

附件 3

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	☐ 男 Male ☐ 女 Female	出生日期 Birth Day - Month - Year		照 片 (加盖检查 单位印章) Photo (stamped Official stamp)																												
现在通信地址 Present mailing address					血型 Blood type																													
国籍或地区 Nationality (or Area)		出生地址 Birth Place																																
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”) <table border="0"> <tr> <td>斑 疹 伤 寒 Typhus fever</td> <td>☐No ☐Yes</td> <td>菌 痢 Bacillary dysentery</td> <td>☐No ☐Yes</td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td>☐No ☐Yes</td> <td>布氏杆菌病 Brucellosis</td> <td>☐No ☐Yes</td> </tr> <tr> <td>白 喉 Diphtheria</td> <td>☐No ☐Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td>☐No ☐Yes</td> </tr> <tr> <td>猩 红 热 Scarlet fever</td> <td>☐No ☐Yes</td> <td>产褥期链球 Puerperal streptococcus infection</td> <td>☐No ☐Yes</td> </tr> <tr> <td>回 归 热 Relapsing fever</td> <td>☐No ☐Yes</td> <td>菌 感 染</td> <td>☐No ☐Yes</td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td>☐No ☐Yes</td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td>☐No ☐Yes</td> <td></td> <td></td> </tr> </table>							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 Puerperal streptococcus infection	☐ No ☐ Yes	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		
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是否患有下列危机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”) <table border="0"> <tr> <td>毒物瘾 Toxicomania</td> <td>☐No ☐Yes</td> </tr> <tr> <td>精神错乱 Metal confusion</td> <td>☐No ☐Yes</td> </tr> <tr> <td>精神病 Psychosis: 躁狂型 Manic Psychosis</td> <td>☐No ☐Yes</td> </tr> <tr> <td>妄想型 Paranoid psychosis</td> <td>☐No ☐Yes</td> </tr> <tr> <td>幻想型 Hallucinatory psychosis</td> <td>☐No ☐Yes</td> </tr> </table>							毒物瘾 Toxicomania	☐ No ☐ Yes	精神错乱 Metal confusion	☐ No ☐ Yes	精神病 Psychosis: 躁狂型 Manic Psychosis	☐ No ☐ Yes	妄想型 Paranoid psychosis	☐ No ☐ Yes	幻想型 Hallucinatory psychosis	☐ No ☐ 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 Vision	左 L _____ 右 R _____	矫正视力 Corrected vision	左 L _____ 右 R _____	眼 Eyes																														
辨色力 Colour senses		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									
其它所见 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 ECG										
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 border="0"> <tr> <td>霍 乱 Cholera</td> <td>性 病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>肺结核 Lung tuberculosis</td> </tr> <tr> <td>鼠 疫 Plague</td> <td>艾滋病 AIDS</td> </tr> <tr> <td>麻 风 Leprosy</td> <td>精神病 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											

The foreigners are supposed to take the physical examination before leaving in a national or regional public hospital and get report of all the items listed in the form with the signature of the doctor and the stamp of the hospital. If the check is done in a private hospital or clinic, the report should be notarized by a public notary. **The form submitted should be the original copy with the photo of the examinee and supporting documentations such as laboratory report sheets, X-ray films and necessary testing reports.**

The Administration of Quality supervision, Inspection and Quarantine will double check the submitted form and attached documentations upon their arrival and decide whether it's acceptable or they should take additional or another physical examination. If additional check or re-check is required, the student should follow the requirement and pay for their own. The double check fee is RMB 60.00 yuan which should be covered by the students themselves.