

兒童健康體格檢查表 Pediatric Preventive Care Guidelines

兒童	初生兒	日數 Days	Months 月數												Years 年歲						CHILDREN		
	NB	2-4	1	2	4	6	9	12	15	18	24	3	4	5	6	8	10						
	免疫注射/疫苗																		IMMUNIZATION				
白喉/破傷風/百日咳				◆	◆	◆			←◆→				←◆→					Diphtheria / Tetanus / Pertussis					
乙型流感				◆	◆	◆			←◆→									H. Influenza type B					
A型肝炎									←◆→	◆	→							Hepatitis A					
B型肝炎	◆			←◆→	←◆→	←◆→			←◆→									Hepatitis B					
麻疹、流行性腮腺炎及德國麻疹									←◆→				←◆→					Measles, Mumps, Rubella (MMR)					
小兒麻痺				◆	◆				←◆→				←◆→					Inactivated Poliovirus					
水痘									←◆→				←◆→					Varicella (chicken pox)					
肺炎				◆	◆	◆			←◆→									Pneumococcal					
流感(每年)							◆											Influenza (yearly)					
輪狀病毒				◆	◆	◆												Rotavirus					
頭圍	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆							Head Circumference					
身高及體重	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	Height & Weight				
病史及體格	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	History & Physical				
成長及行為鑒定	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	Developmental / Behavioral Assessment				
健康指導諮詢	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	Health Guidance & Counseling*				
遺傳病		←◆→																Hereditary / Metabolic Screening					
血壓												◆	◆	◆	◆	◆	◆	Blood Pressure					
紅血球 (檢查是否貧血)								◆	→									Hematocrit / Hemoglobin (to check for anemia)					
尿分析														◆				Urinalysis					
視力	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	O	O	Vision				
聽力	O	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	O	Hearing				
初次牙齒檢查												◆							Initial Dental Check up				
有如下危險因素傾向的兒童：																		FOR HIGH RISK CHILDREN:					
鉛測檢								◆	→			◆							Lead screening				
紅血球																			Hematocrit / Hemoglobin				
膽固醇																			Cholesterol screening				
肺結核								◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	Tuberculin test				
流感免疫注射(每年)																			Influenza vaccination (yearly)				

圖解 KEY:

◆ 表示應做檢查 Age at which a test should be performed.

←◆→ 箭頭表示在此段時間內應做檢查 Range in which a test should be performed at the recommended age.

NB=初生兒 Newborn ; S=一般性測檢 Subjective ; O=儀器標準測檢 Objective, by a standard testing method.

* 產前諮詢是給予有高危險因素、首任父母以及詢求對嬰兒睡眠姿勢、母乳餵哺、營養、暴力以及預防意外等資料，指導：及指引的父母。Prenatal counseling for high-risk, first time parents and those who request information, counseling, and guidance on sleep position, breastfeeding, nutrition, violence & injury prevention.

References:

- Recommended Childhood Immunization Schedule, 2007, Centers for Disease Control and Prevention.
- Recommendations for Preventive Pediatric health Care, Committee on Practice and Ambulatory Medicine, March 2000.

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青少年	Years 年歲											ADOLESCENTS
	11	12	13	14	15	16	17	18	19	20	21	
免疫注射/疫苗												IMMUNIZATION
白喉/破傷風/百日咳	←◆10→											Diphtheria / Tetanus / Pertussis
小兒麻痺 *	←◆→											Inactivated Poliovirus *
B型肝炎 *	←◆→											Hepatitis B *
麻疹、流行性腮腺炎及德國麻疹 *	←◆→											Measles, Mumps, Rubella (MMR) *
水痘 *	←◆→											Varicella (chicken pox) *
人類乳頭瘤病毒	←◆3→											Human Papillomavirus (HPV)
腦膜炎	←◆→											Meningococcal
身高及體重	◆◆◆◆◆◆◆◆◆◆◆◆											Height & Weight
病史及體格	◆◆◆◆◆◆◆◆◆◆◆◆											History & Physical
成長及行為鑒定	◆◆◆◆◆◆◆◆◆◆◆◆											Developmental / Behavioral Assessment
健康指導諮詢	◆◆◆◆◆◆◆◆◆◆◆◆											Health Guidance & Counseling
血壓	◆◆◆◆◆◆◆◆◆◆◆◆											Blood Pressure
紅血球 ¹ (檢查是否貧血)	←◆13→											Hematocrit / Hemoglobin ¹ (to check for anemia)
尿分析 ²	←◆16→											Urinalysis ²
視力	S	O	S	S	O	S	S	O	S	S	S	Vision
聽力	S	O	S	S	O	S	S	O	S	S	S	Hearing
臨床乳房檢查(女性)												Clinical Breast Exam (females)
盆腔/陰道塗片檢查(女性) ³												Pelvic Exam/Pap Smear (females) ³
有如下危險因素傾向的青少年：												FOR HIGH RISK ADOLESCENTS:
膽固醇	◆◆◆◆◆◆◆◆◆◆◆◆											Cholesterol screening
肺結核	◆◆◆◆◆◆◆◆◆◆◆◆											Tuberculin test
傳染性病	◆◆◆◆◆◆◆◆◆◆◆◆											Sexually transmitted disease screening
流感免疫注射(每年)	◆◆◆◆◆◆◆◆◆◆◆◆											Influenza vaccination (yearly)

圖解 KEY:

◆表示應做檢查 Age at which a test should be performed.

←◆→箭頭表示在此段間內應做檢查 Range in which a test should be performed at the recommended age.

NB=初生兒 Newborn ; S=一般性測檢 Subjective ; O=儀器標準測檢 Objective, by a standard testing method.

1=已有月經的少女每年檢查紅血球。Yearly hematocrit/hemoglobin screening for all menstruating females.

2=有性生活的青少年每年驗尿檢查白血球。Yearly dipstick urinalysis for leukocytes for all sexually active adolescents.

3=有性生活的女性每年做盆腔/陰道塗片檢查。Yearly pelvic exam/pap smear for all sexually active females.

* 如錯過免疫注射或在過幼年齡注射，應重新接受注射。Vaccines to be given if doses were missed or given earlier than the recommended minimum age.

References:

- Recommended Childhood Immunization Schedule, 2007, Centers for Disease Control and Prevention.
- Recommendations for Preventive Pediatric health Care, Committee on Practice and Ambulatory Medicine, March 2000.
- American Cancer Society's Breast Health guidelines, 2003.