


# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	Umar S. Ubakar Isah	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	15-01-2003	
现在通讯地址 Present mailing address		432 Dukawuya opp kanya f.c.g				
国籍或地区 Nationality (or Area)	Nigeria	出生地 Birth place	Kano	血型 Blood type	O+	

过去是否患有列疾病: (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 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 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 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		

是否患有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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

身高 Height	180 厘米 CM	体重 Weight	65 公斤 Kg	血压 Blood pressure	120/80 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	NAD	肺 Lungs	NAD	腹部 Abdomen	NAD



脊柱 Spine	Normal	四肢 Extremities	Normal	神经系统 Nervous system	Normal
其他所见 Other abnormal findings	NY				
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)	N/A				
未发现患有以下检疫传染病和危害公共健康的疾病: None of the following diseases or disorders found during the present examination. 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					
意见 Suggestion	Medically Healthy		检查单位盖章 Official Stamp	HUIYALA HUIYU JIYUAN HOSPITAL KANG INFORMANT & PHARMACY	
医师签字 Signature of physician	[Signature]		日期 Date	7/4/2025	

