## 外国人体格检查记录

#### PHYSICAL EXAMINATION RECORD FOR FOREIGNER

## 体 检 说 明

#### **EXPLANATION OF THE PHYSICAL EXAMINATION**

- 1. 在华学习外国留学生,应按照"外国人体格检查记录"进行体格检查。体检表贴照片处, 应有医院印章,否则,视体检表无效。
- I. The foreign students, who intend to study in China, should go through a physical check-up before they come to China, according to the requirements of Physical Examination Record for Foreigners. The hospital seal should be put across the photo on the Examination Record, or the Record is invalid.
- 2. 体检表应填写清楚,体检报告应附有 X 光透视胸片及霍乱、黄热、鼠疫、麻风、性病、开放性肺结核、艾滋病、肝功能、澳抗和精神病的化验室检查报告。外国留学生到电子科技大学报到时,我们将体检表及化验室检查报告送至成都市检验检疫局查验。凡体检查验不合格者,需在成都市检验检疫局重新体检,费用自理。
- II. All the items of this form should be filled in carefully and clearly. The report should be attached with the negative film for Chest X-ray exams, and the examination certificates for laboratory exams (Serodiagnosis), which include exams on Cholera, Yellow fever, Plague, Leprosy, Venereal Disease, Opening lung tuberculosis, AIDS, Psychosis, Liver function and HBsAG. On their arrival at University, the Record (an original copy) and laboratory exam certificates should be sent to Chengdu Quarantine Bureau for check. Those whose exam is not qualified should get the physical re-check up done in Chengdu. The expenses should be covered by themselves.
- 3.体检应在来华一个月前在公立医院进行,凡在私立医院体检者,应取得公证部门的公证。到 达电子科技大学报到时,体检时间不得超过六个月,否则应在成都重新体检,费用自理。
- III. The physical examination should be taken in the public hospitals one month before their departure, if the physical check-up is done at a private hospital, the student should get the certificate notarized. If the physical check-up is over 6 months old on the day of their registration, they should have re-checked up in Chengdu. The expenses should be covered by themselves.
- 4.体检表是办理入境签证及在华居留手续所需文件之一,留学生到达电子科技大学报到时,应 提交正本。
- IV. The Physical Examination Record is one of the documents that are needed in the process of going through the visa formalities. The students should bring the original copy along with them when they come to China.

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### PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓名 Name		性别 □男 Sex □女					_月 <u></u> 日 d	照片	
现在通讯地址					Ш₹			Photo	
Present mailing address		Blood type						(put hospital seal across	
国籍		出生地						the photo)	
Natio-		Birth							
nality		Place 医患右下列病	  :::::::::::::::::::::::::::::::::::	4面后面语	言同答"	<b>丕"</b> 司	;"是")		
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 □No□Yes   细菌性痢疾 Bacillary dysentery □No□							□No□Yes		
小儿麻痹	專症 Poliomyelitis	□No□Ye	s 布	夭杆菌病!	Brucello	sis		$\square$ No $\square$ Yes	
白	喉 Diphtheria	□No□Yes	□Yes 病毒性肝炎 Viral hepati					$\square$ No $\square$ Yes	
猩 红 热 Scarlet fever □No□Yes 产褥期链球菌 Puerperal streptococcus □NO□Ye							□NO□Yes		
回 归 热 Relapsing fever □No□Yes   感 染 Infection   □No□Yes									
伤寒和晶	伤寒和副伤寒 Typhoid and paratyphoid fever □No□Yes								
	站脊髓膜炎 Epide			_			o□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···································									
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 psychosis ······□No□Yes									
身 高/H							压/ Blood p		
身 高/Height (厘米/ cm)		P+* =	体 重/Weight (公斤/kg)				(毫米汞柱/mmHg)		
							<u> </u>	6/	
少去味	7 D 1	#: *	k±vn xr	• • • • •		77	5分D N 1		
发育情况 Development		宮乔	营养情况 Nourishment			到	颈部 Neck		
视力	左L		视力	左 L		眼	Eyes		
Vision	# D		ected	# D					
	右R	visio		右R		241	ŀ Ш <i>b</i> -†: л	L 1	
辨 色 力/Color sense			皮肤/Skin			7/1	淋巴结/Lymph nodes		
耳/Ears		鼻/N	鼻/Nose			扁	扁桃体/Tonsils		
心/Heart		肺 /	肺 /Lungs			腹	腹部/Abdomen		
G/Hourt		/4   /-	//r /Lungs				, . = = = = = = = = = = = = = = = = =		

脊柱/Spine	四肢/Extremities	神经系统/Ne	神经系统/Nervous system			
其他所见 Other abnormal findings						
胸部 X 线检查/Chest X-ray exam		心电图/ECG				
化验室检查(包括艾滋病、梅毒血清学诊断)/Laboratory Exam (HIV, Syphilis Serodiagnosis)	毒血清学诊 附上对以下项目的化验室报告: Please attach the results and data sheets for the following items:AIDS.,Syphilis,ALT.,AST.,T-BIL.,and HBsAG.					
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 战 疫 Plague 艾滋病 AIDS 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				

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