

境外人员体格检查记录

PHYSICAL EXAMINATION RECORD FOR INBOUND TRAVELLERS

姓名 Name	性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of Birth (yyyy-mm-dd)	照片 Photo (需加盖医院公章 Put hospital seal across the photo)																												
国籍 Nationality		出生地 Place of Birth																														
通讯地址 Mailing address		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: 33%;">斑疹伤寒 Typhus fever</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td style="width: 33%;">细菌性痢疾 Bacillary dysentery</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>小儿麻痹 Poliomyelitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>白喉 Diphtheria</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>猩红热 Scarlet fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>回归热 Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>产褥期链球菌感染 Puerperal streptococcus infection</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> <tr> <td>伤寒和副伤寒 Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> </table>					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 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	回归热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌感染 Puerperal streptococcus 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		
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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> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">毒物瘾 Toxicomania.....</td> <td style="width: 30%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神错乱 Mental confusion.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神病 Psychosis: 躁狂型 Manic psychosis.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td style="padding-left: 20px;">妄想型 Paranoid psychosis.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td style="padding-left: 20px;">幻觉型 Hallucinatory psychosis.....</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 psychosis.....	<input type="checkbox"/> No <input type="checkbox"/> 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 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																												

