

# 外国人体格检查记录

## ***PHYSICAL EXAMINATION RECORD FOR FOREIGNER***

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### 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.*

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## PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓名 Name		性别 <input type="checkbox"/> 男 Male Sex <input type="checkbox"/> 女 Female	出生 月 年 Birth Day ___Month___Year	
现在通讯地址 Present mailing address				血型 Blood Type
国籍 Nationality		出生地 Birth Place		照片 photo
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		产褥期链球菌 Puerperal streptococcus		<input type="checkbox"/> NO <input type="checkbox"/> Yes
回归热 Relapsing fever <input type="checkbox"/> No <input type="checkbox"/> Yes		感染 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 secure? (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/pressure Blood(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/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

编号：42 (19×27cm)

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	心电图/ECG									
化验室检查(包括艾滋病、梅毒血清学诊断)/Laboratory Exam (HIV, Syphilis Serodiagnosis)										
<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 or disorders found during the present examination.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">霍 乱 Cholera</td> <td style="width: 50%;">性 病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>开放性肺结核 Opening 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	开放性肺结核 Opening lung tuberculosis	鼠 疫 Plague	艾 滋 病 AIDS	麻 风 Leprosy	精 神 病 Psychosis
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<p>意 见 Suggestion</p>										
<p>检查单位盖章 Official Stamp</p>										
<p>医师签字 Signature of physician</p>		<p>日期 Date</p>								

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