外 国 人 体 格 检 查 表

FOREIGNER PHYSICAL EXAMINATION FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名**Name** |  | 性别**Sex** | * 男 **Male**
* 女 **Female**
 | 出生日期**Date of birth** |  | 照片**Photo** |
| 现在通讯地址**Present mailing address** |  |
| 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 followingdisease?**（**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Viralhepatitis□No□Yes猩红热Scarletfever □No□Yes 产褥期链球菌Puerperalstreptococcusinfection 回归热Relapsingfever □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 Mentalconfusion---------------------------------------------□No□Yes精神病 **Psychosis**：狂躁型 **Manicpsychosis-------------------------------------------------**□No□Yes妄想型 Paranoidpsychosis**-------------------------------------------**□No□Yes幻觉型 Hallucinatory --------------------------------□No□Yes |
| 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**Vision** | 左 **L**右 **R** |  | 矫正视力**Corrected vision** | 左 **L**右 **R** | 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** |

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| --- |
| 其他所见**Other abnormal findings** |
| 胸部 **X**线检查结果（附检查报告单）**Chest X—rayexam**（**attached chest X-ray report**） |  | 心电图**ECC** |  |
| 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**） |  |
| 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** 性病**VenerealDisease**黄热病**Yellowfever** 开放性肺结核**Openinglung tuberculosis**鼠疫 **Plague** 艾滋病 **AIDS**麻风**Leprosy** 精神病**Psychosis** |
| 意见 检查单位盖章**Suggestion OfficialStamp**医师签字 日期**Signatureofphysician Date** |