

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

Each blank should be filled.

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						There should be an official stamp on the photo
国籍 Nationality		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 disease?

(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 Brucellosis No Yes

白喉 Diphtheria No Yes 病毒性肝炎 Viral hepatitis No Yes

猩红热 Scarlet fever No Yes 产褥期链球菌 Puerperal streptococcus infection

回归热 Relapsing fever No Yes No Yes

伤寒和副伤寒 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 disease or disorders endangering the public order and 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**: 狂躁型 **Manic psychosis**-----No Yes

妄想型 Paranoid psychosis-----No Yes

幻觉型 Hallucinatory -----No Yes

Each blank should be filled.

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		营养状况 Nourishment		颈部 Neck	
视力 左 L 右 R Vision		矫正视力 左 L 右 R Corrected vision		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	

Each blank should be filled.

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 ECC	
化实验室检查 (包括艾滋病、梅毒等血清学检查) Laboratory Exam (attached test report of AIDS, Syphilis etc)	Specific result of the items, such as AIDS, Syphilis, should be listed. For example: HIV-negative HBS-negative RPR-non reactive		
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 No		性病 Venereal Disease No	
黄热病 Yellow fever No		开放性肺结核 Opening lung tuberculosis No	
鼠疫 Plague No		艾滋病 AIDS No	
麻风 Leprosy No		精神病 Psychosis No	
意见 Suggestion There should be a conclusion. For example: Healthy and fit for study.	检查单位盖章 Official Stamp		
			Stamp
医师签字 Signature of physician	Signature	日期 Date	Date

There should be a result for each item