


# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

|                                   |                        |                                    |                       |   |                  |                      |   |    |
|-----------------------------------|------------------------|------------------------------------|-----------------------|---|------------------|----------------------|---|----|
| 姓名<br>Name                        | ABUBAKAR<br>AHMAD ADAM |                                    | 性别<br>Sex             | <input checked="" type="checkbox"/> 男 Male<br><input type="checkbox"/> 女 Female | 出生日期<br>Birthday | 10th<br>JULY<br>2002 |  |    |
| 现在通讯地址<br>Present mailing address |                        | Abubakar-ahmad-ascon3323@gmail.com |                       |   |                  |                      |   |    |
| 国籍或地区<br>Nationality<br>(or Area) | Nigeria                |                                    | 出生地<br>Birth<br>place | KANO<br>STATE   |                  | 血型<br>Blood type     |   | B+ |

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 type="checkbox"/> No <input checked="" 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 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 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 ☐ 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")

|                |                        |   |
|----------------|------------------------|---|
| 毒物癖            | Toxicomania            | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 精神错乱           | Mental confusion       | <input 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 type="checkbox"/> No <input type="checkbox"/> Yes            |

|                     |                                    |                     |                 |                      |                     |
|---------------------|------------------------------------|---------------------|-----------------|----------------------|---------------------|
| 身高<br>Height        | 165 厘米<br>CM                       | 体重<br>Weight        | 68 公斤<br>Kg     | 血压<br>Blood pressure | 100/80 毫米汞柱<br>mmHg |
| 发育情况<br>Development | MATURED                            | 营养情况<br>Nourishment | well Nourished  | 颈部<br>Neck           | NO DEFORMITIES      |
| 视力 左 L. 右 R.        | 6/6                                | 矫正视力 左 L. 右 R.      | 6/6             | 眼<br>Eyes            | GOOD VISUAL (20/20) |
| 辨色力<br>Colour sense | MEDICALLY QUALIFIED                | 皮肤<br>Skin          | well BALANCED   | 淋巴结<br>Lymph nodes   | NO DISCOLOURATION   |
| 耳<br>Ears           | YELLOWISH-BROWN EAR PLATE PRESENT. | 鼻<br>Nose           | NO MALFORMATION | 扁桃体<br>Tonsils       | PINKISH IN COLOUR   |
| 心<br>Heart          | SOUND AND GOOD RHYTHM.             | 肺<br>Lungs          | NORMAL CAPACITY | 腹部<br>Abdomen        | SYMMETRICAL         |



|             |               |                   |           |                        |               |
|-------------|---------------|-------------------|-----------|------------------------|---------------|
| 脊柱<br>Spine | HEALTHY SPINE | 四肢<br>Extremities | TRAUMATIC | 神经系统<br>Nervous system | CO-ORDINATION |
|-------------|---------------|-------------------|-----------|------------------------|---------------|

|                                 |     |  |  |  |  |
|---------------------------------|-----|--|--|--|--|
| 其他所见<br>Other abnormal findings | ALL |  |  |  |  |
|---------------------------------|-----|--|--|--|--|

|  |                     |            |                          |
|--|---------------------|------------|--------------------------|
| 胸部X线<br>检查结果<br>(附检查报告单)<br>Chest X-ray exam<br>(attached chest X-ray<br>report) | NORMAL TOR<br>STUDY | 心电图<br>ECG | NORMAL<br>TOR<br>READING |
|--|---------------------|------------|--------------------------|

|   |                  |  |  |
|---|------------------|--|--|
| 化验室检查<br>(包括艾德姆、<br>梅毒等血清学检查)<br>Laboratory exam<br>(attached test report of<br>AIDS, Syphilis etc) | ALL-NON-REACTIVE |  |  |
|---|------------------|--|--|

未发现患有下列任何传染病和危害公共健康的疾病

None of the following diseases or conditions found during the present examination.

|     |              |    |     |                   |    |
|-----|--------------|----|-----|-------------------|----|
| 霍乱  | Cholera      | NO | 性病  | Venereal Disease  | NO |
| 黄热病 | Yellow fever | NO | 肺结核 | Lung tuberculosis | NO |
| 鼠疫  | Plague       | NO | 艾滋病 | AIDS              | NO |
| 麻风  | Leprosy      | NO | 精神病 | Psychosis         | NO |

意见

Suggestion

DR. AHMED YAKUB

医师签字

Signature of physician

检查单位盖章

CHINA UNIVERSITY HOSPITAL  
NO. 101, DONGFENG ROAD  
BEIJING 100021

日期: 2000年11月10日  
时间: 14:00

医生

Time

11/10/2000