

## **LBA Health Check Information Form:**

**Purpose:** The purpose of requesting an annual health check is simply to take one more step to ensure a safe and healthy environment at LBA. Please contact us directly with any questions relating to this topic.

**Required Information:** The below information **MUST** be on the medical report.

1. Student Information
  1. The report from the doctor **MUST** include:
    1. Student's Name
    2. Student's Birth Date
    3. Student's LBA ID number
2. Medical Check
  1. Basic physical health check
  2. Doctor's Statement (English or Chinese)
    1. *"I have examined this student on (date). This student is in good health and can join a normal class environment without restriction."*
    2. *Doctor's Name and Signature*
    3. Hospital's Name
  3. Medication report
    1. List of medications the student is currently taking (if any)
  4. Allergy report
    1. List of any known allergies the student may have (food, medicine, dust, etc...)
  5. Parent's signature

**Health Check Location:** ANY generally known and recognized hospital or clinic that your family chooses to use is OK.

## **LBA健康检查信息表**

**目的：**要求年度体检的目的是为了进一步确保LBA有一个安全健康的环境。如果有任何关于这方面的问题，请直接联系我们。

**要求的信息：**以下信息必须在体检报告上

**1. 学生信息**

1. 来自医生的报告必须包含：

1. 学生姓名
2. 学生出生日期
3. LBA学号

**2. 体检**

1. 基本体检项目

2. 医生证明（英文或中文）

1. “我已于（日期）对此名学生进行体检。此名学生健康良好，可以正常参与课堂环境。
2. 医生名字和签名
3. 医院名称

3. 药物报告

1. 列出孩子现在所服用的所有药物

4. 过敏报告

1. 列出孩子所有的已知过敏源（食物、药物、尘霾等）

5. 家长签名

**体检地点：**任何认可医院或诊所。