


外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	A. Isioye Yusuf Olanide		性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	09/sep/2003	
现在通讯地址 Present mailing address			House 17 Finkend Street, Queens House efal estate gwamaga				
国籍或地区 Nationality (or Area)	Nigeria		出生地 Birth place	IBADAN		血型 Blood type	



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	厘米 CM	体重 Weight	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 6/6 Vision 右 R 6/6		矫正视力 左 L Corrected vision 右 R		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																								
其他所见 Other abnormal findings	nil																												
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)	Normal		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)	VDR L - negative Hepatitis B - negative Hepatitis C - negative HIV I & II - negative																												
<p>未发现患有下列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>None</td> <td>性病</td> <td>Venereal Disease</td> <td>None</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>None</td> <td>肺结核</td> <td>Lung tuberculosis</td> <td>None</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>None</td> <td>艾滋病</td> <td>AIDS</td> <td>None</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>None</td> <td>精神病</td> <td>Psychosis</td> <td>None</td> </tr> </table>						霍乱	Cholera	None	性病	Venereal Disease	None	黄热病	Yellow fever	None	肺结核	Lung tuberculosis	None	鼠疫	Plague	None	艾滋病	AIDS	None	麻风	Leprosy	None	精神病	Psychosis	None
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意见 Suggestion	He is physically and medically fit		检查单位盖章 Official Stamp 																										
医师签字 Signature of physician			日期 Date 13-03-2025																										



OMEGA MEDICAL
Diagnostics

24hours
Service

...Providing diagnostic relief

Date: MAR 12, 2025.

HOSPITAL: PRIVATE

AGE: ADULT

SEX: MALE

LAB NO: 2086/25

SAMPLE: BLOOD

ATTENTION: DR . IN. CHARGE

RE: LAB. REPORT FOR AJIBOYE YUSUF OLAMIDE .

1.XYZ &11 SCREENING.....NON REACTIVE AS AT 12/03/2025

2. VDRL.....NEGATIVE

3. HEPATITIS B.....NEGATIVE

4. HEPATITIS C.....NEGATIVE

5.BLOOD GROUP: A 'RH. D' POSITIVE.

6.GENOTYPE: A A



HEAD OFFICE: Km 5, Opposite General Hospital Onipanu Ota, Ogun State.



OMEGA MEDICAL Diagnostics

**24hours
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Date: MAR 12, 2025

HOSPITAL: PRIVATE

AGE: ADULT

SEX: MALE

SCAN NO: 2150 / 25

ATTENTION: DR. IN CHARGE

RE: ABDOMINAL SCAN REPORT FOR AJIBOYE YUSUF

LIVER: The liver is not enlarged spans 144mm, with normal intra-hepatic and extra -hepatic parenchymal architectural pattern. No focal lesion/cyst. No metablases. No ascites and No liver abscess. Both hemi-diaphragmatic are free and normal.

KIDNEYS: The right and left kidneys measure 94mm x 45mm and 95mm x 46mm in sizes respectively. Both kidneys are normal in size, shape, position and capsular outline. They both show normal cortimedullary differentiation and renal sinuses. No calculi.

SPLEEN, PANCREAS AND PARAAORTIC SPACES: are normally seen in sizes, shape, position, pattern, parenchyma, densities, echoes and luminal pattern. No lymph node enlargement. No aortic displacement or dissection.

GASTRO – INTESTINAL TRACT: The bowel loops are normal in calibre and gas distribution. Regular and normal peristalsis are noted. No evidence of bowel distension. No intra-abdominal mass. No inflamed appendix mass or rebounding pain noted in the right iliac fossa region.

N/B: OTHER ABDOMINAL ORGANS ARE NORMAL

IMPRESSION: AS AT THE TIME OF THIS SCAN; SONOGRAPHIC FEATURES DEPICTS:

NORMAL ABDOMINAL SCAN

THANKS

