

Annex 3:

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

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 (加盖检查单位印章)																												
现在通讯地址 Present mailing address					血型 Blood type																													
国籍或地区 Nationality (or Area)		出生地址 Birth Place				Photo (Stamped Official Stamp)																												
<p>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”)</p> <table border="0"> <tr> <td>斑疹伤 Typhus fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌痢 Bacillary dysentery</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>寒小儿麻痹 Poliomyelitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>白喉 Diphtheria</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>猩红热 Scarlet fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>产褥期链球菌 Puerperal streptococcus</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>回归热 Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌感染</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> </table>							斑疹伤 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	寒小儿麻痹 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 Puerperal streptococcus	<input type="checkbox"/> No <input type="checkbox"/> Yes	回归热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌感染	<input type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒 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		
斑疹伤 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes																															
寒小儿麻痹 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 Puerperal streptococcus	<input type="checkbox"/> No <input type="checkbox"/> Yes																															
回归热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌感染	<input type="checkbox"/> No <input type="checkbox"/> Yes																															
伤寒和付伤寒 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”) Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>毒物瘾 Toxicomania.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神错乱 Mental confusion.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神病躁狂型 Manic Psychosis.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>妄想型 Paranoid Psychosis.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>幻觉型 Hallucinatory Psychosis.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> </table>							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																		
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	厘米 cm	体重 Weight	公斤 kg	血压 Blood pressure	毫米汞柱 mmHg																													
发育情况 Development		营养情况 Nourishment		颈部 Neck																														
视力 Vision	左 L _____ 右 R _____	矫正视力 Corrected Vision	左 L _____ 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 ECG		
化实验室检查 (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 Suggestion				检查单位盖章 Official Stamp	
医师签字 Signature of physician				日期 Date	