


外国人体格检查记录

Physical Examination Record for Foreigner

姓名 Name	BASHIR SIDI YAKUBU	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day-Month-Year	01-01-200
现在通讯地址 Present Mailing Address		NO. 24, Commissioner's Qu arter's, Damaturu, Yobe			
国籍 Nationality	NIGERIA	出生地址 Birth Place	KARASUNA B-HD		



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 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 Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes

伤寒和副伤寒 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")

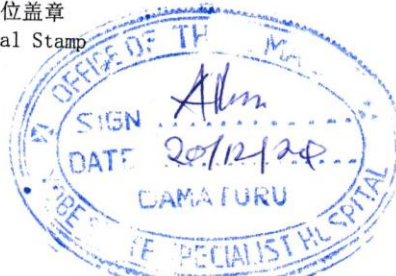
毒物瘾 Toxicomania	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
精神错乱 Mental confusion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
精神病 Psychosis: 躁狂型 Manic Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
妄想型 Paranoid Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
幻觉型 Hallucinatory Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

身高 Height	体重 Weight	血压 Blood pressure
1.77 m	58 kg	100/60 mmHg
发育情况 Development	营养情况 Nourishment	颈部 Neck
(N)	(N)	(N)
视力 左 L Vision 右 R	矫正视力 左 L Corrected vision 右 R	眼 Eyes
辨色力 Colour Sense	皮肤 Skin	淋巴结 Lymph nodes
	(N)	(N)
耳 Ears	鼻 Nose	扁桃体 Tonsils
(N)	(N)	(N)
心 Heart	肺 Lungs	腹部 Abdomen
(N)	clear	(N)

脊柱 Spine	(N)	四肢 Extremities	神经系统 Nervous system
其它所见 Other abnormal findings			
胸部 X 线 检查 Chest X-ray Exam.	NO abnormal findings upon examination.		心电图 E C G
化实验室检查 包括血清学诊断 Laboratory Exam. (Serodiagnosis)	Normal Hb - normal Hct - normal Hcr - normal WBC / platelet - normal		
是否发现患有下列检疫传染病和危害公共健康的疾病: Do you have any of the following diseases or disorders found during the present examination? (Each item must be answered "Yes" or "No")			
霍乱 Cholera	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	性病 Venereal Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
黄热病 Yellow fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	开放性肺结核 Opening lung tuberculosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
鼠疫 Plague	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	艾滋病 AIDS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
麻风 Leprosy	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	精神病 Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
意见 Suggestion	检查单位盖章 Official Stamp		
医师签字 Signature of Physician	日期 Date		

Certified healthy

Dr. Anne O. Lopez
A. Lopez



20/12/24