**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 ofAIDS, 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 | CholeraYellow feverPlagueLeprosy | 性病 肺结核 精神病 | Venereal DiseaseLung tuberculosisPsychosis |
| 意 见Suggestion | 检查单位盖章Official Stamp |
| 医师签字 Signature of Physician | 日期Date |