

# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

|  |  |  |  |                                   |  |  |
|--|--|--|--|-----------------------------------|--|--|
| 姓名<br>Name   |  | 性别<br>Sex  | <input type="checkbox"/> 男 Male<br><input type="checkbox"/> 女 Female | 出生日期<br>Birthday                  |  | 照片<br>(加盖检查单位印章)   |
| 现在通讯地址<br>Present mailing address  |  |  |  |                                   |  | Photo<br>(Stamped Official Stamp)                        |
| 国籍或地区<br>Nationality<br>(or Area)  |  | 出生地<br>Birth place                                       |  | 血型<br>Blood type                  |  |  |
| 过去是否患有下列疾病：(每项后面请回答“否”或“是”)<br>Have you ever had any of the following diseases?<br>(Each item must be answered “Yes” or “No”)  |  |  |  |                                   |  |  |
| 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 |  |
| 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”)<br>Do you have any of the following diseases or disorders endangering the public order and security?<br>(Each item must be answered “Yes” or “No”) |  |  |  |                                   |  |  |
| 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<br>Height   | 厘米<br>CM                                     | 体重<br>Weight   | 公斤<br>Kg   | 血压<br>Blood pressure              | 毫米汞柱<br>mmHg   |  |
| 发育情况<br>Development  | 营养情况<br>Nourishment                          |  | 颈部<br>Neck   |                                   |  |  |
| 视力 左 L _____<br>Vision 右 R _____   | 矫正视力 左 L _____<br>Corrected vision 右 R _____ |  | 眼<br>Eyes  |                                   |  |  |
| 辨色力<br>Colour sense  | 皮肤<br>Skin                                   |  | 淋巴结<br>Lymph nodes   |                                   |  |  |
| 耳<br>Ears  | 鼻<br>Nose                                    |  | 扁桃体<br>Tonsils   |                                   |  |  |
| 心<br>Heart   | 肺<br>Lungs                                   |  | 腹部<br>Abdomen  |                                   |  |  |

|  |              |                          |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
|--|--------------|--------------------------|-------------------|------------------------|--|----|---------|----|------------------|-----|--------------|-----|-------------------|----|--------|-----|------|----|---------|-----|-----------|
| 脊柱<br>Spine  |              | 四肢<br>Extremities        |                   | 神经系统<br>Nervous system |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 其他所见<br>Other abnormal findings  |              |                          |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 胸部 X 线<br>检查结果<br>(附检查报告单)<br>Chest X-ray exam<br>(attached chest X-ray<br>report)   |              |                          | 心电图<br>ECG        |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 化验室检查<br>(包括艾滋病、<br>梅毒等血清学检查)<br>Laboratory exam<br>(attached test report of<br>AIDS, Syphilis etc)  |              |                          |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| <p>未发现患有以下检疫传染病和危害公共健康的疾病:<br/>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 |
| 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<br>Suggestion  |              | 检查单位盖章<br>Official Stamp |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 医师签字<br>Signature of physician   |              | 日期<br>Date               |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |