

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGN

姓名 Name	Muhammad AMINU YAHAYA	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day-Month-Year	08/06/1989
现在通讯地址 Present mailing address	Department of Public Admin. Gombe State University			血型 Blood type	
国籍 Nationality	Nigeria	出生地址 Birth 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”)

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	布氏杜菌病 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疾病：(每项后面请回答“否”或“是”)
Do you have any of the following diseases or disorders endangering the pubic order and security?
(Each item must be answered “Yes” or “No”)

毒物瘾 Toxicomania	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
神经错乱 Mental confusion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
神经病 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
幻想型 Hallucinatory psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

身高 Height	1.7 厘米 cm	体重 Weight	55 公斤 kg	血压 Blood pressure	115/70 千帕 KPa
发育情况 Development	营养情况 Nourishment		颈部 Neck	normal	
视力 左 L Vision 右 R	6/6	矫正视力 左 L Corrected vision 右 R	眼 Eyes	normal	
辨色力 Colour sense	皮肤 Skin		淋巴结 Lymph nodes	normal	
耳 Ears	normal	鼻 Nose	扁桃体 Tonsils	normal	
心 Heart	normal	肺 Lungs	腹部 Abdomen	normal	



DATE: 08/11/2019

脊 柱 Spine	<i>neg</i>	四 肢 Extremities	<i>neg</i>	神经系统 Nervous system	<i>normal</i>																
其它所见 Other abnormal findings		<i>neg</i>																			
胸 部 X 线 检 查 结 果 (附检查报告单) Chest X-ray Exam (Attached chest X-ray report	<i>normal</i>		心电图 ECG	<i>normal</i>																	
化 验 室 检 查 (包括 HIV 抗体、 梅毒等血清学检 查, 并附原始检 查报告单) Laboratory exam (Attached test report of AIDS, Syphilis etc)	(1) 抗——HIV (ELISA) (2) (3) 梅 毒 血 清 凝 集 反 应 <i>all negative result</i> Syphilis serum agglutination reaction <i>found / normal</i>																				
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																					
<table border="0"> <tr> <td>霍 乱</td> <td>Cholera</td> <td>性 病</td> <td>Venereal Disease</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>肺结核</td> <td>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	肺结核	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																			
<i>He is medically fit to study / Yes none of the following above diseases disorders found</i>																					
医师签字 Signature of physician		日期 Date																			
		19-2-2025																			



Federal Teaching Hospital, Gombe.

RADIOLOGY REPORT FOR CHEST X-RAY AP ADULT(CXR)

Patient: MUHAMMAD AMINU YAHAYA

Number: null

Sex: Male

Age: 37

Request Date: 19/2/2025 1:43 am

Date Prepared: 19/2/2025 5:02 am

Ward/Clinic: null

Requesting Clinician: ,

Provisional Diagnosis:

Clinical Summary:

Radiology Number: IN2542913

Technique:

CHEST

Findings:

The heart is normal in size.

No focal lung lesion seen.

The ribcage is normal.

Impression:

Normal study.

Consultant Incharge: ,

Senior Registrar: ,

Radiologist Data Officer: Zaidan Ladi 19/2/2025 5:02 am

Radiologist's Comment:

Dr. Maina

Consultant Radiologist: Zaidan Ladi 19/2/2025 5:02 am



GOMBE STATE HOSPITAL SERVICES MANAGEMENT BOARD SPECIALIST HOSPITAL, GOMBE

HAEMATOLOGY REQUEST/REPORT FORM		Ward/Clinic	Consultant
LAB USE ONLY Lab. No Date: Time: Comments	CLINICAL DETAILS <div style="font-size: 1.5em; text-align: center;">Medical Check-up</div> Dr's Sign _____ Date: 18/2/25	Surname: Muhammad Hospital No. Others-Name (S) Aminu Yahaya Date of Birth 8/6/1987 Sex <input checked="" type="radio"/> M <input type="radio"/> F Address: Gombe State University	<div style="border: 1px solid black; padding: 5px;"> COLLECTION Time am/pm* _____ Date: _____ </div>
		SPECIMEN (Lab. to Collect)	

INVESTIGATION (S) REQUIRED

REPORT:

Hb	g/dl
PCV	
RBC	X10 ¹² /L
WBC	X10 ⁹ /L
PLATELETS	X10 ⁹ /L
RETICS	%
RETICS INDEX	
MCHC	g/dl
MCH	pg
MCV	fL
ESR	MM/HR

(Westergren Method)

Anisocytosis.....	Hypochromia.....
Macrocytosis	Polychromia.....
Microcytosis	Nucleated Rbc
Poikilocytosis	Elliptocytes.....
Target cells.....	Tear Drop.....
Sickle cells.....	
Spherocytes.....	
Ovalocytes.....	
Hb Genotype.....	
Blood Group.....	

B Rh's positive

Blast Cells	%
Promyelocytes	%
Myelocytes	%
Metamyelocytes	%
Band Forms	%
Neutrophils	%
Eosinophils	%
Basophils	%
Monocytes	%
Translymphocyte	%
Lymphocytes	%
Prolymphocytes	%
Lymphoblast	%
Plasma Cells	%

Grouping and Crossmatching

Number of Units required

(A) As whole Blood

(B) As Packed Cells

CLOTTING PROFILE

Bleeding Time

(Ivy's=2-7mins)
Clotting time
(Leewhite = 5-12min)

PROTHROMBIN TIME

CONTROL SEC

TEST SEC

INDEX %

RATIO

PTTK/A APTT

CONTROL SEC

TEST SEC

Normal Range
35 - 45%

Comments

Reported by

(MED. LAB SCIENTIST)

SIGN

DATE

18/2/25

18/2/25

18/2/25

GOMBE STATE HOSPITAL SERVICES MANAGEMENT BOARD.

SPECIALIST HOSPITAL, GOMBE

MICROBIOLOGY REQUEST FORM PURPOSE) FORM		WARD/CLINIC _____ CONSULTANT _____ Surname <u>Muhammaad</u> Hospital No. _____ Other Name (s) <u>Aminu Yahaya</u> Age (Years) <u>8/6/1987</u> Sex <u>M/F</u> Address <u>Gombe State University</u>	
LAB USE ONLY: Lab. No _____ Date: <u>18/2/25</u> Time: _____ Comments: _____	CLINICAL DETAILS <u>Medical check-up</u> Dr's Sign _____ Date: _____	SPECIMEN (+) (See (+) below)	COLLECTION Time: _____ Am/pm* _____ Date: _____

Place (X) in the box against Material (s) sent/ investigation (s) required

SPECIMEN (+)

<input checked="" type="checkbox"/>	Blood	<input type="checkbox"/>	Pus
<input type="checkbox"/>	Sputum	<input type="checkbox"/>	Urine
<input type="checkbox"/>	CSF	<input type="checkbox"/>	Stool
<input type="checkbox"/>	Swab	(Specify)	
<input type="checkbox"/>	Other	(Specify)	

Is this patient receiving Antibiotics? *Yes/No

Is this first or repeat request? * First/Repeat

(If repeat, QUOTE last Lab No.....)

INVESTIGATION REQUIRED

BACTERIOLOGY

<input type="checkbox"/>	Microscopy General
<input type="checkbox"/>	Culture and Sensitivity
<input type="checkbox"/>	Mycology:
<input type="checkbox"/>	Malaria Parasite
<input type="checkbox"/>	Widal
<input checked="" type="checkbox"/>	HBsAg - <u>Non Reactive</u>
<input type="checkbox"/>	HBeAg
<input checked="" type="checkbox"/>	HCV - <u>Non Reactive</u>
<input checked="" type="checkbox"/>	VDRL - <u>Non Reactive</u>
<input type="checkbox"/>	H.Pylori
<input type="checkbox"/>	Mantoux
<input type="checkbox"/>	Rheumatoid Factor
<input type="checkbox"/>	Chlymidia
<input type="checkbox"/>	Crystal V
<input type="checkbox"/>	Microfilaria
<input type="checkbox"/>	KOH
<input checked="" type="checkbox"/>	Other Investigation (specify)
<input type="checkbox"/>	<u>RVS - Non Reactive</u>

MEDICAL MICROBIOLOGY UNIT
STATE SPECIALIST HOSPITAL
GOMBE
SIGNATURE [Signature] **DATE** 18/2/25