

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

体 检 说 明

EXPLANATION OF THE PHYSICAL EXAMINATION

1. 在华工作或学习六个月以上的外国人，应按照“外国人体格检查记录”进行体格检查。体检表贴照片处，应有医院印章，否则，视体检表无效。

I. Foreigners, who intend to work or study in China for over 6 months, should go through a physical check-up before they come to China, according to the requirements of Physical Examination Record for Foreigners. The hospital seal should be put across the photo on the Examination Record, or the Record is invalid.

2. 体检表应填写清楚，体检报告应附有 X 光透视胸片及霍乱、黄热、鼠疫、麻风、性病、开放性肺结核、艾滋病、肝功能、澳抗和精神病的化验室检查报告。

II. All the items of this form should be filled in carefully and clearly. The report should be attached with the negative film for Chest X-ray exams, and the examination certificates for laborstory exams (Serodiagnosis), which include exams on Cholera, Yellow fever, Plague, Leprosy, Venereal Disease, Opening lung tuberculosis, AIDS, Psychosis, Liver function and HB&AG.

3. 体检应在来华一个月前在公立医院进行，凡在私立医院体检者，应取得公证部门的公证。

III. The physical examination should be taken in the public hospitals one month before their departure, If the physical check-up is done at a private hospital, the student should get the certificate notarized.

4. 体检表是办理入境签证及在华居留手续所需文件之一。

IV. The Physical Examination Form is one of the documents that is needed in the process of going through the visa formalities. The students should bring the original copy along with them when they come to China.

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday		照片 (加盖检查单位印章) Photo (Stamped Official Stamp)
现在通讯地址 Present mailing address						
国籍或地区 Nationality (or Area)		出生地 Birth place		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	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	
小儿麻痹症	Poliomyelitis	<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	产褥期链球	Puerperal streptococcus infection		
回 归 热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<input type="checkbox"/> No <input type="checkbox"/> Yes	
伤寒和付伤寒	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.....					<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.....				<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 左 L_____	矫正视力 左 L_____		眼			
Vision 右 R_____	Corrected vision 右 R_____		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-ray report)				心电图 ECC																	
化实验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)																					
<p style="text-align: center;">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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">霍乱</td> <td style="width: 25%;">Cholera</td> <td style="width: 25%;">性病</td> <td style="width: 25%;">Venereal Disease</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>肺结核</td> <td>Lung tuberculosis</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>艾滋病</td> <td>AIDS</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>精神病</td> <td>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
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																		
意见 Suggestion 医师签字 Signature of physician			检查单位盖章 Official Stamp 日期 Date																		