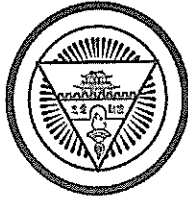


TUNG TAK SCHOOL
Shing Mun San Tsuen,
Kam Tin N. T.
Email: tungtak@ttsch.edu.hk



通德學校

新界錦田城門新村
電話:24761101/24734008
傳真:24747045

通德學校通告第 20004 號

收集學生病歷資料

各位家長：

本校收集 貴子弟的個人資料，只用於處理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。根據《個人資料（私隱）條例》，你有權要求索閱和修訂你所提供的資料。如有需要，請與學校聯絡。

請家長簽署下方回條於 9 月 10 日前交回班主任辦理。

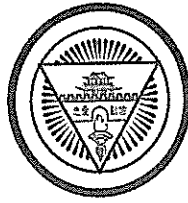
A handwritten signature in black ink, reading '偉立' (Wong Wai-lik), written over a horizontal line.

黃偉立校長

二零二零年八月廿八日

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通德學校

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Our Ref. TTS Notice No.20004

28th August 2020

Dear parents,

Collection of students' medical history

Personal data collected from your child is only used for handling matters relating to his / her health and safety. Though the provision of such data is done entirely on a voluntary basis, insufficiency of information may make the school unable to have a clear picture of your child's medical history. We may not be able to provide proper assistance to him / her in case of accident.

According to Personal Data (Privacy) Ordinance, you have the right to access and correct the data provided. Please contact the school if necessary. Thanks for your cooperation.

Please fill in the reply slip and hand in to the class teacher on or before 10-9-2020.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Wong Wai Lap', written in a cursive style.

Wong Wai Lap
Principal

學生姓名：_____ 班號：_____ 性別：_____ 班別：_____

出生日期：_____ 緊急聯絡電話：(1) _____ (2) _____

如學生曾患有以下疾病，請在適當的方格內加上「√」號及列出詳情：

疾病名稱	患病年齡	疾病資料/發病時，醫生建議的處理方法(如適用)
<input type="checkbox"/> 葡萄糖六磷酸去氫酵素缺乏症		
<input type="checkbox"/> 哮喘		
<input type="checkbox"/> 腦癇病		
<input type="checkbox"/> 高熱引致抽搐		
<input type="checkbox"/> 腎病		
<input type="checkbox"/> 心臟病		
<input type="checkbox"/> 糖尿病		
<input type="checkbox"/> 聽覺不健全		
<input type="checkbox"/> 血友病		
<input type="checkbox"/> 貧血		
<input type="checkbox"/> 其他血病		
<input type="checkbox"/> 藥物敏感		
<input type="checkbox"/> 疫苗敏感		
<input type="checkbox"/> 食物敏感		
<input type="checkbox"/> 其他敏感(請註明：_____)		
<input type="checkbox"/> 肺結核		
<input type="checkbox"/> 曾進行小型手術		
<input type="checkbox"/> 曾進行大型手術		
<input type="checkbox"/> 精神問題(例如：思覺失調、抑鬱症、焦慮症、強迫症等)		
<input type="checkbox"/> 其他		

1. 倘認為學生不適宜上體育課或參加任何其他類型的學校活動，請具體說明理由並提交醫生證明書。

2. 其他補充資料：

(家長或監護人簽署)

(家長或監護人姓名)

日期

Name of Student: _____ Sex : M / F Class: _____ Class No. _____

Date of Birth: _____

Name of Parent/Guardian: _____

Emergency Telephone Number: 1. _____

2. _____

If the student has ever had the medical condition(s) below, please put a "✓" in the appropriate box(es) and give details

	Age detected	Details of Disease	Recommended treatment (if applicable)
<input type="checkbox"/> G6PD deficiency			
<input type="checkbox"/> Bronchial asthma			
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Fits due to fever			
<input type="checkbox"/> Kidney disease			
<input type="checkbox"/> Heart disease			
<input type="checkbox"/> Diabetes mellitus			
<input type="checkbox"/> Hearing defect			
<input type="checkbox"/> Haemophilia			
<input type="checkbox"/> Anaemia			
<input type="checkbox"/> Other blood disease			
<input type="checkbox"/> Allergy to drugs			
<input type="checkbox"/> Allergy to vaccines			
<input type="checkbox"/> Allergy to food			
<input type="checkbox"/> Other allergies (Please specify: _____)			
<input type="checkbox"/> Tuberculosis			
<input type="checkbox"/> Minor operation			
<input type="checkbox"/> Major operation			
<input type="checkbox"/> Mental problems (eg. psychosis, depression, anxiety disorder, obsessive compulsive disorder, etc.)			
<input type="checkbox"/> Others			

2. If your child is considered not suitable for participation in PE lessons or any other type of school activities, please specify and submit a medical certificate for school's reference

3. Other supplementary information:

(Signature of Parent/Guardian)

(Name of Parent/Guardian)

(Date)