

# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	DANG THI DIEU HUONG	性别 Sex	<input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	出生日期 Birthday	25/11/1997
现在通讯地址 Present mailing address		No. 76/4 Trung Van, Nam Tu Liem, Hanoi			
国籍或地区 Nationality (or Area)	Vietnam	出生地 Birth place	Son La	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")

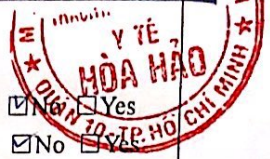
班疹 伤寒	Typhus fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢	Bacillary dysentery	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
小儿麻痹症	Poliomyelitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input checked="" 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			

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	155 厘米 CM	体重 Weight	59 公斤 Kg	血压 Blood pressure	118/71 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	10/10	矫正视力 左 L		眼	Normal, OD: Myopia
Vision 右 R	6/10	Corrected vision 右 R	10/10	Eyes	BS. Duong Quang Huynh Nga
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	Normal



BS. Bùi Thị P



脊柱 Spine	Normal	四肢 Extremities	Normal	神经系统 Nervous system	Normal
其他所见 Other abnormal findings	No				
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 ECG	Sinus arrhythmia	
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)	HBsAg Anti HCV HCV Syphilis } Negative				
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 of disorders found during the present examination.					
霍乱 Cholera		性病 Venereal Disease		肺结核 Lung tuberculosis	
黄热病 Yellow fever		艾滋病 AIDS		精神病 Psychosis	
鼠疫 Plague					
麻风 Leprosy					
意见 Suggestion (R) eye : Sinus arrhythmia 医师签字 Signature of physician 			检查单位盖章 Official Stamp 日期 Date 2020/02/06		

