

# 外国人体格检查记录

## Physical Examination Record for Foreigner

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day-Month-Year		照 片  Photo
现在通讯地址 Present Mailing Address					血型 Blood type	
国籍 Nationality		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”) <i>Have you ever had any of the following diseases?</i> <i>(Each item must be answered "Yes" or "No")</i>						
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
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
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
猩红热	Scarlet fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	产褥期链球菌感染	Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes
回归热	Relapsing fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
伤寒和副伤寒		Typhoid and paratyphoid fever				<input type="checkbox"/> No <input type="checkbox"/> Yes
流行性脑脊髓膜炎		Epidemic cerebrospinal meningitis				<input type="checkbox"/> No <input type="checkbox"/> 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”) <i>Do you have any of the following diseases or disorders endangering the public order and security?</i> <i>(Each item must be answered "Yes" or "No")</i>						
毒物瘾	Toxicomania					<input type="checkbox"/> No <input type="checkbox"/> Yes
精神错乱	Mental confusion					<input type="checkbox"/> No <input type="checkbox"/> Yes
精神病	Psychosis: 躁狂型	Manic Psychosis				<input type="checkbox"/> No <input type="checkbox"/> Yes
	妄想型	Paranoid Psychosis				<input type="checkbox"/> No <input type="checkbox"/> Yes
	幻觉型	Hallucinatory Psychosis				<input type="checkbox"/> No <input type="checkbox"/> Yes
身高 Height	cm	体重 Weight	kg	血压 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
其它所见 Other abnormal findings		
胸部 X 线 检查 Chest X-ray Exam.		心电图 E C G
化验室检查 包括血清学诊断 Laboratory Exam. (Serodiagnosis)		
是否发现患有下列检疫传染病和危害公共健康的疾病：		
<i>Do you have any of the following diseases or disorders found during the present examination? (Each item must be answered "Yes" or "No")</i>		
霍乱	Cholera	<input type="checkbox"/> No <input type="checkbox"/> Yes
黄热病	Yellow fever	<input type="checkbox"/> No <input type="checkbox"/> Yes
鼠疫	Plague	<input type="checkbox"/> No <input type="checkbox"/> Yes
麻风	Leprosy	<input type="checkbox"/> No <input type="checkbox"/> Yes
性病	Venereal Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes
开放性肺结核	Opening lung tuberculosis	<input type="checkbox"/> No <input type="checkbox"/> Yes
艾滋病	AIDS	<input type="checkbox"/> No <input type="checkbox"/> Yes
精神病	Psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes
意见 Suggestion	检查单位盖章 Official Stamp	
医师签字 Signature of Physician	日期 Date	