


# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

|                                   |                       |                           |   |                  |          |
|-----------------------------------|-----------------------|---------------------------|---|------------------|----------|
| 姓名<br>Name                        | RUTH DUDU<br>EMMANUEL | 性别<br>Sex                 | <input type="checkbox"/> 男 Male<br><input checked="" type="checkbox"/> 女 Female | 出生日期<br>Birthday | 26/05/91 |
| 现在通讯地址<br>Present mailing address |                       | duduemmanuelnet@gmail.com |   |                  |          |
| 国籍或地区<br>Nationality<br>(or Area) | NIGERIAN              | 出生地<br>Birth place        | ZURU  | 血型<br>Blood type | O+       |



FEDERAL POLICE CENTRE  
ACCIDENT & EMERGENCY  
20 MAR 2005  
BIRNIN KEBBI

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 | <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 |
| 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 |   |   |

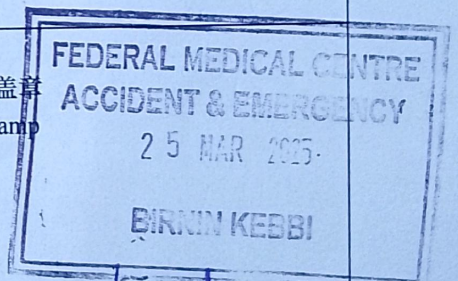
是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”)  
Do you have any of the following diseases or disorders endangering the public order and security?  
(Each item must be answered “Yes” or “No”)

|                                    |   |
|------------------------------------|---|
| 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<br>Height         | 165 厘米<br>CM | 体重<br>Weight                     | 78 公斤<br>Kg | 血压<br>Blood pressure | 110/70 毫米汞柱<br>mmHg |
| 发育情况<br>Development  | Normal       | 营养情况<br>Nourishment              | Normal      | 颈部<br>Neck           | Normal              |
| 视力 左 L<br>Vision 右 R | 6/6<br>6/6   | 矫正视力 左 L<br>Corrected vision 右 R |             | 眼<br>Eyes            | Normal              |
| 辨色力<br>Colour sense  | Normal       | 皮肤<br>Skin                       | Normal      | 淋巴结<br>Lymph nodes   | Nil                 |
| 耳<br>Ears            | Normal       | 鼻<br>Nose                        | Normal      | 扁桃体<br>Tonsils       | Nil                 |
| 心<br>Heart           | Normal       | 肺<br>Lungs                       | Normal      | 腹部<br>Abdomen        | Normal              |



|   |  |                          |                          |                        |        |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
|---|--|--------------------------|--------------------------|------------------------|--------|----|---------|----|------------------|-----|--------------|-----|-------------------|----|--------|-----|------|----|---------|-----|-----------|
| 脊柱<br>Spine   | Normal   | 四肢<br>Extremities<br>N/A | Normal                   | 神经系统<br>Nervous system | Normal |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 其他所见<br>Other abnormal findings   |  |                          |                          |                        |        |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 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 chest<br>findings                       |                          | 心电图<br>ECC               | Normal<br>findings     |        |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 化验室检查<br>(包括艾滋病、<br>梅毒等血清学检查)<br>Laboratory exam<br>(attached test report of<br>AIDS, Syphilis etc)   | AIDS — Non-reactive<br>Syphilis — Non reactive |                          |                          |                        |        |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 未发现患有以下检疫传染病和危害公共健康的疾病:<br>None of the following diseases of disorders found during the present examination.  |  |                          |                          |                        |        |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| <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<br>Suggestion  | General findings are within<br>normal range.   |                          | 检查单位盖章<br>Official Stamp |                        |        |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 医师签字<br>Signature of physician  | TERHEMBA A J                                   |                          | 日期<br>Date               |                        |        |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |



25/03/25