附件 3

## 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名		性别	□男	Male	出生日期			照	
Name		Sex	□女	Female	Birth Day-Mon	th-Year			
现在通讯地址							血 型	片	
Present mailing address							Blood	Photo with	
国 籍		出生地	也址				type	official	
Nationality		Birth F	Place				type	stamp	
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 □ No □ Yes 回 归 热 Relapsing fever							$\square$ No $\square$ Yes		
小儿麻痹症 Poliomyelitis □ No □ Yes 菌 痢 Bacillary dysentery						sentery [	$\Box$ No $\Box$ Yes		
白 喉 Diphtheria □ No □ Yes 布氏杆菌病 Brucello						□ No □ Yes			
猩 红 热 Scarlet fever □ No □ Yes 病毒性肝炎 Viral hepatitis □ No □ Yes									
	伤寒和副伤寒 Typhoid and paratyphoid fever □ No □ Yes								
	流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis □ No □ Yes								
产褥期链球菌感染 Fuerperal streptococcus infection □ No □ Yes									
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									
精神错乱 Menial confusion□ No □ Yes									
精神病 Psychosis:躁狂型 Manic Psychosis□No□Yes									
妄想症 Paranoid Psychosis □ No □ Yes									
	幻觉症 Hallucinatory Psychosis 口 No 口 Yes								
身高	厘米		体重	Ì	公斤	血压		毫米汞柱	
Height	cm		Weig		Kg		pressure	mmHg	
<u></u> 发育情况				<u>。</u> 〔情况	0	颈部	1	6	
Development			Nourishment			Neck			
视力 左 L			新正视力 左 L			眼			
Vision 右 R			Corrected Vision 右 R				Eyes		
			皮肤				淋巴结		
Colour sense			Skin				Lymph nodes		
耳							扁桃体		
Ears			Nose				Tonsils		
心			肺			腹部			
Heart			Lungs				Abdomen		

脊柱		四肢		神经系统					
Spine		Extremities		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 (attached test report)						
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	rders found during 性病 V 肺结核 艾滋病	n危害公共健康的疾病(附检查报告单): ind during the present examination (attached exam report) 性病 Venereal Disease 肺结核 Opening lung tuberculosis 艾滋病 AIDS 精神病 Psychosis							
结论或意见 Conclusion or Sug			检查单位盖章 Official Stamp						
医师签字		日期							
Signature of Physi	Signature of Physician			Date					

检查结果日期须晚于 2024 年 9 月 1 日 The result date must be later than September 1st, 2024