

外国人体格检查表

PHYSICAL EXAMINATION RECORD FOR FOREIGNERS

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of birth		照片 Photo																																										
现在通讯地址 Present mailing address					血型 Blood type																																											
国籍 Nationality		出生地址 Birth Place																																														
<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 disease? (Each item must be answered "Yes" or "No")</p>																																																
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">斑疹伤寒 Typhus fever</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td style="width: 30%;">菌痢 Bacillary dysentery</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="2"></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 Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="2"></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> <td colspan="2"></td> </tr> <tr> <td>猩红热 Scarlet fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>产褥期链球菌 Puerperal streptococcus infection</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>回归热 Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="2"></td> </tr> <tr> <td>伤寒和副伤寒 Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="4"></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 colspan="4"></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 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 infection				回归热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes			伤寒和副伤寒 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 disease or disorders endangering the public order and security? (Each item must be answered "Yes" or "No")</p>																																																
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身高 Height	cm	体重 Weight			血压 Blood pressure																																											
发育情况 Development		营养状况 Nourishment			颈部 Nest																																											
视力 左 L Vision 右 R		矫正视力 左 L Corrected vision 右 R			眼 E																																											
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																																											

其他所见 Other abnormal findings			
胸部 X 线检查 Chest X—ray exam		心电图 ECG	
化验室检查 (包括血清学诊断) Laboratory Exam (Serodiagnosis)			
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 or disorders found during the present examination			
霍乱 Cholera 黄热病 Yellow fever 鼠疫 Plague 麻风 Leprosy		性病 Venereal 开放性肺结核 Opening lung tuberculosis 爱滋病 AIDS 精神病 Psychosis	
意见 Suggestion	检查单位盖章 Official Stamp		
医师签字 Signature of physician	日期 Date		