

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

验证证明

CERTIFICATE OF VERIFICATION

| | | | |
|-----------------|-------|-----------------|-------|
| 姓名 | _____ | 性别 | _____ |
| Name | _____ | Sex | _____ |
| 国籍 | _____ | 出生日期 | _____ |
| Nationality | _____ | Date of birth | _____ |
| 发证日期 | _____ | 护照号码 | _____ |
| Issued date | _____ | Passport number | _____ |
| 现在通讯地址 | _____ | | |
| Present address | _____ | | |

兹证明上列人员所持外国人体格检查记录，

This is to certify that the bearer physical examination record 经过验证，符合
合要求。

for foreigner, accord with requirement.

医师签字

验证单位盖章

Signature of physician.....Official stamp

日期

Date.....

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”）

Have you ever had any of the following diseases?

(Each item must be answered "Yes" or "No")

- | | | | | | |
|--|-----------------------------|------------------------------|--|-----------------------------|------------------------------|
| 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 Puerperal streptococcus infection | | |
| 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”）

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 | <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 | 厘米 cm | 体重 Weight | 公斤 kg | 血压 Blood pressure | 毫米汞柱 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. (附检查报告单) (attached chest X-ray report) | | 心电图 ECG | | | | | | | | |
| 化验室检查 包括艾滋病、 梅毒血清学诊断 Laboratory Exam. (HIV, Syphilis Serodiagnosis) Attached test Report of AIDS, Syphilis etc | | | | | | | | | | |
| <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： 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 |
| 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 | | | | | | | | | |
| 意见 Suggestion 医师签字 Signature of physician | 检查单位盖章 Official Stamp 日期 Date | | | | | | | | | |