

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 colspan="2">伤寒和付伤寒</td> <td colspan="2">Typhoid and paratyphoid fever</td> <td colspan="2"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td colspan="2">流行性脑脊髓膜炎</td> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td colspan="2"><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 style="width: 100%; border: none;"> <tr> <td style="width: 15%;">毒物瘾</td> <td style="width: 45%;">Toxicomania</td> <td style="width: 40%;"><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 rowspan="3">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>妄想型 Paranoid psychosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <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 _____ Vision 右 R _____		矫正视力 左 L _____ Corrected vision 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 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)																					
<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: 33%;">霍乱</td> <td style="width: 33%;">Cholera</td> <td style="width: 33%;">性病</td> <td style="width: 33%;">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 医师签字 Signature of physician			检查单位盖章 Official Stamp 日期 Date																		