


# 外国人 体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	IDRIS SALISU ADAM		性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	2002 MAY 12	
现在通讯地址 Present mailing address							
国籍或地区 Nationality (or Area)	NIGERIA		出生地 Birth place	Damaturu	血型 Blood type	A+	

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 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	170 CM	体重 Weight	65 Kg	血压 Blood pressure	120/80 毫米汞柱 mmHg
发育情况 Development	Normal		营养情况 Nourishment	Normal	
视力 左 L Vision 右 R	6/6		矫正视力 左 L Corrected vision 右 R	6/6	
辨色力 Colour sense	Normal		皮肤 Skin	Normal	
耳 Ears	Normal		鼻 Nose	Normal	
心 Heart	Normal		肺 Lungs	Normal	
			淋巴结 Lymph nodes	Normal	
			扁桃体 Tonsils	Normal	
			腹部 Abdomen	Normal	

脊柱 Spine	<i>Normal</i>	四肢 Extremities	<i>Normal</i>	神经系统 Nervous system	<i>Normal</i>																		
其他所见 Other abnormal findings		<i>Nil</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>Normal</i>	心电图 ECC	<i>Normal</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>NEGATIVE</i>																					
<p>未发现患有以下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.</p> <table border="0"> <tr> <td>霍乱</td> <td>Cholera</td> <td rowspan="4">} <i>None</i></td> <td>性病</td> <td>Venereal Disease</td> <td rowspan="4">} <i>None</i></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	} <i>None</i>	性病	Venereal Disease	} <i>None</i>	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		检查单位盖章 Official Stamp <b>CHIEF MEDICAL DIRECTOR</b> <b>SUITAN CLINIC &amp; MATERNITY</b> <b>SIGN _____ DATE _____</b>																					
医师签字 Signature of physician		日期 Date <i>27/2/08</i>																					