


外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|------------------|------------------|---|--------------------|---|-------------------------|---|------------------------------------|---|------------------------|---|-------------------|---|-----------------------|---|---------------------|---|--|---|-----------------------|---|-------|---|
| 姓名 Name | USAR (BAGG) 2444 | 性别 Sex | <input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | 出生日期 Birthday | 1st January 2003 |  | | | | | | | | | | | | | | | | | | | | |
| 现在通讯地址 Present mailing address | | NO 779 KINSHASA | | | | | | | | | | | | | | | | | | | | | | | | |
| 国籍或地区 Nationality (or Area) | Algeria | 出生地 Birth place | KINSHASA | 血型 Blood type | O+ | | | | | | | | | | | | | | | | | | | | | |
| <p>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")</p> <table border="0"> <tr> <td>班疹 伤寒 Typhus fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 痢 Bacillary dysentery</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白 喉 Diphtheria</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩 红 热 Scarlet fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球菌 Puerperal streptococcus infection</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>回 归 热 Relapsing fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table> <p>伤寒和付伤寒 Typhoid and paratyphoid fever <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 流行性脑脊膜炎 Epidemic cerebrospinal meningitis <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | | | | 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 | 产褥期链球菌 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 |
| 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 | 产褥期链球菌 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 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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")</p> <table border="0"> <tr> <td>毒物癡 Toxicomania</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神错乱 Mental confusion</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神病 Psychosis: 躁狂型 Manic psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>妄想型 Paranoid psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>幻觉型 Hallucinatory</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table> | | | | | | | 毒物癡 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 | | | | | | | | | | |
| 毒物癡 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 | 1.8m | 厘米 CM | 体重 Weight | 65kg | 公斤 Kg | 血压 Blood pressure | 120/80 | 毫米汞柱 mmHg | | | | | | | | | | | | | | | | | | |
| 发育情况 Development | None | | 营养情况 Nourishment | None | | 颈部 Neck | None | | | | | | | | | | | | | | | | | | | |
| 视力 左 L Vision 右 R | None | | 矫正视力 左 L Corrected vision 右 R | None | | 眼 Eyes | None | | | | | | | | | | | | | | | | | | | |
| 辨色力 Colour sense | None | | 皮肤 Skin | None | | 淋巴结 Lymph nodes | None | | | | | | | | | | | | | | | | | | | |
| 耳 Ears | None | | 鼻 Nose | None | | 扁桃体 Tonsils | None | | | | | | | | | | | | | | | | | | | |
| 心 Heart | None | | 肺 Lungs | None | | 腹部 Abdomen | None | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|-------------------|------------------------|-------------|----|---------|----|------------------|-----|--------------|-----|-------------------|----|--------|-----|------|----|---------|-----|-----------|
| 脊柱 Spine | <i>Name</i> | 四肢 Extremities | <i>Name</i> | 神经系统 Nervous system | <i>Name</i> | | | | | | | | | | | | | | | | |
| 其他所见 Other abnormal findings | | <i>Name</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>Name</i> | 心电图 ECC | <i>Name</i> | | | | | | | | | | | | | | | | | |
| 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) | | <i>H.I.V = Non-Reactive by Western</i> <i>HsAg = Non-Reactive</i> <i>HsAb = Non-Reactive</i> <i>Syphilis = Non-Reactive</i> | | | | | | | | | | | | | | | | | | | |
| <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> </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 |
| 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 | | | | | | | | | | | | | | | | | | |
| 意见 Suggestion | | 检查单位盖章 Official Stamp | | | | | | | | | | | | | | | | | | | |
| 医师签字 Signature of physician | | 日期 Date | | | | | | | | | | | | | | | | | | | |

INSAN
AND
SERVICE

14/3/2025