

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: 33%;">班疹 伤寒 Typhus fever</td> <td style="width: 15%;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="width: 33%;">菌 痢 Bacillary dysentery</td> <td style="width: 15%;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症 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>产褥期链球 Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热 Relapsing fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>伤寒和付伤寒 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> | | | | | | | 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: 30%;">毒物瘾 Toxicomania</td> <td style="width: 40%;">.....</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>.....</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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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: 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 | | | | | | | | | | | | | | | | | | |