

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day-Month-Year		照片 (加盖检查单位印章) Photo (stamped Official Stamp)
现在通讯地址 Present mailing address					血型 Blood type	
国籍或地区 Nationality (or Area)		出生地址 Birth Place				
<p>过去是否患有下列疾病：(每项后面请回答“是”或“否”) Have you ever had any of the following diseases? (Each item must be answered “Yes”or”No”)</p> <p>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</p> <p>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</p> <p>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</p> <p>猩红热 Searle fever <input type="checkbox"/>No <input type="checkbox"/>Yes 产褥期链球 Puerperal streptococcus infection <input type="checkbox"/>No<input type="checkbox"/>Yes</p> <p>回归热 Relapsing fever <input type="checkbox"/>No <input type="checkbox"/>Yes 菌感染 <input type="checkbox"/>No<input type="checkbox"/>Yes</p> <p>伤寒和副伤寒 Typhoid and paratyphoid fever <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis <input type="checkbox"/>No <input type="checkbox"/>Yes</p>						
<p>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 diseases endangering the public order and seventy ? (Each item must be answered “Yes”or”No”)</p> <p>毒物瘾 Toxic mania.....<input type="checkbox"/>No<input type="checkbox"/>Yes</p> <p>精神错乱 Mental confusion.....<input type="checkbox"/>No<input type="checkbox"/>Yes</p> <p>精神病 Psychosis 躁狂型 Manic Psychosis.....<input type="checkbox"/>No<input type="checkbox"/>Yes</p> <p>妄想型 Paranoid Psychosis.....<input type="checkbox"/>No<input type="checkbox"/>Yes</p> <p>幻觉型 Hallucinatory Psychosis.....<input type="checkbox"/>No<input type="checkbox"/>Yes</p>						
身高 Height	厘米 CM	体重 Weight	公斤 kg	血压 Blood pressure	毫米汞柱 mmHg	
发育情况 Development		营养情况 Nounshment		颈部 Neck		
视力 Vision	左 L 右 R	矫正视力 Corrected vision	左 L 右 R	眼 Eyes		
辨色力 Color sense		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 (Attached ECG report)		
意 见 Suggestion 医师签字 Signature of physician			检查单位盖章 Official Stamp 日期 Date		