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  Birth Day-Month-Year |  | | 照片  （加盖检查单位印章）      Photo  (Stamped Official Stamp) |
| 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 | | |  | |  | |
| 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 diseases? (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 布氏杆菌病 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 Puerperal streptococcus  回 归 热 Relapsing fever □No □Yes infection □No □Yes  菌 感 染 □No □Yes  伤 寒 和 付 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 diseases 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 躁狂型 Manic Paychosis…………………... □No □Yes 精 神 病妄想型 Paranoid Psychosis………………… □No □Yes  Psychosis 幻觉型 Hallucinatory Psychosis…………… □No □Yes | | | | | | | | | | | |
| 身高 厘米 Height cm | | | | | | 体重 公斤 Weight kg | | | | 血压 毫米汞柱  Blood pressure mmHg | |
| 发育情况  Development | | | | | | 营养情况  Nourishment | | | | 颈部  Neck | |
| 视力 左 L  Vision 右 R | | | | | | 矫正视力 左 L  Corrected Vision 右 R | | | | 眼  Eyes | |
| 辩色力  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 | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.) | |  | | | | | | | |
| 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.  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 检查单位盖章  Suggestion Official Stamp              医师签字 日期  Signature of physician Date | | | | | | | | | |