**外国人体格检查记录**

**PHYSICAL EXAMINATION RECORD FOR FOREIGNER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名  **Name** |  | | | | 性别 □男 **Male**  **Sex** □女 **Female** | | | | | | 出生日期 **Date of birth**  **/ /** | | | | | **照片 （加盖检查单位印章）**  **Photo（Stamped Official Stamp）** |
| 现在通讯地址  **Present Mailing Address** | | |  | | | | | | | | | | | | 血型  **Blood Type** |
| 国籍  **Nationality** | |  | | | | | | 出生地  **Bird 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** | | | | | | | | | | | | | | | | |
| 白喉  **Diphtheria** □**No**□**Yes** 病毒性肝炎 **Viral Hepatitis**  □**No**□**Yes** | | | | | | | | | | | | | | | | |
| 猩红热  **Scarlet Fever**  □**No**□**Yes** 产褥期链球菌 **Puerperal Streptococcus** □**No**□**Yes** | | | | | | | | | | | | | | | | |
| 回归热 **Relapsing**  □**No**□**Yes** 感染 **Infection**  □**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” )**  毒物瘾**Toxicomania……………………………………………………………………….……………..**□**No**□**Yes**  精神错乱**Mental confusion……………………………………………………………………................**□**No**□**Yes**  精神病**Psychosis:** 躁狂型**Manic Psychosis……………………………………………………...........**□**No**□**Yes**  妄想型**Paranoid Psychosis…………………………………………….…...............**□**No**□**Ye**s  幻觉性**Hallucinatory Psychosis……………………………………………………**□**No**□**Yes** | | | | | | | | | | | | | | | | |
| 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  **Vision** | **L**    **R** | | | 矫正视力  **Corrected** | | | | | **L**  **R** | | | | | 眼**Eyes** | | |
| 辨色力  **Color 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** | | | |

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| 其它所见  **Orther Abnormal Findings** | |
| 胸部**X**线检查  **Chest X-ray Exam** | 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)** | |
| 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**  霍乱**Cholera** 性 病**Venereal Disease**  黄热病**Yellow Fever** 开放性肺结核**Opening Lung Tuberculosis**  鼠疫**Plaguc** 艾 滋 病**AIDS**  麻风**Leprosy** 精 神 病**Psychosis** | |
| 意见  **Suggestion** | |
| 检查单位盖章  **Official Stamp**    医师签字 日期  **Signature of physician Date** | |