**Appendix 2 (SAMPLE)**

境外人员体格检查记录

# PHYSICAL EXAMINATION RECORD FOR FOREIGNER

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名Name |  | 性别Sex | * 男Male
* 女 Female
 | 出生日期Birth Day-Month-Year |  照 片 Photo |
| 现在通讯地址Present mailing address |  | 血型Blood type |
|  国 籍Nationality |  | 出生地址Birth Place |  |
| 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”)斑疹伤寒 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 产褥期链球菌Puerperal streptococcus infection 回 归 热 Relapsing fever □ No □ Yes 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“是”或“否”) 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 Mentalconfusion …………………………………………………… □ No □ Yes 精 神 病 Psychosis: 躁狂型 Manic psychosis ……………………………… □ No □ Yes 妄想型 Paranoid psychosis ………………………… □ No □ Yes 幻觉型 Hallucinatory psychosis …………………… □ 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 |

编号： 42 （19X27 cm）

|  |  |  |
| --- | --- | --- |
| 脊柱 Spine | 四肢Extremities | 神经系统Nervous system |
| 其他所见Other abnormal findings |
| 肺部X线 检查Chest X-rayExam |  |  心电图 ECG |  |
|  化验室检查包括血清学诊断 LaboratoryExam(Serodiagnosis) |  |
| 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 or disorders found during the present examination 霍 乱 Cholera 性 病 Venereal Disease 黄 热 病 Yellow fever 开放性肺结核 Opening lung tuberculosis 鼠 疫 Plagus 爱 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 |