

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGN

姓名 Full Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出身日期 Yr	Date of Birth mo day	照片 Photo
现在通讯地址 Present mailing address						
国籍 Nationality			出身地址 Place of Birth			
<p>过去是否有下列疾病:(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”)</p>						
斑疹伤寒 Typhus	<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	产褥性链球菌 Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes			
回归热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	感染	<input type="checkbox"/> No <input type="checkbox"/> Yes			
伤寒和付伤寒 typhoid and paratyphoid fever	<input type="checkbox"/> No <input type="checkbox"/> Yes					
流行性脑脊髓炎 Epidemic cerebrospinal meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes					
<p>是否患有下列危及公共秩序和安全的病:(每项后面请回答“否”或“是”) Do you have any of the following diseases of disorders endangering public order and security? (Each item must be answered “Yes” or “No”)</p>						
毒物癖 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	血型 Blood type	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 Color sense	皮肤 Skin			淋巴结 Lymph nodes		
耳 Ears	鼻 Nose			扁桃体 Tonsil		
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 ECG								
化验室检查 包括血清学诊断 Laboratory exam (Serodiagnosis)										
<p style="text-align: center;">未发现患有下列检疫传染病和危害公共健康的疾病</p> <p style="text-align: center;">None of the following diseases or disorders found during the present examination</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">霍乱 Cholera</td> <td style="width: 50%;">性病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>开放性肺结核 Opening lung tuberculosis</td> </tr> <tr> <td>鼠疫 Plague</td> <td>艾滋病 AIDS</td> </tr> <tr> <td>麻风 Leprosy</td> <td>精神病 Psychosis</td> </tr> </table>			霍乱 Cholera	性病 Venereal Disease	黄热病 Yellow fever	开放性肺结核 Opening lung tuberculosis	鼠疫 Plague	艾滋病 AIDS	麻风 Leprosy	精神病 Psychosis
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意见 Suggestion 医师签字 Signature of physician	检查单位盖章 Official 日期 Date									