

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---------------------|-------------------|--------------------|---|-------------------------|---|------------------------------------|---|------------------------|---|-------------------|---|-----------------------|---|---------------------|---|--|---|-----------------------|---|-------|---|--------------------------------------|---|--|--|--|---|--|--|
| 姓名 Name | UMAR ADAM AHMAN | | 性别 Sex | <input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | 出生日期 Birthday | 10th July 2002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现在通讯地址 Present mailing address | | | Umarahmadascn@gmail.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 国籍或地区 Nationality (or Area) | Nigeria | | 出生地 Birth place | KANO STATE | | 血型 Blood type | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 type="checkbox"/> No <input checked="" 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>产褥期链球菌 Puerperal streptococcus infection</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</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 type="checkbox"/> No <input checked="" 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 | 产褥期链球菌 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 | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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>毒物癖 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> | | | | | | | 毒物癖 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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| 精神错乱 Mental confusion | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 幻觉型 Hallucinatory | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身高 Height | 165 厘米 CM | 体重 Weight | 68 公斤 Kg | 血压 Blood pressure | 100/80 毫米汞柱 mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 发育情况 Development | MATURED | | 营养情况 Nourishment | WELL NOURISHED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 视力 左 L | 6/6 | 矫正视力 左 L | 6/6 | 颈部 Neck | NO DEFORMITIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 视力 右 R | 6/6 | 矫正视力 右 R | 6/6 | 眼 Eyes | GOOD VISUAL (20/20) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 辨色力 Colour sense | MEDICALLY QUALIFIED | | 皮肤 Skin | WELL BALANCED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 耳 Ears | YELLOWISH-BROWN EAR WAX PRESENT | | 鼻 Nose | NO MALFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 心 Heart | SOUND AND GOOD RHYTHM | | 肺 Lungs | NORMAL CAPACITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 淋巴结 Lymph nodes | NO DISCOLOURATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 扁桃体 Tonsils | PINKISH IN COLOUR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 腹部 Abdomen | SYMMETRICAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| | | | | | |
|-------------|---------------|-------------------|------------|------------------------|--------------|
| 脊柱 Spine | HEALTHY SPINE | 四肢 Extremities | ATRAUMATIC | 神经系统 Nervous system | CO-ORDINATED |
|-------------|---------------|-------------------|------------|------------------------|--------------|

| | | | | | |
|---------------------------------|-----|--|--|--|--|
| 其他所见 Other abnormal findings | NIL | | | | |
|---------------------------------|-----|--|--|--|--|

| | | | |
|--|---------------------|------------|--------------------------|
| 胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report) | NORMAL TOR STUDY | 心电图 ECG | NORMAL TOR READING |
|--|---------------------|------------|--------------------------|

| | | | |
|---|----------------------|--|--|
| 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) | ALL - NON - REACTIVE | | |
|---|----------------------|--|--|

未发现患有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 | NO | 性病 | Venereal Disease | NO |
| 黄热病 | Yellow fever | NO | 肺结核 | Lung tuberculosis | NO |
| 鼠疫 | Plague | NO | 艾滋病 | AIDS | NO |
| 麻风 | Leprosy | NO | 精神病 | Psychosis | NO |

意见

Suggestion

DR. AHMAD YAHYUB

医师签字

Signature of physician

检查单位盖章

Official Stamp
INFECTIOUS DISEASES HOSPITAL
(HMB)

ZONE 1 MUNICIPAL. KAND
MEDICAL OFFICER

SIGN

日期

Date

DATE

09/08/2025