

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

| | | | | | | |
|-----------------------------------|--|---------------------|--|------------------------------|------------------|---|
| 姓名 Name | | 性别 Sex | <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | 出生日期 Birth Day-Month-Year | | 照片 (加盖检查单位印章) Photo (Stamped Official Stamp) |
| 现在通讯地址 Present mailing address | | | | | 血型 Blood type | |
| 国籍或地区 Nationality (or Area) | | 出生地址 Birth Place | | | | |

过去是否患有下列疾病：(每项后面请回答“否”或“是”)
Have you ever had any of the following diseases?
(Each item must be answered “Yes” or “No”)

| | | | |
|--|--|--|--|
| 斑疹伤寒 Typhus fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌痢 Bacillary dysentery | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 小儿麻痹症 Poliomyelitis | <input type="checkbox"/> No <input type="checkbox"/> Yes | 布氏杆菌病 Brucellosis | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 白喉 Diphtheria | <input type="checkbox"/> No <input type="checkbox"/> Yes | 病毒性肝炎 Viral hepatitis | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 猩红热 Scarlet fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 产褥期链球菌感染 Puerperal streptococcus infection | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 回归热 Relapsing fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 伤寒和付伤寒 Typhoid and paratyphoid fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”)
Do you have any of the following diseases or disorders endangering the public order and security?
(Each item must be answered “Yes” or “No”)

| | |
|----------------------------------|--|
| 毒物瘾 Toxicomania..... | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 精神错乱 Mental confusion..... | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 躁狂型 Manic Psychosis..... | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 妄想型 Paranoid Psychosis..... | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 幻觉型 Hallucinatory Psychosis..... | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| | | | | | |
|---------------------|----------|--------------------------|----------|----------------------|--------------|
| 身高 Height | 厘米 cm | 体重 Weight | 公斤 kg | 血压 Blood pressure | 毫米汞柱 mmHg |
| 发育情况 Development | | 营养情况 Nourishment | | 颈部 Neck | |
| 视力 Vision | 左 L_____ | 矫正视力 Corrected Vision | 左 L_____ | 眼 Eyes | |
| | 右 R_____ | | 右 R_____ | | |
| 辨色力 Colour sense | | 皮肤 Skin | | 淋巴结 Lymph nodes | |
| 耳 Ears | | 鼻 Nose | | 扁桃体 Tonsils | |
| 心 Heart | | 肺 Lungs | | 腹部 Abdomen | |

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|--|--------------|-------------------|-------------------|------------------------|--|-----|---------|-----|------------------|-----|--------------|-----|-------------------|-----|--------|-----|------|-----|---------|-----|-----------|
| 脊柱 Spine | | 四肢 Extremities | | 神经系统 Nervous system | | | | | | | | | | | | | | | | | |
| 其他所见 Other abnormal findings | | | | | | | | | | | | | | | | | | | | | |
| 胸部 X 线 检查结果 (附检查报告单) Chest X-ray Exam (Attached chest X-ray report) | | 心电图 ECG | | | | | | | | | | | | | | | | | | | |
| 化验室检查 (包括艾滋病、梅毒等血 清学检查) Laboratory exam (Attached test report of AIDS, Syphilis etc.) | | | | | | | | | | | | | | | | | | | | | |
| <p>未发现患有下列检疫传染病和危害公共健康的疾病： None of the following diseases of disorders found during the present examination.</p> <table border="0"> <tr> <td>霍 乱</td> <td>Cholera</td> <td>性 病</td> <td>Venereal Disease</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>肺结核</td> <td>Lung tuberculosis</td> </tr> <tr> <td>鼠 疫</td> <td>Plague</td> <td>艾滋病</td> <td>AIDS</td> </tr> <tr> <td>麻 风</td> <td>Leprosy</td> <td>精神病</td> <td>Psychosis</td> </tr> </table> | | | | | | 霍 乱 | Cholera | 性 病 | Venereal Disease | 黄热病 | Yellow fever | 肺结核 | Lung tuberculosis | 鼠 疫 | Plague | 艾滋病 | AIDS | 麻 风 | Leprosy | 精神病 | Psychosis |
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| 麻 风 | Leprosy | 精神病 | Psychosis | | | | | | | | | | | | | | | | | | |
| <div> <div> 意见 Suggestion </div> <div> 检查单位盖章 Official Stamp </div> </div> | | | | | | | | | | | | | | | | | | | | | |
| <div> <div> 医师签字 Signature of physician </div> <div> 日期 Date </div> </div> | | | | | | | | | | | | | | | | | | | | | |