


外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	MUHAMMAD SANI Dahiru	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	01-06-2003	
现在通讯地址 Present mailing address		Muhammadsanidahiru.danirimi@gmail.com				
国籍或地区 Nationality (or Area)	NIGERIA	出生地 Birth place	METROPOLITAN JANU	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")

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 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 ☐ No ☐ Yes
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis ☒ No ☐ 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 厘米 CM	体重 Weight	68 公斤 Kg	血压 Blood pressure	160/80 毫米汞柱 mmHg
发育情况 Development	MATURED	营养情况 Nourishment	WELL NOURISHED	颈部 Neck	NO DEFORMITIES
视力 Vision	左 L 6/6 右 R 6/6	矫正视力 Corrected vision	左 L 6/6 右 R 6/6	眼 Eyes	GOOD VISUAL (20/20)
辨色力 Colour sense	MEDICALLY QUALIFIED	皮肤 Skin	WELL BALANCED	淋巴结 Lymph nodes	NO DISCOLOURATION
耳 Ears	YELLOWISH-BROWN EARWAX PRESENT	鼻 Nose	NO MALFORMATION	扁桃体 Tonsils	PINKISH IN COLOUR
心 Heart	SOUND AND GOOD RHYTHM	肺 Lungs	NORMAL CAPACITY	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)	ALL - NON - REACTIVE																												
<p>未发现患有以下检疫传染病和危害公共健康的疾病:</p> <p>None of the following diseases or disorders found during the present examination.</p> <table border="0"> <tr> <td>霍乱</td> <td>Cholera</td> <td>NO</td> <td>性病</td> <td>Venereal Disease</td> <td>NO</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>NO</td> <td>肺结核</td> <td>Lung tuberculosis</td> <td>NO</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>NO</td> <td>艾滋病</td> <td>AIDS</td> <td>NO</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>NO</td> <td>精神病</td> <td>Psychosis</td> <td>NO</td> </tr> </table>						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
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																								
<p>意见 Suggestion</p> <p>DR. AHMAD YAHYUB</p>			<p>检查单位盖章 Official Stamp INFECTIONS DISEASES HOSPITAL (HMB) ZONE 1 MUNICIPAL KANO MEDICAL OFFICER</p> <p>SIGN 日期 Date</p> <p>09/08/2025</p>																										
<p>医师签字 Signature of physician</p> <p><i>[Signature]</i></p>																													