

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 (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 Polio myelitis	<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或安全的病症：(每项后面请回答“否”或“是”) Do you have any of the following diseases or disorders which affect 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	眼/Eyes		
右 R	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.	附上心电图 Please attach the electrocardiogram.
心电图/ECG		
化实验室检查 (包括梅毒血清学诊断) Laboratory exam (HIV, Syphilis Serodiagnosis)	附上对 following	以下项目的化实验室报告 Please attach resul g items: HIV, Syphilis, ALT, AST, PUL and
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	