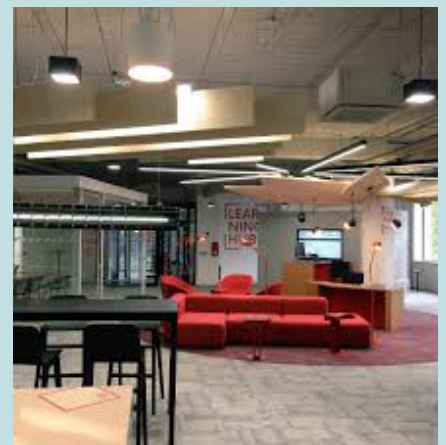


EMLYON

系級：會計四
姓名：黃樂萍
學號：102206022



電子報一

註冊文件

學校會給你一個網址，上網註冊、填寫資料並上傳文件，有些文件可以先在台灣準備好，不然來法國才開始準備會比較麻煩一點。

- ① 護照
- ② 簽證
- ③ 出生證明
- ④ 健康檢查證明 (Medical Certificate)
- ⑤ 運動證明 (Certificate of Sport)

此項證明不是必要的，如果有打算在這邊上體育課的學弟妹才需要特別準備這份文件，因為如果沒有這個證明，無法登記上體育課。

交通

關於從機場到學校宿舍的交通方式，我主要分為兩部分來說明。

- ① 從巴黎戴高樂機場出發

巴黎戴高樂機場第2E航廈→坐TGV到里昂Gare de Lyon Part-Dieu→坐TER到Saint-Étienne Châteaucreux→可以選擇坐電車或走路到學校宿舍

- ② 從里昂聖埃克絮佩里機場出發

里昂聖埃克絮佩里機場→坐Rhônexpress電車到里昂Gare de Lyon Part-Dieu→坐TER到Saint-Étienne Châteaucreux→可以選擇坐電車或走路到學校宿舍



Medical Record File

All information contained in this medical record will be immediately transferred to the nurse and will remain confidential.

Space reserved for the student

SURNAME:	First name :	Gender :
Date of birth :		
Address and telephone number of the parents/guardians :		
Address of the student in 2017/2018 :		
Mobile telephone number of the student :		

Space reserved for the doctor chosen by the student

Referring physician :		
Weight :	Height:	
Psychological, sleep, adaptation difficulties and so on... :	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, precise :		
Vaccination (precise the last date of vaccination)		
DTP: <input type="checkbox"/> DTPC: <input type="checkbox"/> ____/____/____	BCG yes <input type="checkbox"/> no <input type="checkbox"/> ____/____/____	IDR (IDR 10 U or monotest) yes <input type="checkbox"/> no <input type="checkbox"/> date and result of the last test: ____/____/____
ROR : <input type="checkbox"/> quantity of injections: Hepatitis B: ____/____/____ quantity of injections:	HPV: ____/____/____ quantity of injections:	Meningitis C: ____/____/____ quantity of injections:
<i>In view of the surge of this diseases, a vaccination is encouraged.</i>		
Other vaccination:		
Personal medical history:		
Family medical history:	Father:	Mother:
Current treatment:		
Known allergies:		
Allergies that needs treatment:		

Situation de Handicap :	yes <input type="checkbox"/>	no <input type="checkbox"/>	
If yes, do you have a MDPH file? :	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Handicap (precise) :			
Leisure sport	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Tabaco	yes <input type="checkbox"/>	no <input type="checkbox"/>	from ____ years

Complementary exams

Visual acuity		
From far	Right :	Left :
Correction :	yes <input type="checkbox"/>	no <input type="checkbox"/>
Pathologies :		
Last exam with an eye doctor: ____/____/____		
Audition	Known trouble :	
Cardiovascular	TA :	Pulse :
Pulmonary:	ENT :	
Digestive:	Bowel function :	
Cutaneous :		
Gynecology check-up :	yes <input type="checkbox"/>	no <input type="checkbox"/>
Contraception :		
Spine	Static troubles :	
Pain :		
Upper limb :	Lower limb :	
Dental exam		
Regular check-up : <input type="checkbox"/>	Recent check-up :	
Observations :		

Stamp, date and signature of the physician
(Mandatory)

www.em-lyon.com

LYON, SHANGHAI
SANTETENNE
CASABLANCA, PARIS

23 avenue Guy de Collongue
CS 40203
69134 Ecully Cedex
+33 (0)4 78 33 78 00

Fondée en 1972, affiliée à la CO Lyon Métropole
Siret 959 504 739 000 19
Code NAF 8642Z
TVA FR 41 959 504 739