請填妥此表格以便我們能幫助你

Please Complete This Form So We Can Help You

請隨身帶好此表，醫務人員會很快查看此表。
Keep this paper with you. A staff person will look at your paper soon.

患者姓名 _____
Patient's name

☐ 男
Male

☐ 女
Female

年齡 _____
Age

體重 _____ 公斤/磅
Weight　　　　　kilograms/pounds

誰在填寫此表？
☐ 我，患者
☐ 患者的家人或朋友
☐ 一位患者的翻譯

Who is filling out this form?
Me, the patient
Patient's family member or friend
An interpreter for the patient

你為何在此？
☐ 我生病或因災受傷
☐ 我生病或非因災受傷

☐ 我在此幫助或找尋一位家人

Why are you here?
I am ill or injured because of a disaster
I am ill or injured but not because of a disaster

I am here to help or look for a family member

你是否懷孕？
☐ 是
☐ 我是臨產
☐ 不是
☐ 我不確定

Are you pregnant?
Yes
I am in labor
No
I am not sure

您過去兩個月是否出國旅行？
☐ 有
☐ 沒有
如果有，是哪個國家？
_____

Have you traveled outside the country in the past 2 months?
Yes
No
If yes, to what country?

你現在有何問題？
請標所有適合項。

- ☐ 我現在呼吸困難
- ☐ 我現在胸部疼痛、有壓力或不舒服
- ☐ 我現在正出血
- ☐ 我頭痛得厲害
- ☐ 我覺得暈眩或頭昏眼花
- ☐ 我現在看不清
- ☐ 我聽不到
- ☐ 我骨折了
- ☐ 我的皮膚灼痛
- ☐ 我有皮疹、腫脹或發紅
- ☐ 我麻木或有麻刺感
- ☐ 我有噁心、嘔吐或腹瀉
- ☐ 我流鼻涕、咳嗽或發燒

What problem are you having?
Mark all that apply.

I am having trouble breathing

I am having chest pain, pressure or discomfort

I am bleeding

I have a severe headache

I feel dizzy or lightheaded

I am having problems seeing

I cannot hear

I have a broken bone

My skin is burning

I have a skin rash, swelling or redness

I feel numbness or tingling

I have nausea, vomiting or diarrhea

I have a runny nose, cough or a fever

請在此體圖上標出你哪裡覺得痛。

Mark on these figures where you feel pain.
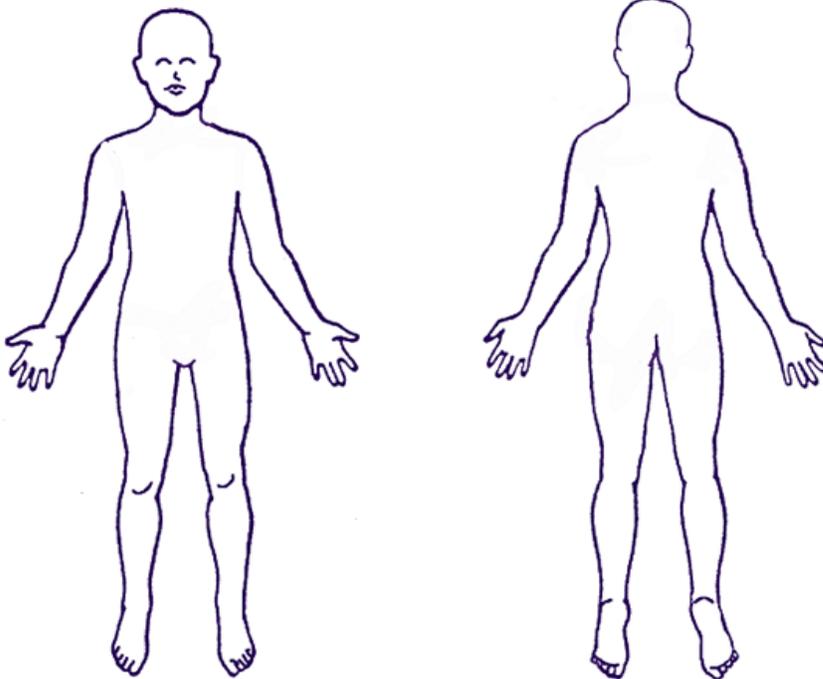
標出你現有或曾有過的任何疾病或狀況。

☐ 哮喘

☐ 糖尿病

☐ 心臟病

☐ 肝炎

☐ 高血壓

☐ 由於愛滋病、癌症或其他原因引起的免疫抑制

☐ 中風

標出你正服用的任何藥物。

☐ 救心藥

☐ 抗血壓藥

☐ 稀血劑，如 Coumadin

☐ 助呼吸藥

☐ 胰島素

☐ 其他櫃檯即買藥，如抗酸劑、瀉藥或止痛藥

標出你有的任何過敏反應。

☐ 乳製品，如蛋或奶

☐ 海鮮

☐ 染料或碘

☐ 阿斯匹林

☐ 青黴素

☐ 嗎啡

☐ 磺胺藥

☐ 乳膠

☐ 其他＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Mark any diseases or conditions you have or have had in the past.

Asthma

Diabetes

Heart disease

Hepatitis

High blood pressure

Immunosuppression from HIV, cancer or other reason

Stroke

Mark any medicines you are taking.

Heart medicines

Blood pressure medicines

Blood thinners such as Coumadin

Breathing medicines

Insulin

Other over the counter medicines such as **antacids, laxatives or pain medicines**

Mark any allergies you have.

Dairy products such as eggs or milk

Seafood

Dye or iodine

Aspirin

Penicillin

Morphine

Sulfa

Latex

Other ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Mass Casualty Self Assessment Form. Chinese Traditional.