

体格检查表

PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 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																																																			
<p>过去是否患有下列疾病：（每项后面请回答“否”或“是”）</p> <p>Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>班疹</td> <td>伤寒</td> <td>Typhus fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌痢</td> <td>Bacillary dysentery</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>白喉</td> <td>Diphtheria</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>猩红热</td> <td>Scarlet fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td>产褥期链球菌感染</td> <td>Puerperal streptococcus infection</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>回归热</td> <td>Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>伤寒和付伤寒</td> <td colspan="2">Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> </table>							班疹	伤寒	Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	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		产褥期链球菌感染	Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes	回归热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes					伤寒和付伤寒	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			
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<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”）</p> <p>Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td rowspan="3">精神病 Psychosis:</td> <td>躁狂型 Manic psychosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>妄想型 Paranoid psychosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>幻觉型 Hallucinatory</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> </table>							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	<input type="checkbox"/> No <input type="checkbox"/> Yes																																				
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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	_____	矫正视力 左 L	_____	眼 Eyes																																																			
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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. <table><tr><td>霍乱</td><td>Cholera</td><td>性病</td><td>Venereal Disease</td></tr><tr><td>黄热病</td><td>Yellow fever</td><td>肺结核</td><td>Lung tuberculosis</td></tr><tr><td>鼠疫</td><td>Plague</td><td>艾滋病</td><td>AIDS</td></tr><tr><td>麻风</td><td>Leprosy</td><td>精神病</td><td>Psychosis</td></tr></table>						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
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意见 Suggestion		检查单位盖章 Official Stamp																			
医师签字 Signature of physician		日期 Date																			