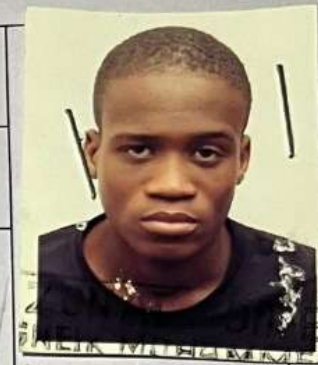


外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	SADIQ SALISU INUWA	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	16/06/ 2005
现在通讯地址 Present mailing address		Salisusadik163@gmail.com			
国籍或地区 Nationality (or Area)	NIGERIAN	出生地 Birth place	KANO	血型 Blood type	A+



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	<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	Puerperal streptococcus infection	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
回 归 热	Relapsing fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	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			

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	<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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

身高 Height	1.72 厘米 CM	体重 Weight	57 公斤 Kg	血压 Blood pressure	120/80 毫米汞柱 mmHg
发育情况 Development	NORMAL	营养情况 Nourishment	NORMAL	颈部 Neck	NORMAL
视力 左 L Vision 右 R	6/6	矫正视力 左 L Corrected vision 右 R	6/6	眼 Eyes	NORMAL
辨色力 Colour sense	NORMAL	皮肤 Skin	NORMAL	淋巴结 Lymph nodes	NORMAL
耳 Ears	NORMAL	鼻 Nose	NORMAL	扁桃体 Tonsils	NORMAL
心 Heart	NORMAL	肺 Lungs	NORMAL	腹部 Abdomen	NORMAL

脊柱 Spine	NORMAL	四肢 Extremities	NORMAL	神经系统 Nervous system	NORMAL
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其他所见 Other abnormal findings	N . Δ . A				
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胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)	NORMAL STABLE CXR	心电图 ECC	NORMAL ECC Rhythm
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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)	[ALL The sample is Non Reactive]			
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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.

霍乱	Cholera	NAD	性病	Venereal Disease	Non Reactive
黄热病	Yellow fever	Non Reactive	肺结核	Lung tuberculosis	Non Reactive
鼠疫	Plague	NAD	艾滋病	AIDS	Non Reactive
麻风	Leprosy	NAD	精神病	Psychosis	NORMAL

意见
Suggestion

The patient is in good health with
no significant medical conditions. 检查单位盖章
Vital signs are normal, and there
are no signs of infectious or
disease. The patient is fit
for travel and residency. No further
intervention is required.

医师签字
Signature of physician

日期
Date

