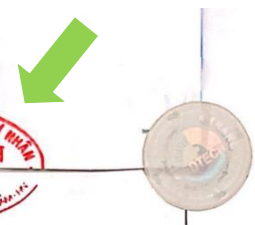



外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	20...
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	O
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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢 Bacillary dysentery	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	小儿麻痹症 Poliomyelitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
白 喉 Diphtheria	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	猩 红 热 Scarlet fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
回 归 热 Relapsing fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球 Puerperal streptococcus infection	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒 Typhoid and paratyphoid fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染 Bacterial infection	<input checked="" 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")					
毒物癮 Toxicomania	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	精神错乱 Mental confusion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	精神病 Psychosis: 躁狂型 Manic psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		妄想型 Paranoid psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	幻觉型 Hallucinatory	<input checked="" 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	Normal	营养情况 Nourishment	Normal	颈部 Neck	Normal
视力 Vision	左 L 0.1 3m 右 R 0.1 3m	矫正视力 Corrected vision	右 R 1.0 9/10	眼 Eyes	BÁC SĨ CKI KHOA MẮT Cộng Sản Nguyễn Thị Thủy Nga
辨色力 Colour sense	Normal	皮肤 Skin	BÁC SĨ Phạm Văn Gia	淋巴结 Lymph nodes	Normal
耳 Ears	Normal	鼻 Nose	BÁC SĨ Lê Văn Long	扁桃腺 Tonsils	Normal
心 Heart	Normal	肺 Lungs	Normal	腹部 Abdomen	BÁC SĨ Phạm Văn Gia

THE SEAL NEEDS TO COVER BOTH THE FORM AND THE PHOTO



脊柱 Spine	Normal	四肢 Extremities	Normal	神经系统 Nervous system	Normal
其他所见 Other abnormal findings	No BÁC SĨ Phạm Văn Gia				
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)	Normal		心电图 ECG	Normal	
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).	HIV (-) Neg TPHA (-) Neg HCG (-) Neg HBs Ag (-) Neg				
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 黄热病 Yellow fever 鼠疫 Plague 麻风 Leprosy					Yes
性病 Venereal Disease 肺结核 Lung tuberculosis 艾滋病 AIDS 精神病 Psychosis					
意见 Suggestion	Good health			检查单位盖章 Official Stamp	
医师签字 Signature of physician	 TS.BS. Phạm Văn Gia			日期 Date	

DETAILED CONCLUSIONS ARE REQUIRED FOR EACH DISEASES

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AN OVERALL CONCLUSION IS REQUIRED HERE AS WELL AS THE SIGNATURE OF THE DOCTOR AND THE SEAL OF THE INSTITUTION