



# FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	Eyob KEFYALEW	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day - Month - Year	06-05-1997	
现在通讯地址 Present mailing address	Kefyalew Eyob@outlook.com			血型 Blood type	B positive	
国籍或地区 Nationality (or Area)	Ethiopian	出生地址 Birth Place	HARAR			


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” )

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		

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 psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

身高 Height	厘米 1.70 CM	体重 Weight	公斤 72 kg	血压 Blood pressure	120/80 毫米汞柱 mmHg
发育情况 Development		营养情况 Nourishment	Normal	颈部 Neck	Normal
视力 Vision	左 L. Normal 右 R. Normal	矫正视力 Corrected vision	左 L. Normal 右 R. Normal	眼 Eyes	Normal
辨色力 Colour senses	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	Clear	腹部 Abdomen	Normal

脊 柱 Spine	Normal	四 肢 Extremities	Normal	神经系统 Nervous system	Normal
其它所见 Other abnormal findings					
胸部 X 线 检查结果 (附检查报告单) Chest X - ray exam (attached chest X - ray report)	clear (normal)		心电图 ECG	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)	Syphilis - negative HIV - negative HCV - negative HBV - 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			
黄热病 Yellow fever		肺结核 Lung tuberculosis			
鼠 疫 Plague		艾滋病 AIDS			
麻 风 Leprosy		精神病 Psychosis			
Normal					
意 见 Suggestion	every thing is normal		检查单位盖章 Official Stamp		
医师签字 Signature of physician	@n Ribka pesyden		日期 Date	06/02/2017	

