

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGN

姓名 Name	SAMBO ABDULRAHMAN ANKA		性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of birth	年 Y	月 M	日 D																								
现在通讯地址 Present mailing address	1, Bayode street, balogan busstop, Ikeja Lagos																															
国籍 Nationality	NIGERIAN		出生地址 Place of birth	Zamfara, Nigeria																												
<p>过去是否患有以下疾病：(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>斑疹伤寒 Typhus fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌痢 Bacillary dysentery</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白喉 Diphtheria</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩红热 Scarlet fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球菌感染</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>回归热 Relapsing fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球菌感染</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>									斑疹伤寒 Typhus fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌痢 Bacillary dysentery	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	小儿麻痹症 Poliomyelitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	白喉 Diphtheria	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	猩红热 Scarlet fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌感染	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	回归热 Relapsing fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌感染	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒 Typhoid and paratyphoid fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<p>过去是否患有以下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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神错乱 Mental confusion</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神病 Psychosis:</td> <td></td> </tr> <tr> <td>躁狂型 Manic psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>妄想型 Paranoid psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>幻觉型 Hallucinatory psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>									毒物瘾 Toxicomania	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	精神错乱 Mental confusion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	精神病 Psychosis:		躁狂型 Manic psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	妄想型 Paranoid psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	幻觉型 Hallucinatory psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes												
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身高 Height	1.59m	厘米 cm	体重 Weight	82kg	公斤 kg	血压 Blood pressure	139/69	毫米 mmHg																								
发育情况 Development	NORMAL		营养情况 Nourishment	GOOD		颈部 Neck	NORMAL																									
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	BROWN		淋巴结 Lymph nodes	NORMAL																									
耳 Ears	NORMAL		鼻 Nose	NORMAL		扁桃体 Tonsils	NORMAL																									
心 Heart	HEART RATE 69bpm R 66bpm L 66bpm NORMAL HEART		肺 Lungs	CLEAR		腹部 Abdomen	NORMAL																									



脊柱 Spine NORMAL	四肢 Extremities NORMAL	神经系统 Nervous system NORMAL
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其它所见
Other abnormal findings

胸部 X 线检查 Chest X-ray exam.	NORMAL STUDY	心电图 ECG	NORMAL
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化验室检查 (包括艾滋病、 梅毒血清学诊断) Laboratory exam. (HIV, Syphilis serodiagnosis)	HIV - NEGATIVE SYPHILIS (VDRL) - NEGATIVE
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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 or disorders found during the present examination:

NONE OF ALL THIS DISEASES WAS FOUND.

- | | |
|---|---|
| <input type="checkbox"/> 霍乱 Cholera | <input type="checkbox"/> 性病 Venereal disease |
| <input type="checkbox"/> 黄热病 Yellow fever | <input type="checkbox"/> 开放性肺结核 Opening lung tuberculosis |
| <input type="checkbox"/> 鼠疫 Plague | <input type="checkbox"/> 艾滋病 AIDS |
| <input type="checkbox"/> 麻疯 Leprosy | <input type="checkbox"/> 精神病 Psychosis |

意见
Suggestion

**MEDICALLY AND
PHYSICALLY FIT**



医师签字
Signature of physician

Dr. Kaduna

检查单位盖章
Official stamp



日期
Date

27/12/2024