

# 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 style="width: 100%; border: none;"> <tr> <td style="width: 15%;">班疹 伤寒</td> <td style="width: 15%;">Typhus fever</td> <td style="width: 15%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td style="width: 15%;">菌 痢</td> <td style="width: 15%;">Bacillary dysentery</td> <td style="width: 15%;"><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>Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="4"></td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td>Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="4"></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				
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<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>																																																		
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发育情况 Development		营养情况 Nourishment		颈部 Neck																																														
视力	左 L _____ 右 R _____	矫正视力	左 L _____ 右 R _____	眼 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 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 style="text-align: center;">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 style="width: 100%; border: none;"> <tr> <td style="width: 25%;">霍乱</td> <td style="width: 25%;">Cholera</td> <td style="width: 25%;">性病</td> <td style="width: 25%;">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   医师签字 Signature of physician			检查单位盖章 Official Stamp   日期 Date																		