外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

<table>
<tr><td>姓名
Name</td><td></td><td>性别
Sex</td><td>☐男 Male
☐女 Female</td><td>出生日期
Date of birth</td><td></td><td rowspan="3">照　片
(加盖检查单位印章)

Photo
(stamped Official stamp)</td></tr>
<tr><td colspan="2">现在通信地址
Present mailing address</td><td colspan="4"></td></tr>
<tr><td>国籍
Nationality</td><td></td><td>出生地址
Place of birth</td><td></td><td>血型
Blood type</td><td></td></tr>
</table>

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	菌痢	Bacillary dysentery	☐No	☐Yes
小儿麻痹症	Poliomyelitis	☐No	☐Yes	布氏杆菌病	Brucellosis	☐No	☐Yes
白喉	Diphtheria	☐No	☐Yes	病毒性肝炎	Viral hepatitis	☐No	☐Yes
猩红热	Scarlet fever	☐No	☐Yes	产褥期链球菌感染	Puerperal streptococcus infection	☐No	☐Yes
回归热	Relapsing fever	☐No	☐Yes				
伤寒和付伤寒	Typhoid and paratyphoid fever	☐No	☐Yes				
流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis	☐No	☐Yes				

是否患有下列危机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” of “No”)

毒物瘾	Toxicomania …………………………………………	☐No	☐Yes
精神错乱	Metal confusion ………………………………………	☐No	☐Yes
精神病 Psychosis：躁狂型	Manic Paychosis …………………………	☐No	☐Yes
妄想型	Paranoid psychosis …………………………	☐No	☐Yes
幻想型	Hallucinatory psychosis ……………………	☐No	☐Yes

身高 厘米 Height CM	体重 公斤 Weight kg	血压 毫米汞柱 Blood pressure mmHg
发育情况 Development	营养情况 Nourishment	颈部 Neck
视力 左 L________ Vision 右 R________	矫正视力 左 L_______ Corrected vision 右 R_______	眼 Eyes
辨色力 Colour senses	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	
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:

霍 乱	Cholera	☐No	☐Yes	性 病	Venereal Disease	☐No	☐Yes
黄热病	Yellow fever	☐No	☐Yes	肺结核	Lung tuberculosis	☐No	☐Yes
鼠 疫	Plague	☐No	☐Yes	艾滋病	AIDS	☐No	☐Yes
麻 风	Leprosy	☐No	☐Yes	精神病	Psychosis	☐No	☐Yes

意 见
Suggestion

检查单位盖章
Official Stamp

医师签字
Signature of physician

日期
Date

体检表注意事项

你好：

当你从医院拿到此体格检查结果时，请你仔细核对体检表的以下信息，保证体检表符合申请要求：

体检表第一页：

☐ **个人信息** 如：名字、出生日期、国籍 需和**护照**上名字、出生日期等信息一致，**名字**不可以缩写或者省略。

☐ **个人照片**上需盖**医院公章**，且该公章和第二页底部医院**公章一致**。

Dear applicant,

In order to meet the application requirements, please carefully check the information below when you receive the Foreigner Physical Examination Form from the hospital :

The first page:

1. **Personal information** such as name, date of birth and nationality should be consistent with the name and birth date on your **passport. Name** written on the form should not be abbreviated or omitted.

2.The official **hospital stamp** on your **ID photo** is the **same** with the one stamped on bottom of the second page.

外国人体格检查表
FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name: Passport name
出生日期 Birthday: 2020/01/01
现在通讯地址 Present mailing address: Present address
国籍或地区 Nationality (or Area): THAI
出生地 Birth place: xx City

意见 Suggestion: HEALTHY
Signature of physician
日期 Date

Same stamp

体检表第二页 The second page::

☐ 请医生在表格第二页 **Laboratory Exam** 栏，明确写出具体血液**检查项结果**。如艾滋病-阴性，梅毒-阴性等。Please clearly **state** the specific **results of blood test items** in the Laboratory Exam on page 2 Such as HIV Ab - negative, VDRL - negative, etc.

☐ 请医生在表格第二页**公共健康疾病**栏，✓出**项目结果**。

Please clearly **state** the specific **results of public diseases**

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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)

HBsAg = NEGATIVE
AntiHBs = NEGATIVE
HIV Ab = NEGATIVE
VDRL = NON REACTIVE

Clealy state the specifice result of blood test items.

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:

霍　乱	Cholera	☑No	☐Yes	性　病	Venereal Disease	☑No	☐Yes
黄热病	Yellow fever	☑No	☐Yes	肺结核	Lung tuberculosis	☑No	☐Yes
鼠　疫	Plague	☑No	☐Yes	艾滋病	AIDS	☑No	☐Yes
麻　风	Leprosy	☑No	☐Yes	精神病	Psychosis	☑No	☐Yes

意　见
Suggestion

检查单位盖章
Official Stamp

☐ 在体检表第二页底部，主治医师填写**体检结果**、**签名**、**日期和医院公章**。

Those without the **suggestion** and **signature of the attending physician**, or **date of issue** and **official stamp** are invalid.

意　见
Suggestion　HEALTHY

检查单位盖章
Official Stamp

医师签字
Signature of physician　Pol.Maj.Gen.WASUGREE KAMPITAK,M.D.

日期
Date　23 FEB 2021

POLICE GENERAL HOSPITAL

Physician's suggestion shall be clearly stated

☐ 体检项目必须包含《外国人体格检查表》所列**所有项目**，不完整的记录，表格无效。

The physical examinations must cover **all the items** listed in the Foreigner Physical Examination Form. Incomplete records are invalid.

☐ 体检表**有效期**只有 6 个月，请申请者合理安排体检时间。

Please select the appropriate time to take physical examination as the result is valid for only 6 months.