


# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	MIKE PANDENI HANGO		性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	03/10/94	照片 																												
现在通讯地址 Present mailing address			CHUNG KING MANSION																																
国籍或地区 Nationality (or Area)	NAMIBIAN	出生地 Birth place	ONSANGWA	血型 Blood type	Dr. Ts. 1 M.B., B. (M.B.), F.H.K.A. (F.H.K.A.) G/F, Far East Mansion, 5-6, Middle Road, Hong Kong Tel: 2376 2052																														
<p>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”)</p> <table border="0"> <tr> <td>班疹 伤寒 Typhus fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 痢 Bacillary dysentery</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白 喉 Diphtheria</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩 红 热 Scarlet fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球 Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热 Relapsing fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td></td> <td></td> </tr> </table>								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		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		
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<p>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”)</p> <table border="0"> <tr> <td>毒物瘾 Toxicomania</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神错乱 Mental confusion</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神病 Psychosis: 躁狂型 Manic psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>妄想型 Paranoid psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>幻觉型 Hallucinatory</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>								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																		
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身高 Height	179	厘米 CM	体重 Weight	55	公斤 Kg	血压 Blood pressure	129/83 毫米汞柱 mmHg																												
发育情况 Development	NORMAL		营养情况 Nourishment	NORMAL		颈部 Neck	NORMAL																												
视力 左 L Vision 右 R	NORMAL NORMAL		矫正视力 左 L Corrected vision 右 R			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	NO MURMUR		肺 Lungs	CLEAR		腹部 Abdomen	NORMAL																												

脊柱 Spine	NORMAL	四肢 Extremities	NORMAL	神经系统 Nervous system	NORMAL
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其他所见 Other abnormal findings	NIL				
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胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)	NORMAL	心电图 ECC	SINUS ARRHYTHMIA
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化实验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)	AIDS SYPHILIS } NEGATIVE		
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<p>未发现患有下列检疫传染病和危害公共健康的疾病:</p> <p>None of the following diseases of disorders found during the present examination.</p> <table> <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
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意见 Suggestion	<p>检查单位盖章 Official Stamp</p> <p><b>Dr. Tsang Ping Ham</b> M.B., B.S.(H.K.), F.R.C.S.(Glasgow), F.H.K.A.M.(Surgery) Shop 24, G/F, Far East Mansion, 5-6, Middle Road, Hong Kong Tel: 2376 2052</p>		
医师签字 Signature of physician	<p>日期 Date</p> <p>24 OCT 2023</p>		