外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM 照片 21/04/1986 出生日期 男 Male 性别 姓名 MUHAMMAD (加 Name JUNAIDU SAMI □ 女 Female Birthday Sex MO 78 Rija Hudu Dalu Lan 现在通讯地址 Kano State Present mailing address 血型 出生地 国籍或地区 Blood type Rhs Post Nigerian Birth Nationality Kano place (or Area) 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") No □Yes Bacillary dysentery No □Yes 班疹 伤寒 Typhus fever VINo □Yes UNo □Yes 布氏杆菌病 Brucellosis Poliomyelitis 小儿麻痹症 No □Yes Viral hepatitis Diphtheria No □Yes 病毒性肝炎 白 Puerperal streptococcus infection No □Yes 产褥期链球 Scarlet fever 猩 热 红 No □Yes Relapsing fever ∠No □Yes 感染 回 归 热 ☑No □Yes Typhoid and paratyphoid fever 伤寒和付伤寒 No □Yes Epidemic cerebrospinal meningitis 流行性脑脊髓膜炎 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") Toxicomania ····· □No □Yes 毒物瘾 Mental confusion □ Yes 精神错乱 Manic paychosis ····· □ No □ Yes Psychosis: 躁狂型 精神病 Paranoid psychosis ····· □ No □ Yes 妄想型 Hallucinatory ...... □No □Yes 幻觉型 厘米 体重 毫米汞柱 身高 公斤 130/ Blood pressure 790 Weight 73.6 Kg CM Height 营养情况 颈部 发育情况 Morma Neck Nourishment Development 左L 视力 左L 矫正视力 Corrected vision 右R 右R Vision 淋巴结 皮肤 辨色力 Colour sense Skin Lymph nodes 耳 鼻 扁桃体 **Tonsils** Ears Nose 肺 腹部 心 Heart Lungs Abdomen

脊柱 Spine	Mormo	1	四肢 Extremities	Horma	1	神经系统 Nervous system	Mormal
其他所见 Other abnormal findings		Mil					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)		心电图 ECC 大しいかり 大い人ims					m] m/8
RUS (flix 1 \$ 11 floti 80410) = Mon-Reaction  (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)  The applicant was found to be Algalian to the above took and the visualt was affected to the above attached.							
未发现患有下列检疫传染病和危害公共健康的疾病:  None of the following diseases of disorders found during the present examination.  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 The above name I applicant was town I  to be physically and mentally Fit, kindly give him the necessary assistance her E师签字 may vequive Signature of physician  Date  11/24							



## **ALBARKA MEDICAL DIAGNOSTIC CENTRE**

Plot 483/4, Darusallam House, Aminu Kano Way, Gadon Kaya, Kano. PH:08125901060 mobile:08135899347,08058895221. email: albarkadiagnostics@gmail.com

## LABORATORY REPORT

Patient Name : Muhammad Junaidu Sani

**Patient ID** : 2411/142

Gender & Age : Male /

Phone No.:

Report Date : 14-Nov-2024

**Referred By** : SELF

Bill Date. : 14-Nov-2024

## SEROLOGY REPORT

Investigation Result

**NON - REACTIVE HBsAg** 

**NON - REACTIVE** HCV

HIV I & II Anti Bodies **NON - REACTIVE** 

NB:

V.D.R.L Negative

--- End Of Report ---