外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓名 Name		性别 Sex	男 Male 女 Female	出 生 Birth Day	月 Month	年 Year		
现在通讯地址 Present mailing address				1 1 10		血型 Blood Type	照片 photo	
国籍 Nationa			出生地 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 No Yes 细菌性痢疾 Bacillary dysentery No Yes								
小儿麻痹症 Poliomyelitis No Yes 布氏杆菌病 Brucellosis No Yes							No Yes	
白 喉 Diphtheria No Yes 病毒性肝炎 Viral hepatitis No Yes						No Yes		
猩红热Scarlet fever No			o Yes 产褥期链球菌 Puerperal stre			ptococcus	NO Yes	
回归热 Relapsing fever No Yes 感染 infection No Yes							No Yes	
伤寒和副伤寒 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 secure? (Each item most be answered "Yes" or "No")								
`	Toxicomania		,				No Yes	
精神错乱 Mental confusion 精神病 Psychosis:躁狂型 Manic psychosis								
妄想型 Paranoid psychosis								
1- W-1								
身 高/Height (厘米/ cm)			· · · ·				d(毫米汞柱/mmHg)	
)						1		
发育情况 Development		营	营养情况 Nourishment		颈部	颈部 Neck		
视力	左L	ケチ	正视力	 左 L		艮 Eyes		
Vision	 右 R		cted vision	右 R				
辨色力/Color sense		皮	皮肤/Skin		淋巴	淋巴结/Lymph nodes		
耳/Ears		阜	鼻/Nose		扁桃	扁桃体/Tonsils		
心/Heart		Ar.	肺 /Lungs		腹部	腹部/Abdomen		
L								

编号:42 (19×27cm)

脊柱/Spine	四肢/Extremities		神经系统/Nervous system					
其他所见/Other abnormal finding	S							
胸部 X 线检查/Chest X-ray exam	ı	心电图/ECG						
	丰本注答 及WC、c. 1		7 G 1 111 G 11					
化验室检查(包括艾滋病、梅毒血清学诊断)/Laboratory Exam (HIV, Syphilis Serodiagnosis)								
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 The Theorem 1	ing diseases or disor 性	ders found during 病 Venereal D	the present examination.					
黄热病 Yellow fever	· ·	がずい Venerear B ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・						
鼠 疫 Plague	艾滋							
麻 风 Leprosy	精神	病 Psychosis						
意见 Suggestion								
Suggestion								
		1A -k- 24	(A) 46 FF					
	检查单位盖章 Official Stamp							
		Officia	- ~ ···································					
医师签字			日期					
Signature of physician			Date					

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