外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	☐男 Male ☐女 Female	出生日期 Date of birth		照　片 (加盖检查单位印章) Photo (stamped Official stamp)
现在通信地址 Present mailing address						
国籍 Nationality		出生地址 Place of birth		血型 Blood type		

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	☐No	☐Yes	菌　　痢	Bacillary dysentery	☐No	☐Yes
小儿麻痹症	Poliomyelitis	☐No	☐Yes	布氏杆菌病	Brucellosis	☐No	☐Yes
白　　喉	Diphtheria	☐No	☐Yes	病毒性肝炎	Viral hepatitis	☐No	☐Yes
猩 红 热	Scarlet fever	☐No	☐Yes	产褥期链球	Puerperal streptococcus infection		
回 归 热	Relapsing fever	☐No	☐Yes	菌 感 染		☐No	☐Yes
伤寒和付伤寒	Typhoid and paratyphoid fever	☐No	☐Yes				
流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis	☐No	☐Yes				

是否患有下列危机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” of “No”)

毒物瘾	Toxicomania ……	☐No	☐Yes
精神错乱	Metal confusion ……	☐No	☐Yes
精神病 Psychosis：躁狂型	Manic Paychosis ……	☐No	☐Yes
妄想型	Paranoid psychosis ……	☐No	☐Yes
幻想型	Hallucinatory psychosis ……	☐No	☐Yes

身高　　厘米 Height　　CM	体重　　公斤 Weight　　kg	血压　　毫米汞柱 Blood pressure　　mmHg
发育情况 Development	营养情况 Nourishment	颈部 Neck
视力　　左 L_____ Vision　　右 R_____	矫正视力　　左 L_____ Corrected vision　右 R_____	眼 Eyes
辨色力 Colour senses	皮肤 Skin	淋巴结 Lymph nodes
耳 Ears	鼻 Nose	扁桃体 Tonsils
心 Heart	肺 Lungs	腹部 Abdomen

脊 柱 Spine		四 肢 Extremities		神经系统 Nervous system	

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)		心电图 ECG	
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)			

未发现患有下列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	☐No	☐Yes	性 病	Venereal Disease	☐No	☐Yes
黄热病	Yellow fever	☐No	☐Yes	肺结核	Lung tuberculosis	☐No	☐Yes
鼠 疫	Plague	☐No	☐Yes	艾滋病	AIDS	☐No	☐Yes
麻 风	Leprosy	☐No	☐Yes	精神病	Psychosis	☐No	☐Yes

意 见
Suggestion

检查单位盖章
Official Stamp

医师签字
Signature of physician

日期
Date

体检表注意事项

你好：

当你从医院拿到此体格检查结果时，请你仔细核对体检表的以下信息，保证体检表符合申请要求：

体检表第一页：

☐ **个人信息** 如：名字、出生日期、国籍 需和**护照**上名字、出生日期等信息一致，**名字**不可以缩写或者省略。

☐ **个人照片**上需盖**医院公章**，且该公章和第二页底部医院**公章一致**。

Dear applicant,

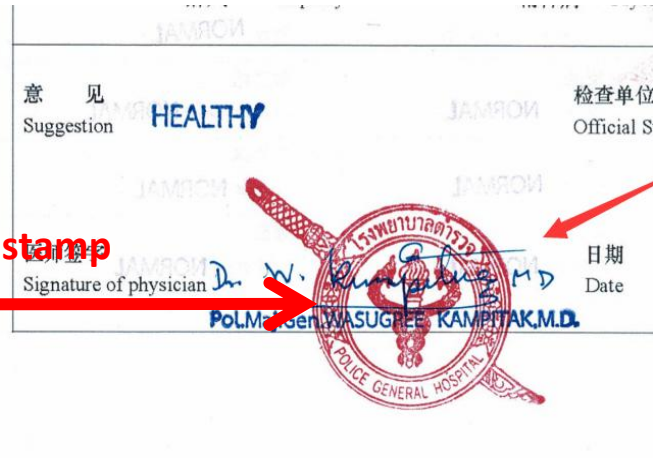
In order to meet the application requirements, please carefully check the information below when you receive the Foreigner Physical Examination Form from the hospital :

The first page:

1. **Personal information** such as name, date of birth and nationality should be consistent with the name and birth date on your **passport. Name** written on the form should not be abbreviated or omitted.

2.The official **hospital stamp** on your **ID photo** is the **same** with the one stamped on bottom of the second page.

Same stamp



体检表第二页 The second page:：

☐ 请医生在表格第二页 **Laboratory Exam** 栏，明确写出具体血液**检查项结果**。如艾滋病-阴性，梅毒-阴性等。Please clearly **state** the specific **results of blood test items** in the Laboratory Exam on page 2 Such as HIV Ab - negative, VDRL - negative, etc.

☐ 请医生在表格第二页**公共健康疾病**栏，✓出**项目结果**。

Please clearly **state** the specific **results of public diseases**

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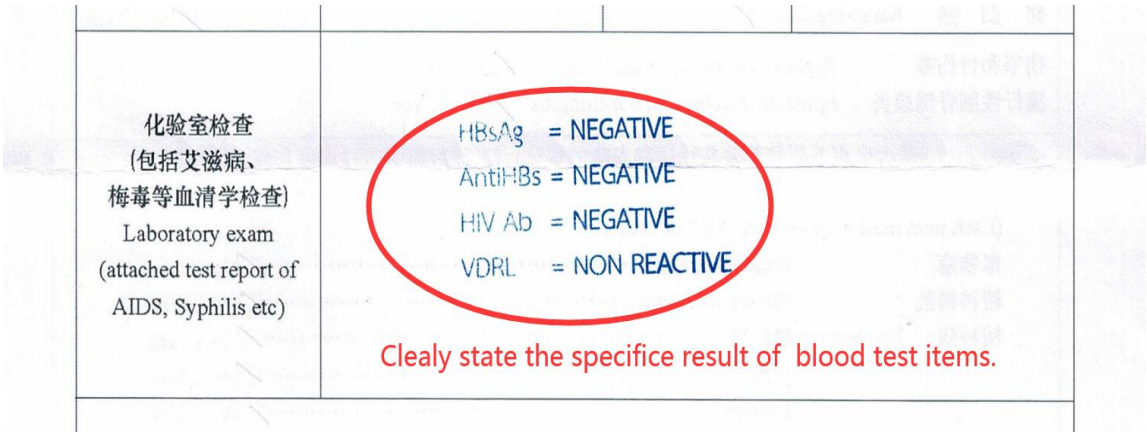

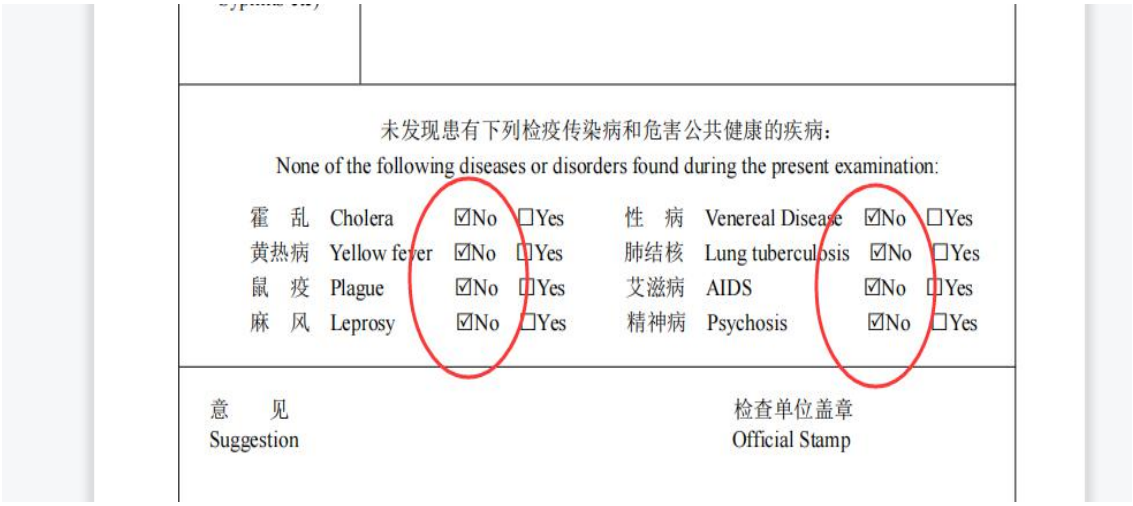

☐ 在体检表第二页底部，主治医师填写**体检结果**、**签名**、**日期和医院公章**。

Those without the **suggestion** and **signature of the attending physician**, or **date of issue** and **official stamp** are invalid.

☐ 体检项目必须包含《外国人体格检查表》所列**所有项目**，不完整的记录，表格无效。

The physical examinations must cover **all the items** listed in the Foreigner Physical Examination Form. Incomplete records are invalid.

☐ 体检表**有效期**只有 6 个月，请申请者合理安排体检时间。

Please select the appropriate time to take physical examination as the result is valid for only 6 months.