

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	☐ 男 Male ☐ 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																																												
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”) <table border="0"> <tr> <td>班疹 伤寒</td> <td>Typhus fever</td> <td>☐ No ☐ Yes</td> <td>菌 痢</td> <td>Bacillary dysentery</td> <td>☐ No ☐ Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td>☐ No ☐ Yes</td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td>☐ No ☐ Yes</td> </tr> <tr> <td>白 喉</td> <td>Diphtheria</td> <td>☐ No ☐ Yes</td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td>☐ No ☐ Yes</td> </tr> <tr> <td>猩 红 热</td> <td>Scarlet fever</td> <td>☐ No ☐ Yes</td> <td>产褥期链球</td> <td>Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热</td> <td>Relapsing fever</td> <td>☐ No ☐ Yes</td> <td>菌 感 染</td> <td></td> <td>☐ No ☐ Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td colspan="2">Typhoid and paratyphoid fever</td> <td colspan="2"></td> <td>☐ No ☐ Yes</td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td colspan="2"></td> <td>☐ No ☐ Yes</td> </tr> </table>							班疹 伤寒	Typhus fever	☐ No ☐ Yes	菌 痢	Bacillary dysentery	☐ No ☐ Yes	小儿麻痹症	Poliomyelitis	☐ No ☐ Yes	布氏杆菌病	Brucellosis	☐ No ☐ Yes	白 喉	Diphtheria	☐ No ☐ Yes	病毒性肝炎	Viral hepatitis	☐ No ☐ Yes	猩 红 热	Scarlet fever	☐ No ☐ Yes	产褥期链球	Puerperal streptococcus infection		回 归 热	Relapsing fever	☐ No ☐ Yes	菌 感 染		☐ No ☐ Yes	伤寒和付伤寒	Typhoid and paratyphoid fever				☐ No ☐ Yes	流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis				☐ No ☐ Yes
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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”) <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td>.....</td> <td>☐ No ☐ Yes</td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td>.....</td> <td>☐ No ☐ Yes</td> </tr> <tr> <td rowspan="3">精神病</td> <td>Psychosis: 躁狂型</td> <td>Manic psychosis</td> <td>.....☐ No ☐ Yes</td> </tr> <tr> <td>妄想型</td> <td>Paranoid psychosis</td> <td>.....☐ No ☐ Yes</td> </tr> <tr> <td>幻觉型</td> <td>Hallucinatory</td> <td>.....☐ No ☐ Yes</td> </tr> </table>							毒物瘾	Toxicomania		☐ No ☐ Yes	精神错乱	Mental confusion		☐ No ☐ Yes	精神病	Psychosis: 躁狂型	Manic psychosis	 ☐ No ☐ Yes	妄想型	Paranoid psychosis	 ☐ No ☐ Yes	幻觉型	Hallucinatory	 ☐ No ☐ Yes																								
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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_____		矫正视力 左 L_____		眼																																												
Vision 右 R_____		Corrected vision 右 R_____		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)																					
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. <table><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																		