

# 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																																											
国籍 Nationality		出生地址 Birth Place			type																																											
<p>过去是否患有下列疾病（每项后面请回答“否”或“是”）</p> <p>Have you ever had any of the following diseases? (Each item must be answered "Yes" or "No")</p>																																																
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">斑疹伤寒 Typhus fever</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 30%;">菌痢 Bacillary dysentery</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症 Pollomyelitis</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>白喉 Diphtheria</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>猩红热 Scarlet fever</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td>产褥期链球菌 Puerperal streptococcus infection</td> <td></td> <td></td> </tr> <tr> <td>回归热 Relapsing fever</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td>感染</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="3" style="text-align: right;">伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="3" style="text-align: right;">流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> </table>							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 Pollomyelitis	<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
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<p>是否患有下列危及公秩序和安全的病症：（每项后面请回答“否”或“是”）</p> <p>Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered "Yes" or "No")</p>																																																
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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 finding																		
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)																		
<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： <i>None of the following diseases or disorders found during the present examination.</i></p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">霍 乱</td> <td style="width: 25%;">Cholera</td> <td style="width: 25%;">性 病</td> <td style="width: 25%;">Venereal Disease</td> </tr> <tr> <td>黄 热 病</td> <td>Yellow fever</td> <td>开放性肺结核</td> <td>Opening lung tuberculosis</td> </tr> <tr> <td>鼠 疫</td> <td>Plague</td> <td>艾 滋 病</td> <td>AIDS</td> </tr> <tr> <td>麻 风</td> <td>Leprosy</td> <td>精 神 病</td> <td>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	检查单位盖章 Official Stamp   <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">           医师签字 Signature of Physician         </div> <div style="text-align: center;">           日期 Date         </div> </div>																	