

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)
现在通讯地址 Present mailing address					血型 Blood type	Photo (Stamped Official Stamp)
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			
	躁狂型精神病	Manic Psychosis.....	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	妄想型精神病	Paranoid Psychosis.....	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	幻觉型精神病	Hallucinatory Psychosis.....	<input type="checkbox"/> No <input type="checkbox"/> Yes			
身高	厘米	体重	公斤	血压	毫米汞柱	
Height	cm	Weight	kg	Blood pressure	mmHg	
发育情况		营养情况		颈部		
Development		Nourishment		Neck		
视力	左 L _____	矫正视力	左 L _____	眼		
Vision	右 R _____	Corrected Vision	右 R _____	Eyes		
辨色力		皮肤		淋巴结		
Colour sense		Skin		Lymph nodes		
耳		鼻		扁桃体		
Ears		Nose		Tonsils		
心		肺		腹部		
Heart		Lungs		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>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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意见 Suggestion		检查单位盖章 Official Stamp																			
医师签字 Signature of physician		日期 Date																			