

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

| | | | | |
|--|------------|---|--|--|
| 姓名 Name | | 性别 <input type="checkbox"/> 男 Male Sex <input type="checkbox"/> 女 Female | 出生日期 ____年__月__日 Date of Birth y.____m.____d.____ | 照片 Photo (put hospital seal across the photo) |
| 现在通讯地址 Present Mailing Address | | | 血型 Blood Type | |
| 国籍 Nationality | | 出生地 Birth Place | | |
| 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 type="checkbox"/> No <input type="checkbox"/> Yes | 细菌性痢疾 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 | 产褥期链球菌 Puerperal streptococcus | <input type="checkbox"/> NO <input type="checkbox"/> Yes |
| 回归热 Relapsing fever | | <input type="checkbox"/> No <input type="checkbox"/> Yes | 感染 Infection | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 伤寒和副伤寒 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”） Do you have any of the following diseases or disorders endangering the public order and secure? (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 Psychosis: 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/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 Nourishment | | 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 |

编号：42 (19×27cm)

