

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>																																																														
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<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>																																																														
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发育情况 Development		营养情况 Nourishment		颈部 Neck																																																										
视力 左 L	_____	矫正视力 左 L	_____	眼																																																										
Vision 右 R	_____	Corrected vision 右 R	_____	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 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;">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: 33%;">霍 乱</td> <td style="width: 33%;">Cholera</td> <td style="width: 33%;">性 病</td> <td style="width: 33%;">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-between; margin-top: 20px;"> 医师签字 Signature of Physician 日期 Date </div>																	