# 外 国 人 体 格 检 查 表

## FOREIGNER PHYSICAL EXAMINATION FORM

| | | | | | | |
|---|---|---|---|---|---|---|
| 姓名<br>Name | | 性别<br>Sex | □男 Male<br>□女 Female | 出生日期<br>Birth Day-Month-Year | | 照片<br>（加盖检查单位印章）<br><br>Photo<br>(Stamped Official Stamp) |
| 现在通讯地址<br>Present mailing address | | | | | 血型<br>Blood type | |
| 国籍或地区<br>Nationality<br>(or Area) | | 出生地址<br>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 | 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 | |
| 回归热 | Relapsing fever □No □Yes | | infection | □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 Psychosis…… □No □Yes

| | | |
|---|---|---|
| 身高 厘米<br>Height cm | 体重 公斤<br>Weight kg | 血压 毫米汞柱<br>Blood pressure mmHg |
| 发育情况<br>Development | 营养情况<br>Nourishment | 颈部<br>Neck |
| 视力 左 L_____<br>Vision 右 R_____ | 矫正视力 左 L_____<br>Corrected Vision 右 R_____ | 眼<br>Eyes |
| 辩色力<br>Colour sense | 皮肤<br>Skin | 淋巴结<br>Lymph nodes |
| 耳<br>Ears | 鼻<br>Nose | 扁桃体<br>Tonsils |
| 心<br>Heart | 肺<br>Lungs | 腹部<br>Abdomen |

| | | | | | |
|---|---|---|---|---|---|
| 脊柱<br>Spine | | 四肢<br>Extremities | | 神经系统<br>Nervous system | |
| 其他所见<br>Other abnormal findings | | | | | |
| 胸部 X 线<br>检查结果<br>（附检查报告单）<br>Chest X-ray<br>Exam<br>(Attached chest X-ray report) | | 心电图<br>ECG | | | |
| 化验室检查<br>（包括艾滋病、梅毒等血清学检查）<br>Laboratory exam<br>(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
Suggestion

检查单位盖章
Official Stamp

医师签字
Signature of physician

日期
Date