

# 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 Birthday		照片 (加盖检查单位印章)  Photo (Stamped Official Stamp)
现在通讯地址 Present mailing address						
国籍或地区 Nationality (or Area)		出生地 Birth place		血型 Blood type		
<p>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”)</p>						
班疹 伤寒 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	
小儿麻痹症 Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球 Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes	
白 喉 Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染 Bacterial infection	<input type="checkbox"/> No <input type="checkbox"/> Yes			
猩 红 热 Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes					
回 归 热 Relapsing fever	<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					
<p>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”)</p>						
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
精神病 Psychosis:	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	.....				<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 左 L _____ Vision 右 R _____	矫正视力 左 L _____ Corrected vision 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 ECC																	
化实验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)																					
<p style="text-align: center;">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 style="width: 100%; border: none;"> <tr> <td style="width: 25%;">霍乱</td> <td style="width: 25%;">Cholera</td> <td style="width: 25%;">性病</td> <td style="width: 25%;">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   医师签字 Signature of physician			检查单位盖章 Official Stamp   日期 Date																		