

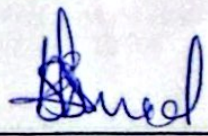
外国人身体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	Ann Magdalena Mema		性别 Sex	<input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	出生日期 Birthday	31/12/2001																												
现在通讯地址 Present mailing address																																		
国籍或地区 Nationality (or Area)	Tanzanian		出生地 Birth place	Shinyanga		血型 Blood type	O+																											
<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>斑疹 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><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>							斑疹 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		
斑疹 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																																	
<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																		
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 Height	厘米 CM	161	体重 Weight	公斤 Kg	79.5	血压 Blood pressure	毫米汞柱 mmHg	124/76																										
发育情况 Development		Good		营养情况 Nourishment		Good		颈部 Neck	NORMAL																									
视力 左 L		4/6		矫正视力 左 L		4/6		眼	Eyes	NORMAL																								
Vision 右 R		4/6		Corrected vision 右 R		4/6																												
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																									



TH: AGAKHAN POLYCLINIC, LEOROGORO
P.O. BOX 155 TEL: 4255 23 2604535
MOROGORO, TANZANIA
EMAIL: omc.morogoro@vhsst.org

脊柱 Spine	NORMAL	四肢 Extremities	NORMAL	神经系统 Nervous system	NORMAL																								
其他所见 Other abnormal findings	NONE																												
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	NORMAL																										
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)	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 of disorders found during the present examination.</p> <table border="0"> <tr> <td>霍乱</td> <td>Cholera</td> <td>NILL</td> <td>性病</td> <td>Venereal Disease</td> <td>NILL</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>NILL</td> <td>肺结核</td> <td>Lung tuberculosis</td> <td>NILL</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>NILL</td> <td>艾滋病</td> <td>AIDS</td> <td>NILL</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>NILL</td> <td>精神病</td> <td>Psychosis</td> <td>NILL</td> </tr> </table>						霍乱	Cholera	NILL	性病	Venereal Disease	NILL	黄热病	Yellow fever	NILL	肺结核	Lung tuberculosis	NILL	鼠疫	Plague	NILL	艾滋病	AIDS	NILL	麻风	Leprosy	NILL	精神病	Psychosis	NILL
霍乱	Cholera	NILL	性病	Venereal Disease	NILL																								
黄热病	Yellow fever	NILL	肺结核	Lung tuberculosis	NILL																								
鼠疫	Plague	NILL	艾滋病	AIDS	NILL																								
麻风	Leprosy	NILL	精神病	Psychosis	NILL																								
意见 Suggestion	FIT CAN PROCEED		检查单位盖章 Official Stamp THE AKHST POLYCLINIC, MOROGORO P.O. BOX: 159 TEL: +255 23 2604535 MOROGORO, TANZANIA E-MAIL: pmc.morogoro@akhst.org																										
医师签字 Signature of physician			日期 Date 31/12/2024																										