外 国 人 体 格 检 查 表

**FOREIGNER PHYSICAL EXAMINATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名Name |  | 性别Sex | □ 男 Male□ 女 Female | 出生日期Birthday |  | 照片 (加盖检查单位印章)Photo(Stamped OfficialStamp) |
| 现在通讯地址Present mailing address |  |
| 国籍或地区 Nationality (or Area) |  | 出生地 Birth place |  | 血型Blood type |  |
| 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”)班疹 伤寒 Typhus fever □No □Yes 菌 痢 Bacillary dysentery □No □Yes小儿麻痹症 Poliomyelitis □No □Yes 布氏杆菌病 Brucellosis □No □Yes白 喉 Diphtheria □No □Yes 病毒性肝炎 Viral hepatitis □No □Yes猩 红 热 Scarlet fever □No □Yes 产褥期链球 Puerperal streptococcus infection回 归 热 Relapsing fever □No □Yes 菌 感 染 □No □Yes伤寒和付伤寒 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 security? (Each item must be answered “Yes” or “No”)毒物瘾 Toxicomania…………………………………………………□No □Yes精神错乱 Mental confusion……………………………………………□No □Yes 精神病 Psychosis：躁狂型 Manic paychosis…………………………………□No □Yes妄想型 Paranoid psychosis………………………………□No □Yes幻觉型 Hallucinatory……………………………………□No □Yes |
| 身高 厘米Height CM | 体重 公斤Weight Kg | 血压 毫米汞柱Blood pressure mmHg |
| 发育情况Development | 营养情况Nourishment | 颈部Neck |
| 视力 左 LVision 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 |  |
| 其他所见Other abnormal findings |  |
| 胸部 X 线 检查结果 (附检查报告单)Chest X-ray exam (attached chest X-ray report) |  | 心电图 ECC |  |
| 化验室检查 (包括艾滋病、 梅毒等血清学检查)Laboratory exam (attached test report of AIDS, Syphilis etc) |  |
| 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 of disorders found during the present examination.霍乱 Cholera 性病 Venereal Disease 黄热病 Yellow fever 肺结核 Lung tuberculosis 鼠疫 Plague 艾滋病 AIDS麻风 Leprosy 精神病 Psychosis |
| 意 见 检查单位盖章Suggestion Official Stamp医师签字 日期Signature of physician Date |