外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name			性别 Sex	□男 Male			上日期 - Month - Year		照片		
	たいると	<u> -</u> - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ЭСЛ	口文 rema	alc Dil	in Day -	- Wolldi - Teal		(加盖检查		
现在通信地址 Present mailing address								血型	单位印章)		
国籍或均		15 4441 655				Blood	Photo				
四種與L National			出生地址					type	(stamped		
(or Are		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Birth Place					D // E	Official 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 deseases?											
(Each item must be answered "Yes" or "No")											
斑疹伤		Typhus fever		No□Yes	菌	痢	Bacillary d	•	No□Yes		
小儿麻痹		Poliomyelitis		No□Yes	布氏村		Brucellosis		□No□Yes		
自 喉 Diphtheria				□No□Yes 病毒性肝炎 Viral hepatit					No□Yes		
猩 红		Scarlet fever		No□Yes	产褥期		Puerperal s	reptococcus			
回归		Relapsing fev		No□Yes	菌原	落 染			No□Yes		
伤寒和付		Typhoid an		-			□No□Yes				
流行性脑	流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis □No□Yes										
	ave an m mus Toxi 乱 M	ny of the follo at be answered icomania ···· letal confusio chosis: 躁狂 妄想	wing dis d "Yes" n 型 Man 型 Para	seases or dis of "No") ic Paychosi noid psycho	sorders en	ndange	F项后面请回 cring the publ	ic order and	security? □No□Yes □No□Yes □No□Yes □No□Yes		
身高			K	体重			公斤	血压			
Height		CM		Weight			kg	Blood press	sure mmHg		
发育情况				营养情况				颈部			
Development				Nourishn				Neck			
视力 左 L				矫正视力		左 L		眼			
Vision 右 R				Corrected vision 右 R				Eyes			
辨色力				皮肤				淋巴结			
Colour senses			Skin				Lymph nodes				
耳 Form			鼻 No				扁桃体 Tonsils				
Ears				Nose				Tonsiis			
心				肺				腹部			
Heart			Lungs					Abdomen			
								_			
1											

脊 柱			四肢		神经系统				
Spine			Extremities	l N	Vervous syste	m			
	它所见								
	normal findings				1				
	X线								
-	结果								
(附检查报告单)			> 1.751						
	X-ray			心电图					
Exam			ECG						
(attached									
chest X-ray report)									
Тер	1011)								
化验室	室检查								
	滋病、梅								
毒等血清									
	ory exam								
	hed test								
	of AIDS,								
	lis etc)								
~JP.II.									
	None of the 霍 黄热 鼠 麻	e following d 乱 Choler	liseases of disor a fever	艾	he present ex 病 Vene	eal Disease tuberculosis			
	711	, (Lepies	3	-115	11/13 12/0				
-2 *	ы			1 A	x				
意	见				单位盖章				
Suggestion			Official Stamp						
医师签字				日期					
Signature of physician				Date					
Signature	of physician				Date				
Signature	of physician				Date				
Signature	of physician				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.