

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 _____

女 Female

男 Male

年齡 Age _____

體重 Weight _____ 公斤/磅 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

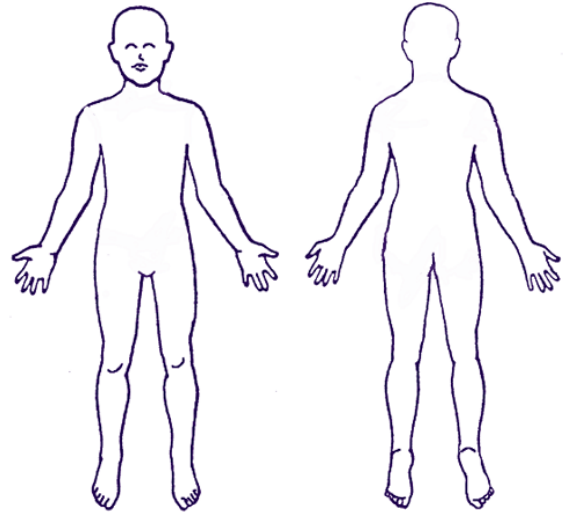
你現在有何問題？

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

請在此體圖上標出你哪裡覺得痛。

Mark on these figures where you feel pain.



What problems 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

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

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

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 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 Form. Traditional Chinese.

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