

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 type			
国籍 Nationality		出生地址 Birth Place						
<p>过去是否患有下列疾病（每项后面请回答“否”或“是”）</p> <p><i>Have you ever had any of the following diseases?</i></p> <p><i>(Each item must be answered "Yes" or "No")</i></p>								
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	Poliomyelitis	<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	产褥期链球菌感染				
回归热	Relapsing fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	产褥期链球菌感染	Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	伤寒和副伤寒	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		
<p>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”）</p> <p><i>Do you have any of the following diseases or disorders endangering the public order and security?</i></p> <p><i>(Each item must be answered "Yes" or "No")</i></p>								
	毒物瘾	Toxicomania			<input type="checkbox"/> No <input type="checkbox"/> Yes		
	精神错乱	Mental confusion			<input type="checkbox"/> No <input type="checkbox"/> Yes		
	精神病	躁狂型	Manic Psychosis		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		妄想型	Paranoid Psychosis		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		幻觉型	Hallucinatory Psychosis		<input type="checkbox"/> No <input type="checkbox"/> 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	左 L _____	矫正视力	Corrected vision	左 L _____	眼	Eyes	
		右 R _____			右 R _____			
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 findings																																		
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;">是否发现患有下列检疫传染病和危害公共健康的疾病： <i>Do you have any of the following diseases or disorders found during the present examination?</i> <i>(Each item must be answered "Yes" or "No")</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: 10%;"><input type="checkbox"/>No</td> <td style="width: 10%;"><input type="checkbox"/>Yes</td> <td style="width: 20%;">性病</td> <td style="width: 20%;">Venereal Disease</td> <td style="width: 10%;"><input type="checkbox"/>No</td> <td style="width: 10%;"><input type="checkbox"/>Yes</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes</td> <td>开放性肺结核</td> <td>Opening lung tuberculosis</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes</td> <td>艾滋病</td> <td>AIDS</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes</td> <td>精神病</td> <td>Psychosis</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes</td> </tr> </table>			霍乱	Cholera	<input type="checkbox"/> No	<input type="checkbox"/> Yes	性病	Venereal Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	黄热病	Yellow fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	开放性肺结核	Opening lung tuberculosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	鼠疫	Plague	<input type="checkbox"/> No	<input type="checkbox"/> Yes	艾滋病	AIDS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	麻风	Leprosy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	精神病	Psychosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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意见 Suggestion	检查单位盖章 Official Stamp 医师签字 Signature of Physician																																	
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