

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	☐ 男 Male ☐ 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") <table border="0"> <tr> <td>斑疹伤寒 Typhus fever</td> <td>☐No ☐Yes</td> <td>菌痢 Bacillary dysentery</td> <td>☐No ☐Yes</td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td>☐No ☐Yes</td> <td>布氏杆菌病 Brucellosis</td> <td>☐No ☐Yes</td> </tr> <tr> <td>白喉 Diphtheria</td> <td>☐No ☐Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td>☐No ☐Yes</td> </tr> <tr> <td>猩红热 Scarlet fever</td> <td>☐No ☐Yes</td> <td>产褥期链球菌感染 Puerperal streptococcus infection</td> <td>☐No ☐Yes</td> </tr> <tr> <td>回归热 Relapsing fever</td> <td>☐No ☐Yes</td> <td>菌感染</td> <td>☐No ☐Yes</td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td>☐No ☐Yes</td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td>☐No ☐Yes</td> <td></td> <td></td> </tr> </table>							斑疹伤寒 Typhus fever	☐ No ☐ Yes	菌痢 Bacillary dysentery	☐ No ☐ Yes	小儿麻痹症 Poliomyelitis	☐ No ☐ Yes	布氏杆菌病 Brucellosis	☐ No ☐ Yes	白喉 Diphtheria	☐ No ☐ Yes	病毒性肝炎 Viral hepatitis	☐ No ☐ Yes	猩红热 Scarlet fever	☐ No ☐ Yes	产褥期链球菌感染 Puerperal streptococcus infection	☐ No ☐ Yes	回归热 Relapsing fever	☐ No ☐ Yes	菌感染	☐ No ☐ Yes	伤寒和付伤寒 Typhoid and paratyphoid fever	☐ No ☐ Yes			流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	☐ No ☐ Yes		
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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") <table border="0"> <tr> <td>毒物瘾 Toxicomania.....</td> <td>☐No ☐Yes</td> </tr> <tr> <td>精神错乱 Mental confusion.....</td> <td>☐No ☐Yes</td> </tr> <tr> <td>躁狂型 Manic Psychosis.....</td> <td>☐No ☐Yes</td> </tr> <tr> <td>妄想型 Paranoid Psychosis.....</td> <td>☐No ☐Yes</td> </tr> <tr> <td>幻觉型 Hallucinatory Psychosis.....</td> <td>☐No ☐Yes</td> </tr> </table>							毒物瘾 Toxicomania.....	☐ No ☐ Yes	精神错乱 Mental confusion.....	☐ No ☐ Yes	躁狂型 Manic Psychosis.....	☐ No ☐ Yes	妄想型 Paranoid Psychosis.....	☐ No ☐ Yes	幻觉型 Hallucinatory Psychosis.....	☐ No ☐ Yes																		
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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 _____ 右 R _____	矫正视力 Corrected Vision	左 L _____ 右 R _____	眼 Eyes																														
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																														

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.)																					
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. <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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意见 Suggestion		检查单位盖章 Official Stamp																			
医师签字 Signature of physician		日期 Date																			