following health information form.

Yours faithfully,
Wong Ka Ming
Principal

1. Personal Data Collection Statement
   Purpose of Collection: The personal data collected by the school will be used solely for matters related to students' health and safety. While providing personal data is voluntary, if the information provided is insufficient, the school may not have a clear understanding of your child's medical condition. The school may not be able to provide appropriate medical assistance if an emergency occurs.

2. Physical Education (PE) Classes and Extracurricular Activities (Please select only one option)
   ☐ My child is currently fit to participate in PE classes and all other types of school activities.
   ☐ My child is temporarily unfit for PE classes (a medical certificate must be provided).
   Please exempt my child from PE classes from _____ to _____.
   ☐ My child is unfit to participate in the following types of school activities (a medical certificate must be provided):

   _____

3. Diseases or Health Conditions Your Child Has (if any)
   Examples: Glucose-6-phosphate dehydrogenase deficiency (G6PD), asthma, epilepsy, convulsions due to high fever, kidney disease, heart disease, diabetes, hearing impairment, hemophilia, anemia, other blood disorders, drug allergies, vaccine allergies, food allergies, tuberculosis, minor surgery, major surgery, etc.

   _____
   Please specify the age at onset and details of the condition (including the doctor's recommended course of action at the time of onset).

4. I promise to inform the school promptly in writing if there are any changes in my child's health status.

Please sign the e-notice by 9 September 2025.