

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

| | | | | | |
|--|-----------------------------------|--|--|-----------------------------------|--|
| 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 Nationality | | 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 | 菌感染 | | <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疾病：(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 |
| 神经错乱 | Mental confusion | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 神经病 | 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 |
| | 幻想型 | 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 | 千帕 KPa |
| 发育情况 Development | | 营养情况 Nourishment | | 颈部 Neck | |
| 视力 | 左 L _____ 右 R _____ | 矫正视力 | 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 | |

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|---|---|--------------------|--------------------------|------------------------|--|----------------|-------------------------|---------------------|--------------------------|---------------|-------------|----------------|------------------|
| 脊 柱 Spine | | 四 肢 Extremities | | 神经系统 Nervous system | | | | | | | | | |
| 其它所见 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 HIV 抗体、 梅毒等血清学检 查, 并附原始检 查报告单) Laboratory exam (Attached test report of AIDS, Syphilis etc) | (1) 抗——HIV (ELISA) (2) (3) 梅毒血清凝集反应 Syphilis serum agglutination reaction | | | | | | | | | | | | |
| <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 or disorders found during the present examination</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">霍 乱 Cholera</td> <td style="width: 50%;">性 病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>肺结核 lung tuberculosis</td> </tr> <tr> <td>鼠 疫 Plague</td> <td>艾滋病 AIDS</td> </tr> <tr> <td>麻 风 Leprosy</td> <td>精神病 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 | | | | | | | | | | |