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

Birthday

照片

(加盖检查单位印章)

现在通讯地址

Present mailing address

国籍或地区

Nationality

(or Area)

出生地

Birth place

血型

Blood type

Photo (Stamped Official Stamp)

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”)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 班疹 伤寒 | Typhus fever | □No □Yes | 菌 痢 | Bacillary dysentery | □No □Yes |
| 小儿麻痹症白 喉 | PoliomyelitisDiphtheria | □No □Yes□No □Yes | 布氏杆菌病病毒性肝炎 | BrucellosisViral hepatitis | □No □Yes□No □Yes |
| 猩 红 热回 归 热 | Scarlet feverRelapsing feve | □No □Yesr □No □Yes | 产褥期链球菌 感 染 | Puerperal streptococc | s infection□No □Yes |

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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 精神病 Psychosis：躁狂型 Manic paychosis…………………………………□No □Yes 妄想型 Paranoid psychosis………………………………□No □Yes

幻觉型 Hallucinatory……………………………………□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

辨色力

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 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 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 |