

# 外国人体格检查记录

## PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓名 Name		性别 Sex		相片 Photo
出生日期 Birthday		出生地 Birthplace		
国籍 Nationality		血型 Blood type		
现在通讯地址 Present mailing address				
<p>过去是否患有下列疾病(每项后面请回答“是”或“否”): Have you ever had any of the following diseases? (Each item must be answered “yes” or “no”)</p> <p>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</p> <p>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</p> <p>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</p> <p>回归热 Relapsing fever    <input type="checkbox"/>No<input type="checkbox"/>Yes                      猩红热 Scarlet fever        <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>产褥期链球菌感染 Puerperal streptococcus infection <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>伤寒和付伤寒 Typhoid and paratyphoid fever <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis <input type="checkbox"/>No <input type="checkbox"/>Yes</p>				
<p>是滞患有下列危及公共秩序和安全的病症(每项后面请回答“是”或“否”) Do you have any of the following diseases of disorders endangering the public order and security? (Each item must be answered “yes” or “no”)</p> <p>毒物瘾 Toxicomania            <input type="checkbox"/>No<input type="checkbox"/>Yes                      精神错乱 Mental confusions    <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>精神病 Psychosis                      <input type="checkbox"/>No<input type="checkbox"/>Yes                      躁狂型 Manic psychosis        <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>妄想型 Paranoid psychosis<input type="checkbox"/>No<input type="checkbox"/>Yes                      幻想型 Hallucinatory psychosis <input type="checkbox"/>No <input type="checkbox"/>Yes</p>				
身高 Height		体重 Weight		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 右 R		眼 Eyes	
辨色力 Colors sense		皮肤 Skin		淋巴结 Lymphnodes	
耳 Ear		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	
其它所见 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: Name of the following diseases or 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 Suggestion			检查单位盖章 Official stamp		
医师签字 Signature of Physician			日期 Date		