

境外人员体格检查记录

PHYSICAL EXAMINATION RECORD FOR INBOUND TRAVELLERS

姓名 Name	性别 Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female	出生日期 Date of Birth (yyyy-mm-dd)	照片 Photo (需加盖医院公章 Put hospital seal across the photo)
国籍 Nationality				出生地 Place of Birth	
通讯地址 Mailing address				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")

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 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	回归热 Relapsing 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
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 security?

(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	矫正视力 Corrected vision	左 L 右 R	眼/Eyes
	右 R			
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

姓名 Name		国籍 Nationality	出生日期 Date of Birth (yyyy-mm-dd)
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 Chest X-ray exam	附上 X 线胸片 Please attach the chest x-ray image.	心电图/ECG	附上心电图 Please attach the electrocardiogram.
化验室检查 (包括艾滋病、梅毒血清学诊断) Laboratory exam (HIV,Syphilis Serodiagnosis)	附上对以下项目的化验室报告 Please attach the results and data sheets for the following items: HIV, Syphilis, ALT., AST., T-BIL, and HBsAG.		
是否发现患有下列检疫传染病和危害公共健康的疾病 Was any of the following diseases or disorders found during the present examination? <input type="checkbox"/> No <input type="checkbox"/> Yes			
霍乱 Cholera	性病 Venereal Disease		
黄热病 Yellow fever	开放性结核 Opening lung tuberculosis		
鼠疫 Plague	艾滋病 AIDS		
麻风 Leprosy	精神病 Psychosis		
意见 Suggestion	检查单位盖章 Official Stamp		
医师签字 Signature of physician	日期 Date		