

## 仁愛堂田家炳中學

Shan King Estate, Tuen Mun, N.T., Hong Kong.

新界屯門山景邨 Tel:2466 5270

No. 14-15/04a

No. 14-15/04a

### 中一級學生健康調查

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。

請於九月二日(星期二),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 中一級家長		
二零一四年		仁愛堂田家炳中學校長 吳潔容謹啟
<b>%</b>	回條(須於 2/9 交回班主作 學生健康調查表	
學生姓名:	: 性別: 班別	]: 學號:
身體健康狀	<b>犬況(請於適當方格內填上"√"號,第②③項可</b>	同時加"✓"):
<ul><li>4</li><li>E</li></ul>	□ 健康正常,適宜參與全年體育課、各項體育活 □ 不適宜上體育課及參與各類體育活動和比賽, □ 豁免由	茲附上醫生證明書。 附上醫生證明書。 色盲、花粉敏感症等),但不會影響一 樣的活動。
\$ <b>\</b>	<ul><li>於小學階段,已經獲教育局列為需特別照顧的 況或過度活躍等,請於以下列明:</li></ul>	
	學生	家長/監護人簽署:

\*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。

日

二零一四年九月

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。



### 仁愛堂田家炳中學

Shan King Estate, Tuen Mun, N.T., Hong Kong.

新界屯門山景邨

Tel:2466 5270

1 September 2014

No.14-15/14a

No.14-15/04a

### **S1 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 2 September (Tue). 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.

<b>%</b>			Ng Kit Yung Principal	
	(Please return to the f		tember)	
Student Health Survey 2014/	1 5		September 2014	
•				
Name of student:			Class Number:	
Health conditions (Please put a "✓	"in the appropriate	e box) :		
<ul> <li>My child is in good health extra-curricular activities</li> </ul>		take part in PE le	essons and various sports and	
-	My child is not advised to take part in PE lessons and any sports activities.  (Please attach a doctor's certificate)			
	My child should be exempted from PE lessons from to  (Please attach a doctor's certificate)			
My child has been diagno colourblindness, pollen a activities in school Or			g. G6DP deficiency, uld not affect common learning	
My child has been diagno advised / recommended		wing disease(s) an	d can only take part in activities	
Name(s) of disease(s) and	d conditions:			
(Please attach a doctor's	certificate)			
My child has been classif	ied as a student wi	th special education	on needs by the Education	
Bureau since primary school, e.g. hyperactivity, hearing impairment, special situations limbs, learning difficulties in reading and writing. Please provide the specific informati here:				
	Pa	arent/Guardian si	gnature:	

\* 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.



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Shan King Estate, Tuen Mun, N.T., Hong Kong.

新界屯門山景邨 Tel

Tel:2466 5270

No. 14-15/04b

### 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。

請於九月二日(星期二),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
二零一四年九月一日				吳潔容謹啟
2014/15 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	領運動比賽及各類	[課外活動。
② □ 不適宜上體育課	及參與各類體育活動	動和比賽,茲附上醫	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,	<b>滋附上醫生證</b>
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	旦不會影響一
般學校學習活動	;或			
□ 被診斷患上以下	疾病,只適宜參與紅	<b>經醫生建議的活動</b>	0	
疾病名稱及狀況:				

二零一四年九月 日

No. 14-15/04b

\*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。

學生家長/監護人簽署:



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新界屯門山景邨

Tel:2466 5270

1 September 2014

No.14-15/04b

### 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 2 September (Tue). 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
	- >< -			 orm teacher on 2 Sep	- — — — — tember)	
C+	don	t Hoolth Survey 2014/11	<b>E</b>			_ September 2014
		t Health Survey 2014/1				
Nam	e of	student:	Sex:	Class:	Class I	Number:
Heal	th co	onditions (Please put a "√"i	n the appropriate	e box) :		
1		My child is in good health of extra-curricular activities.	condition and car	ı take part in PE le	ssons and var	ious sports and
2		My child is not advised to to (Please attach a doctor's	•	sons and any spoi	ts activities.	
3		My child should be exemptory's (Please attach a doctor's		ns from	to	·
4		My child has been diagnos colourblindness, pollen all activities in school Or			_	•
		My child has been diagnos advised / recommended b		wing disease(s) an	d can only tal	ke part in activities
		Name(s) of disease(s) and	conditions:			
		(Please attach a doctor's co	ertificate)			
			P	arent/Guardian si	gnature:	
						No.14-15/04b

\* 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.



二零一四年九月

H

#### YAN OI TONG Tin Ka Ping Secondary School

# 仁愛堂田家炳中學

Shan King Estate, Tuen Mun, N.T., Hong Kong.

新界屯門山景邨 Tel:2466 5270

No. 14-15/04c

No. 14-15/04c

### 中四至中六級 學生健康調查及堂費事宜

#### 敬啟者:

(一)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。

請於九月二日(星期二),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。

(二)本學年中四至中六級的堂費,將與雜費一併收取。

如有垂詢,請與班主任聯絡。

		仁愛堂田家炳中島	學校長
		吳潔等	容謹啟
回條(須於 2/9 交	.回班主任)		
性別:	_ 班別:	學號:	
上"√"號):			
,	<b>百體育活動、各</b> 類	領運動比賽及各類課外沒	舌動。
			影變一
		初级加了 一个目	<b>小ン - 日</b>
	<b>酱生建議的活動</b>	0	
<u> </u>			
上 \E b	性別:	回條(須於 2/9 交回班主任)  性別:	具潔? □條(須於 2/9 交回班主任)  性別: 學號:  "√"號): 全年體育課、各項體育活動、各類運動比賽及各類課外 與各類體育活動和比賽,茲附上醫生證明書。上體育課,茲附上醫生證明書。 (例如: G6PD 缺乏症、色盲、花粉敏感症等),但不會 只適宜參與經醫生建議的活動。

\*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。



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1 September 2014

No.14-15/04c

No.14-15/04c

### S4-6 Student Health Survey & Tong Fai

- (1) 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 2 September (Tue). It is highly appreciated if you could inform the school of any changes to your child's health condition immediately.
- (2) Tong Fai for S4-6 will be collected as miscellaneous fee. For enquiries, please contact the form teacher. Ng Kit Yung Principal --%----Reply Slip (Please return to the form teacher on 2 September) September 2014 Student Health Survey 2014/15 Sex: Class: Class Number: Name of student: Health conditions (Please put a "✓"in the appropriate box) : My child is in good health condition and can take part in PE lessons and various sports and extra-curricular activities. My child is not advised to take part in PE lessons and any sports activities. (Please attach a doctor's certificate) ☐ My child should be exempted from PE lessons from \_\_\_\_\_\_ to \_\_\_\_\_. 3 (Please attach a doctor's certificate) My child has been diagnosed with the following disease(s) (e.g. G6DP deficiency, colourblindness, pollen allergy etc). However, the disease would not affect common learning 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: \_\_\_\_\_

\* 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.