

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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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”)</p> <table border="0"> <tr> <td>班疹 伤寒</td> <td>Typhus fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 痢</td> <td>Bacillary dysentery</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白 喉</td> <td>Diphtheria</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩 红 热</td> <td>Scarlet fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> 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><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td></td> <td><input type="checkbox"/> No <input type="checkbox"/> 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><input type="checkbox"/> No <input type="checkbox"/> 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><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table> | | | | | | | 班疹 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 | Puerperal streptococcus infection | | 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 |
| 班疹 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 | Puerperal streptococcus infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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”)</p> <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神病 Psychosis:</td> <td>躁狂型 Manic psychosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>妄想型 Paranoid psychosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>幻觉型 Hallucinatory</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table> | | | | | | | 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 | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Eyes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision 右 R_____ | | Corrected vision 右 R_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | |
| <div>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.</div> <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 |
| 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 | | | | | | | | | | | | | | | | | | |
| 意 见 Suggestion | | | 检查单位盖章 Official Stamp | | | | | | | | | | | | | | | | | | |
| 医师签字 Signature of physician | | | 日期 Date | | | | | | | | | | | | | | | | | | |