

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 Birth Day__Month__Year__ | 照片 photo (Official Stamp) |
| 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 infection | | | |
| 回归热 Relapsing fever <input type="checkbox"/> No <input type="checkbox"/> Yes | 感染 <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 右 R | 矫正视力 Corrected vision | 左 L 右 R | 眼 Eyes |

| | | |
|-----------------|----------|-----------------|
| 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 |

| | | |
|----------|----------------|---------------------|
| 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 (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 等血清学诊断) Laboratory Exam (HIV, Syphilis Serodiagnosis) | |
|---|--|

| | |
|--|----------------------------------|
| 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. | |
| 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 |

意见
Suggestion

检查单位盖章
Official Stamp

医师签字
Signature of physician

日期
Date