

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 Birth Day-Month-Year		照片 (加盖检查单位印章)																																										
现在通讯地址 Present mailing address					血型 Blood type																																											
国籍或地区 Nationality (or Area)		出生地址 Birth Place				Photo (Stamped Official Stamp)																																										
<p>过去是否患有下列疾病：(每项后面请回答“否”或“是”)</p> <p>Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>斑疹伤寒</td> <td>Typhus fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌痢</td> <td>Bacillary dysentery</td> <td><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>产褥期链球菌感染</td> <td>Puerperal streptococcus infection</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>回归热</td> <td>Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td>Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td>Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> <td></td> </tr> </table>							斑疹伤寒	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	产褥期链球菌感染	Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes	回归热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes			<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			
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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”)</p> <p>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 border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania.....</td> <td><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</td> <td>Manic Psychosis..... <input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>妄想型</td> <td>Paranoid Psychosis..... <input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>幻觉型</td> <td>Hallucinatory Psychosis..... <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 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 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.)																					
<p>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 border="0"> <tr> <td>霍 乱</td> <td>Cholera</td> <td>性 病</td> <td>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
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意见 Suggestion		检查单位盖章 Official Stamp																			
医师签字 Signature of physician		日期 Date																			