**外 国 人 体 格 检 查 表**

Attachment Ⅲ:

**FOREIGNER PHYSICAL EXAMINATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  |  |  |  |  | 性别 |  | □ 男 Male | | |  | 出生日期 | |  |  | 照片 | |  |
| Name | |  |  |  |  | Sex |  | □ 女 Female | | |  | Birthday | |  |  | (加盖检查单位印章) | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | 现在通讯地址 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Present mailing address | | | | |  |  |  |  |  |  |  |  |  |  |  | Photo | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (Stamped Official | |  |
| 国籍或地区 | | | |  |  | 出生地 | | |  |  |  | 血型 | |  |  |  |
|  |  |  |  |  |  |  | Stamp) | |  |
| Nationality | | | |  |  | Birth | | |  |  |  | Blood type | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| (or Area) | | | |  |  | 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”) | | | | | | | | | |  |  |  |
| 班疹 |  |  | 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 infection | | | | |  |
| 回 | 归 | | 热 | Relapsing fever □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…………………………………… □No □Yes

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 身高 |  |  | 厘米 | | | 体重 |  |  |  | 公斤 | | | 血压 | 毫米汞柱 |
| Height |  |  | CM | | | Weight |  |  |  | Kg | | | Blood pressure | mmHg |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 发育情况 |  |  |  |  |  | 营养情况 |  |  |  |  |  |  | 颈部 |  |
| Development | | |  |  |  | Nourishment |  |  |  |  |  |  | Neck |  |
|  |  | |  |  |  |  |  | | |  |  |  |  |  |
| 视力 | 左 L | |  |  |  | 矫正视力 | 左 L | | |  |  |  | 眼 |  |
| Vision | 右 R | |  |  |  | Corrected vision 右 R | | |  |  |  |  | Eyes |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 辨色力 |  |  |  |  |  | 皮肤 |  |  |  |  |  |  | 淋巴结 |  |
| Colour sense | | |  |  |  | Skin |  |  |  |  |  |  | Lymph nodes |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 耳 |  |  |  |  |  | 鼻 |  |  |  |  |  |  | 扁桃体 |  |
| Ears |  |  |  |  |  | Nose |  |  |  |  |  |  | Tonsils |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 心 |  |  |  |  |  | 肺 |  |  |  |  |  |  | 腹部 |  |
| Heart |  |  |  |  |  | Lungs |  |  |  |  |  |  | Abdomen |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | 四肢 |  |  |  | 神经系统 |  |
| 脊柱 |  |  | Extremities |  |  | Nervous system | |  |
| Spine |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 其他所见 | |  |  |  |  |  |  |  |
| Other abnormal findings | |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  | |
|  |  |  |  |  | 心电图 | |  | |
| 胸部 X 线 | |  |  |  | ECC | |  | |
| 检查结果 | |  |  |  |  |  |  |  |
| (附检查报告单) | |  |  |  |  |  |  |  |
| Chest X-ray exam | |  |  |  |  |  |  |  |
| (attached chest X-ray | |  |  |  |  |  |  |  |
| report) | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
| 化验室检查 | |  |  |  |  |  |  |  |
| (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 | 检查单位盖章 |
| Suggestion | Official Stamp |
| 医师签字 | 日期 |
| Signature of physician | Date |