**附件4**

Appendix4

**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  Birthday |  | 照片 (加盖检查单位印章)  Photo (Stamped Official  Stamp) |
| 现在通讯地址  Present mailing address | | |  | | | | | | |
| 国籍或地区  Nationality (or Area) | |  | 出生地  Birth place | | |  | | 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”) | | | | | | | | | | |
| 班疹伤寒 Typhus fever □No □Yes  小儿麻痹症Poliomyelitis □No □Yes  白 喉 Diphtheria □No □Yes  猩 红 热 Scarlet fever □No □Yes  回归热 Relapsing fever □No □Yes | | | | | | | 菌 痢 Bacillary dysentery □No □Yes  布氏杆菌病 Brucellosis □No □Yes  病毒性肝炎 Viral hepatitis □No □Yes  产褥期链球 Puerperal streptococcus infection  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……………………………………………… □No □Yes  精神错乱 Mental confusion………………………………………… □No □Yes精神病 Psychosis：躁狂型 Manic paychosis……………………………… □No □Yes  妄想型 Paranoid psychosis………………………… □No □Yes  幻觉型 Hallucinatory…………………………… □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 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 | |  |
| 其他所见  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ECC | |  | |
| 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 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 | | | | | | | |
| 意 见 检查单位盖章  Suggestion Official Stamp  医师签字 日期  Signature of physician Date | | | | | | | |