**Appendix 2**

外 国 人 体 格 检 查 表

**PHYSICAL** **EXAMINATION**  **FORM FOR FOREIGN NATIONALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  (Official Stamp) | |
| 现在通讯地址 Present mailing address | | | |  | | | | | | | | | |
| 国籍或地区  Nationality  (or Area) | |  | | 出生地 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”) | | | | | | | | | | | | | | | |
| 班疹 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  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 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-rayreport) | | | |  | | | | | 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 黄热病 鼠疫 麻风 | | | Cholera  Yellow fever  Plague  Leprosy | | | | | 性病  肺结核  精神病 | | | Venereal Disease  Lung tuberculosis  Psychosis | | | | |
| 意 见  Suggestion | | | | 检查单位盖章  Official Stamp | | | | | | | | | | | |
| 医师签字  Signature of Physician | | | | 日期  Date | | | | | | | | | | | |