

來自第48頁(2003年個人保健記錄)  
 From page 48 (Personal Health Record 2003)

## 在您的嬰兒未接受第一次保健檢查之前 Before your baby's first health check

是 Yes	不是 No	不肯定 Unsure
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在您未見護士或醫生之前, 請回答這些問題。  
 Answer these questions before you visit your nurse or doctor.

您對於您的嬰兒有沒有任何擔心的事情?

Do you have any concerns about your baby?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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您的嬰兒會不會因為大的噪音(例如大的拍手聲)而驚嚇?

Is your baby startled by loud noises such as a loud clap?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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您的家族中有沒有人過去曾經在年幼時(未到3歲前)耳聾?

Has anyone in your family had a history of early deafness (under 3 years)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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您的家族中有沒有人過去曾經在年幼時(未到5歲前)眼睛有問題?

Has anyone in your family had a history of early eye problems (under 5 years)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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您的家族中有沒有人過去曾經有任何其他健康上的問題?

Has anyone in your family had a history of any other health problems?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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您的家族中有沒有人過去曾經先天髖部脫位?

Is there a family history of congenital dislocation of the hip?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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您的嬰兒是否臀位分娩的?

Was your baby born by a breech birth?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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您可以與醫生或護士談論您的嬰兒誕生的事和您在情緒上和生理上的感受。

You may wish to talk to your doctor or nurse about the birth of your baby and how you feel emotionally and physically.