

# 请填写好此表格以便我们能帮助你

## Please Complete This Form So We Can Help You

请随身携带此表，医务人员会很快查看此表。  
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

年龄 Age \_\_\_\_\_

体重 Weight \_\_\_\_\_ 公斤/磅 kilograms/pounds

### 谁在填写此表？

- 我，患者
- 患者的家人或朋友
- 一位患者的翻译

### 你为何在此？

- 我生病或因灾受伤
- 我生病或非因灾受伤
- 我在此帮助或找寻一位家人

### 你是否怀孕？

- 是
- 我是临产
- 不是
- 我不确定

### Who is filling out this form?

- Me, the patient
- Patient's family member or friend
- An interpreter for the patient

### 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

### Are you pregnant?

- Yes
- I am in labor
- No
- I am not sure

## 你现在有何问题？

请标所有适合项。

- 我现在呼吸困难
- 我现在胸部疼痛、有压力或不舒服
- 我现在正出血
- 我头痛得厉害
- 我觉得晕眩或头昏眼花
- 我现在看不清
- 我听不到
- 我骨折了
- 我的皮肤灼痛
- 我有皮疹、肿胀或发红
- 我麻木或有麻刺感
- 我有恶心、呕吐或腹泻
- 我流鼻涕、咳嗽或发烧

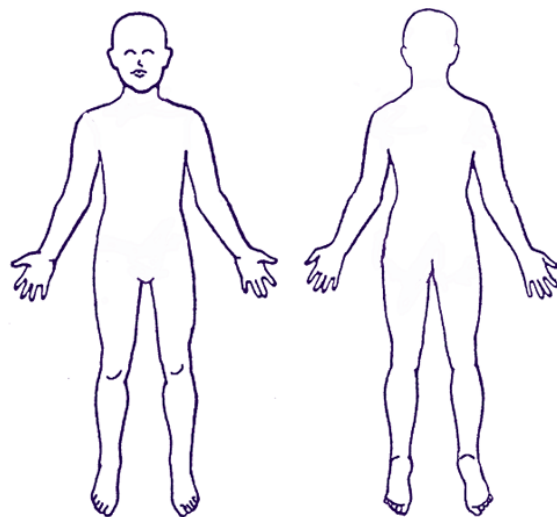
## What problems are you having?

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

请在此体图上标出你哪里觉得痛。

Mark on these figures where you feel pain.



标出你现有或曾有过的任何疾病或状况。

- 哮喘
- 糖尿病
- 心脏病
- 肝炎
- 高血压
- 由于艾滋病、癌症或其他原因引起的免疫抑制
- 中风

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

**标出你正服用的任何药物。**

- 救心药
- 抗血压药
- 稀血剂, 如 Coumadin
- 助呼吸药
- 胰岛素
- 其他柜台即买药, 如抗酸剂、泻药或止痛药

**标出你有的任何过敏反应。**

- 乳制品, 如蛋或奶
- 海鲜
- 染料或碘
- 阿斯匹林
- 青霉素
- 吗啡
- 磺胺药
- 乳胶
- 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. Simplified Chinese.

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