

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	DIONNE SLASH EDEM GAYIN	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	3RD APRIL 1985
现在通讯地址 Present mailing address					
国籍或地区 Nationality (or Area)	GHANAIAN	出生地 Birth place	ACCRA	血型 Blood type	A+

DR. R.N.A. AGYEMANG
PRINCIPAL MEDICAL OFFICER
37 MILITARY HOSPITAL

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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 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	
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 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	185 厘米 CM	体重 Weight	65 公斤 Kg	血压 Blood pressure	128/75 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 6/6 Vision 右 R 6/6		矫正视力 左 L NOT - Corrected vision 右 R APPLICABLE		眼 Eyes	NORMAL
辨色力 NORMAL Colour sense ISHIHARA TEST		皮肤 Skin	NORMAL	淋巴结 Lymph nodes	No LYMPHADENOPATHY
耳 Ears	NORMAL	鼻 Nose	NORMAL	扁桃体 Tonsils	NOT INFLAMMED
心 Heart	NORMAL	肺 Lungs	NORMAL	腹部 Abdomen	NORMAL

脊柱 Spine	NORMAL	四肢 Extremities NORMAL	NORMAL	神经系统 Nervous system	NORMAL																	
其他所见 Other abnormal findings	NO ABNORMAL FINDINGS (NAB)																					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)	CXR - NORMAL FIND ATTACHED		心电图 ECC	NORMAL																		
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 NORMAL HIV & SYPHILIS REPORT FIND ATTACHED																					
<p>未发现患有以下检疫传染病和危害公共健康的疾病:</p> <p>None of the following diseases or disorders found during the present examination.</p> <table border="0"> <tr> <td>霍乱</td> <td>Cholera</td> <td>性病</td> <td>Venereal Disease</td> <td rowspan="4">ALL NORMAL</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	ALL NORMAL	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	<p>Patient is Medically Fit</p> <p>检查单位盖章 Official Stamp DR. R.N.A. AGIEMANG PRINCIPAL MEDICAL OFFICER 37 MILITARY HOSPITAL ACC 11</p> <p>医师签字 Signature of physician</p> <p>日期 Date 08/04/2025</p>																					