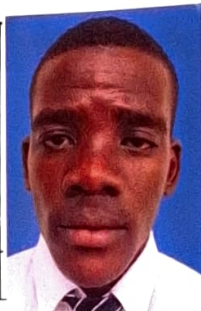


外国人体格检查记录
Physical Examination Record for Foreigner

姓名 Name	HONESTY GEORGES NGOMANI	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day-Month-Year	17-06-2004
现在通讯地址 Present Mailing Address		KIBAHA SECONDARY SCHOOL P.O. Box 30053, KIBHA PWANI-TANZANIA			血型 Blood type (A) Positive
国籍 Nationality	TANZANIAN	出生地址 Birth Place	MBEYA CBD		



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”)

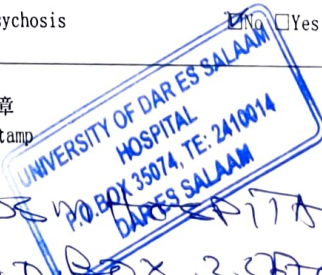
斑疹伤寒	Typhus fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes
小儿麻痹症	Poliomyelitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes
白喉	Diphtheria	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎	Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes
猩红热	Scarlet fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌感染		
回归热	Relapsing fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌感染	Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes

伤寒和副伤寒	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 Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

身高 Height	164 cm	体重 Weight	60 kg	血压 Blood pressure	120/80 mmHg
发育情况 Development	Good	营养情况 Nourishment	Normal	颈部 Neck	Normal
视力 左 L Vision 右 R	6/6 6/6	矫正视力 左 L Corrected vision 右 R	6/6 6/6	眼 Eyes	Normal
辨色力 Colour Sense	Normal	皮肤 Skin	Normal	淋巴结 Lymph nodes	Normal
耳 Ears	Normal	鼻 Nose	Normal	扁桃体 Tonsils	Normal
心 Heart	Normal	肺 Lungs	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>																								
其它所见 Other abnormal findings																													
胸部 X 线 检查 Chest X-ray Exam.	NORMAL		心电图 E C G	<i>Normal</i>																									
化验室检查 包括血清学诊断 Laboratory Exam. (Serodiagnosis)	<i>Normal LAB. FINDINGS</i> <i>(Report attached)</i>																												
<p>是否发现患有下列检疫传染病和危害公共健康的疾病： <i>Do you have any of the following diseases or disorders found during the present examination?</i> <i>(Each item must be answered "Yes" or "No")</i></p> <table border="0"> <tr> <td>霍乱</td> <td>Cholera</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>性病</td> <td>Venereal Disease</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>开放性肺结核</td> <td>Opening lung tuberculosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>艾滋病</td> <td>AIDS</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>精神病</td> <td>Psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>						霍乱	Cholera	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	性病	Venereal Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	黄热病	Yellow fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	开放性肺结核	Opening lung tuberculosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	鼠疫	Plague	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	艾滋病	AIDS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	麻风	Leprosy	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	精神病	Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
霍乱	Cholera	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	性病	Venereal Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																								
黄热病	Yellow fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	开放性肺结核	Opening lung tuberculosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																								
鼠疫	Plague	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	艾滋病	AIDS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																								
麻风	Leprosy	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	精神病	Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																								
意见 Suggestion <i>The Candidate is</i> <i>Physically and</i> <i>Mentally fit</i>		检查单位盖章 Official Stamp  <i>USE P.O. BOX 33074</i> <i>DAR ES SALAAM</i>																											
医师签字 Signature of Physician <i>[Signature]</i>		日期 Date <i>21/01/2025</i>																											

UNIVERSITY OF DAR ES SALAAM



UDSM HOSPITAL

DEPARTMENT OF RADIOLOGY

Patient's Name: Honesty Ngonyani

Date: January 21, 2025.

Age: 20 yrs

Sex: M

DR No. 5340

CHEST X-RAY REPORT

Clinical summary:

Procedure and findings:

Posterior anterior chest x-ray image is presented.

- Bilateral lung fields are clear.
- Both hilar regions are normal.
- Costophrenic and cardiophrenic angles are free.
- Cardiac shadow is of normal size. Aortic knob is normal.
- Mediastinum is normal, no widening or mass appreciated.
- Soft tissues and thoracic cage are unremarkable.

Conclusion:

Normal chest x-ray findings.

Dr. Mulishi Maboko (MD; MMed)

Radiologist



Dr. Gilbert Masuma (MD; MMed)

Radiologist

UNIVERSITY OF DAR ES SALAAM HOSPITAL



HONESTY G NGONYANI, g(Male | 20 Yrs | Jun 17, 2004)

MRN: 108106-6-09931/2024 Phone: 0743232430 Email: - Payment type: INSURANCE

Address: Mwenge Village, Kijitonyama Ward, Kinondoni, Dar es Salaam

Laboratory

SN	Lab Test	Result	
1	HIV test	Negative	more_vert
2	Venerial Disease Research Laboratory (VDRL)	Negative	more_vert
3	Full Blood Picture (FBP)		more_vert
	- FBP Attachment	No result	
	- White Blood Cell Count (WBC)	4.66 10 ³ /uL (4 - 10)	
	- Neutrophil	42.7 % (40 - 75)	
	- Lymphocyte	41.9 % (20 - 50)	
	- Monocyte	9.7 % (3 - 10)	
	- Eosinophil	5.4 % (0.4 - 8)	
	- Basophil	0.3 % (0 - 1)	
	- Neutrophil#	1.99 10 ³ /uL (2 - 7)	arrow_downward
	- Lymphocytes#	1.96 10 ³ /uL (0.8 - 4)	
	- Monocytes#	0.45 10 ³ /uL (0.12 - 1.2)	
	- Eosinophils#	0.25 10 ³ /uL (0.02 - 0.5)	
	- Basophil#	0.01 10 ³ /uL (0 - 0.1)	
	- RBC	4.9 10 ⁶ /μL (3.8 - 5.8)	
	- Hgb (Hemoglobin)	14 g/dL (11.5 - 16.5)	
	- HCT	40.8 % (35 - 50)	
	- MCV	83.3 fL (82 - 100)	
	- MCH	28.6 pg (27 - 34)	
	- MCHC	34.4 g/dl (31.6 - 35.4)	
	- RDW-CV	13.8 % (11 - 16)	
	- RDW-SD	40.6 fL (35 - 56)	
	- PLT	215 10 ³ /μL (125 - 350)	
	- MPV	9.2 fL (6.5 - 12)	
	- PDW	10.2 fL (9 - 17)	
	- PCT	0.197 % (0.108 - 0.282)	
	- P-LCR	21.5 % (11 - 45)	
	- P-LCC	46 10 ⁹ /μL (30 - 90)	



University of Dar es Salaam, P. O. Box 35074, Dar es Salaam

Phone: +255 22 2410500-8 Brunch – 2006, Phone: +255 22 2410014 – Direct Line, Baruaapepe.hospital@udsm.ac.tz