

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	USMAN ALIYU UMAR	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	10/07/2003	
现在通讯地址 Present mailing address						
国籍或地区 Nationality (or Area)	NIGERIAN	出生地 Birth place	MAIGATAI LOCAL GOVT JIGAWA STATE	血型 Blood type	O positive	

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")

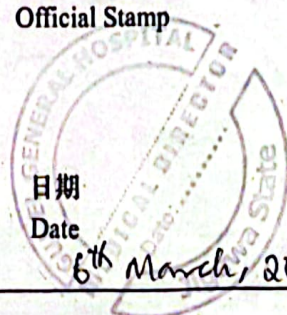
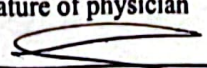
班疹 伤寒 Typhus fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢 Bacillary dysentery	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
小儿麻痹症 Poliomyelitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input checked="" 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	
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	139	体重 Weight	公斤 Kg	SD	血压 Blood pressure	毫米汞柱 mmHg	130/85
发育情况 Development	NORMAL		营养情况 Nourishment	WELL NOURISHED		颈部 Neck	NORMAL	
视力 Vision	左 L	6/36	矫正视力 Corrected vision	左 L	6/6	眼 Eyes	NORMAL WITH NO PHYSICAL DEFORMITY	
辨色力 Colour sense			皮肤 Skin	NO SKIN DISORDER		淋巴结 Lymph nodes	NONE	
耳 Ears	NORMAL EAR PASSAGE WITH INTACT EAR DRUMS		鼻 Nose	NORMAL NASAL PASSAGE, NO ABDNORMALITY		扁桃体 Tonsils	NOT INFLAMED	
心 Heart	NORMAL HEART SOUNDS (S1 & S2)		肺 Lungs	NORMAL BREATH SOUNDS		腹部 Abdomen	NORMAL	



脊柱 Spine	NORMAL SPINE NO TENDERNESS OR DEFORMITY	四肢 Extremities	NORMAL LIMBS WITH NO DEFORMITY	神经系统 Nervous system	NO LOSS OF SENSATION OR REFLEXES																
其他所见 Other abnormal findings	NONE																				
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)	NORMAL SOFT TISSUE MARKINGS, NO BONY DEFORMITY, LUNG SHADOWS APPEAR NORMAL WITH PRE SERVED VASCULAR MARKINGS AND COSTO PHRENIC ANGLES		心电图 ECC	NORMAL STUDY																	
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)	RVS — NON Reactive HbsAg — NON Reactive HCV — NON Reactive VDRL — NON Reactive PCV — 38%																				
<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 of 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> </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 CANDIDATE IS PHYSICALLY FIT & HEALTHY TO UNDERGO ACADEMIC ACTIVITY.		检查单位盖章 Official Stamp 																			
医师签字 Signature of physician 		日期 Date 6th March, 2025																			





JIGAWA STATE MINISTRY OF HEALTH
GUMEL GENERAL HOSPITAL

X-RAY/USS/LABORATORY REQUEST FORM

NAME: U Simon Alvan Umaru DATE: 26/2/25
AGE: AD SEX: M WARD: _____
COMPLAIN: _____
DIAGNOSIS: _____ SAMPLE: _____
INVESTIGATIONS: RUS, HBsAg, HBeAg, PCR, Blood group
HCV Hb Genotype

REQUESTED BY: _____

LAB **REPORT**

RUS — Non reactive

- HBsAg — Non reactive

HCV — non reactive

HBeAg — non reactive

PCR — 38%

Blood group O Rhesus is positive (otve).

Hb Genotype — 'AS'

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26/2/25





JIGAWA STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY MAIGATARI P.H.C

Medical Certificate

This is to certify that Usman Aliyu Umar
Has been examine and found physically and
mentally fit for normal duties

Examination Doctor's Name

Abdullahi Umar Isah

Signature

CHU IN CHARGE
MAIGATARI P.H.C

Date

26/02/2025