

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?</p> <p>(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</td> <td>Puerperal streptococcus</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 colspan="2">infection</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td colspan="3"></td> <td colspan="2">菌感染</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td colspan="2">Typhoid and paratyphoid fever</td> <td colspan="2"></td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td colspan="2"></td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</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	Puerperal streptococcus		回归热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	infection		<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			
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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?</p> <p>(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 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 Psychosis.....</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 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																																																	
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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.)					
<div>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.</div> <div><div><div>霍乱Cholera</div><div>黄热病Yellow fever</div><div>鼠疫Plague</div><div>麻风Leprosy</div></div><div><div>性病Venereal Disease</div><div>肺结核Lung tuberculosis</div><div>艾滋病AIDS</div><div>精神病Psychosis</div></div></div>					
意见 Suggestion			检查单位盖章 Official Stamp		
医师签字 Signature of physician			日期 Date		