

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓名 Name		性别 <input type="checkbox"/> 男 Male Sex <input type="checkbox"/> 女 Female	出生日期 ____年__月__日 Date of Birth y.____m.____d.____	照片 photo (Hospital/Doctor seal across the photo required)
现在通讯地址 Present mailing address			血型 Blood Type	
国籍 Nationality		出生地 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	细菌性痢疾 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 Puerperal streptococcus	<input type="checkbox"/> NO <input type="checkbox"/> Yes
回归热 Relapsing fever		<input type="checkbox"/> No <input type="checkbox"/> Yes	感染 infection	<input type="checkbox"/> No <input type="checkbox"/> Yes
伤寒和副伤寒 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 secure? (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		
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 psychosis		<input type="checkbox"/> No <input type="checkbox"/> Yes		
身高/Height (厘米/cm)		体重/Weight (公斤/kg)		血压/pressure Blood(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/Color sense		皮肤/Skin		淋巴结/Lymph nodes
耳/Ears		鼻/Nose		扁桃体/Tonsils
心/Heart		肺 /Lungs		腹部/Abdomen

编号：42 (19×27cm)

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/Chest X-ray exam		心电图/ECG								
化实验室检查(包括艾滋病、梅毒血清学诊断)/Laboratory Exam (HIV, Syphilis Serodiagnosis)	附上对以下项目的化实验室报告: Please attach the results and data sheets for the following items:AIDS.,Syphilis,ALT.,AST.,T-BIL., HBsAG. And HCsAG									
<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 or disorders found during the present examination.</p> <table border="0"> <tr> <td>霍乱 Cholera</td> <td>性病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>开放性肺结核 Opening 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	开放性肺结核 Opening 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									

Note: Hospital/Doctor seal across the photo required.