

## 外国人体格检查记录

### PHYSICAL EXAMINATION RECORD FOR FOREIGNER

|  |                                   |                             |  |                              |                              |  |                              |
|--|-----------------------------------|-----------------------------|--|------------------------------|------------------------------|--|------------------------------|
| 姓名<br>Name   |                                   | 性别<br>Sex                   | <input type="checkbox"/> 男 Male<br><input type="checkbox"/> 女 Female | 出生日期<br>Birth Day-Month-Year |                              | 照片<br>Photo  |                              |
| 现在通讯地址<br>Present mailing address  |                                   |                             |  |                              | 血型<br>Blood type             |  |                              |
| 国籍<br>Nationality  |                                   | 出生地址<br>Birth Place         |  |                              |                              |  |                              |
| 过去是否患有下列疾病：（每项后面请回答：“否”或“是”）<br>Have you ever had any of the following diseases?<br>(Each item must be answered "Yes" or "No")   |                                   |                             |  |                              |                              |  |                              |
| 斑疹伤寒   | Typhus fever                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | 菌痢                           | Bacillary dysentery          | <input type="checkbox"/> No <input type="checkbox"/> Yes |                              |
| 小儿麻痹症  | Poliomyelitis                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | 布氏杆菌病                        | Brucellosis                  | <input type="checkbox"/> No <input type="checkbox"/> Yes |                              |
| 白喉   | Diphtheria                        | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | 病毒性肝炎                        | Viral hepatitis              | <input type="checkbox"/> No <input type="checkbox"/> Yes |                              |
| 猩红热  | Scarlet fever                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | 回归热                          | Relapsing fever              | <input type="checkbox"/> No <input type="checkbox"/> Yes |                              |
| 产褥期链球菌感染   | Puerperal streptococcus infection |                             |  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |  |                              |
| 伤寒和付伤寒   | Typhoid and paratyphoid fever     |                             |  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |  |                              |
| 流行性脑脊髓膜炎   | Epidemic cerebrospinal meningitis |                             |  | <input 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”）<br>Do you have any of the following diseases or disorders endangering the public order<br>and security? (Each item must be answered "Yes" or "No") |                                   |                             |  |                              |                              |  |                              |
| 毒物瘾  | Toxicomania                       | -----                       |  |                              |                              | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes |
| 精神错乱   | Mental Confusion                  | -----                       |  |                              |                              | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes |
| 精神病  | 躁狂型                               | Manic psychosis             | -----  |                              |                              | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes |
|  | 妄想型                               | Paranoid psychosis          | -----  |                              |                              | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes |
|  | 幻觉型                               | Hallucinatory psychosis     | -----  |                              |                              | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes |
| 身高   | 厘米                                | 体重                          | 千克   | 血压                           | 千帕                           |  |                              |
| Height   | cm                                | Weight                      | Kg   | Blood pressure               | Kpa                          |  |                              |
| 发育情况   | 营养情况                              |                             | 颈部   |                              |                              |  |                              |
| Development  | Nourishment                       |                             | Neck   |                              |                              |  |                              |
| 视力 左 L _____   | 矫正视力 左 L _____                    |                             | 眼  |                              |                              |  |                              |
| Vision 右 R _____   | Corrected vision 右 R _____        |                             | Eyes   |                              |                              |  |                              |
| 辨色力  | 皮肤                                |                             | 淋巴结  |                              |                              |  |                              |
| Colour sense   | Skin                              |                             | Lymph nodes  |                              |                              |  |                              |
| 耳  | 鼻                                 |                             | 扁桃体  |                              |                              |  |                              |
| Ears   | Nose                              |                             | Tonsils  |                              |                              |  |                              |
| 心  | 肺                                 |                             | 腹部   |                              |                              |  |                              |
| Heart  | Lungs                             |                             | Abdomen  |                              |                              |  |                              |

