外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名Name |  | 性别Sex | 男女 | 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 |  |
| 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 菌痢Bacillary dysentery □No □ Yes小儿麻痹症Poliomyelitis □No □ Yes 布氏杆菌病Brucellosis □No □ Yes白喉Diphtheria □No □ Yes 病毒性肝炎Viral hepatitis □No □ Yes猩红热Scarlet fever □No □ Yes 回归热Relapsing fever □No □ Yes 产褥期链球菌感染Puerperal streptococcus infections □No □ Yes伤寒和付伤寒Typhoid and paratyphoid fever  □No □ Yes 流行性脑脊髓膜炎Epidemic cerebrospinal meningitis □No □ 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 or security？ （Each item must be answered“Yes ”or “No ”）毒物瘾Toxicomania………………………………. .…….□No □ Yes精神错乱Mental confusion…………………………….. □No □ Yes精神病Psychosis……………………………………………□No □ Yes躁狂型Manic psychosis…………………………………. □No □ Yes妄想型Paranoid psychosis………………………………□No □ Yes幻觉型Hallucinatory………………………………………□No □ Yes |
| 身高Height | 体重 公斤Weight Kg | 血压 毫米汞柱Blood pressure 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  |
| 脊柱Spine | 四肢Extremities  | 神经系统Nervous system  |
| 其它所见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 .) |  |
| 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.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 检查单位盖章Suggestion Official Stamp 医生签字 日期Signature of physician Date  |