# 外国人体格检查表

### FOREIGNER PHYSICAL EXAMINATION FORM

姓名		性别	口男	Male	出生日期				照片		
Name		Sex	口女	Female	Date of birt	h			パ /T (加盖检査		
现					·			单位印章)			
Present	t mailing address								Di		
国籍		出生	出生地址 血					Photo (stamped			
Nationali	ty	Place	of birth			Blood type			Official stamp)		
Have	过去是 you ever had any				页后面请回 3? (Each i			"Yes" or "No")			
照疹伤寒 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 Puerperal streptococcus infection 回 归 热 Relapsing fever □No □Yes 菌 感 染 □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")											
	ou have any or the							puone ora	or and socurity:		
毒物癮 精神错 精神病	五 To 乱 Mo 万 Psychosis: 躁 妄	(Each	a a usion unic Payo ranoid p	st be an	swered "Ye	es" of	"No")	······ [ ····· [ ····· [	□No □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No □Yes		
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其它所见 Other abnormal findings												
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意 见 Suggestion						检查单位盖章 Official Stamp						
医师签与 Signature o	ysician							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:

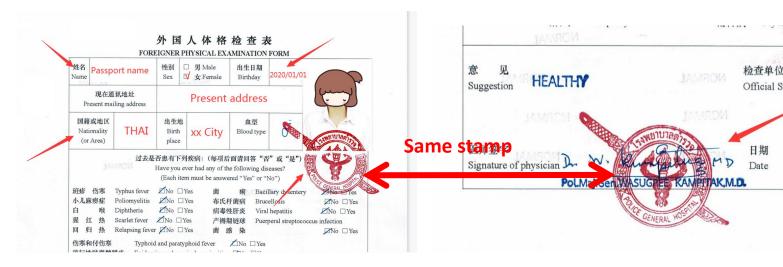
- □ <mark>个人信息</mark> 如: 名字、出生日期、国籍 需和**护照**上名字、出生日期等信息一致,**名字**不可以缩写或者 省略。
- □ **个人照片**上需盖**医院公章**,且该公章和第二页底部医院**公章一致**。

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:

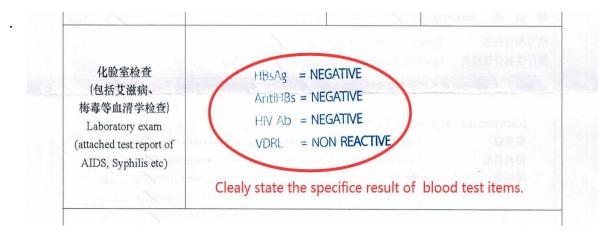
- 1. **Personal information** such as name, date of birth and nationality should be consistent with the name and birth date on your **passport. Name** written on the form should not be abbreviated or omitted.
- 2. The official hospital stamp on your ID photo is the same with the one stamped on bottom of the second page.

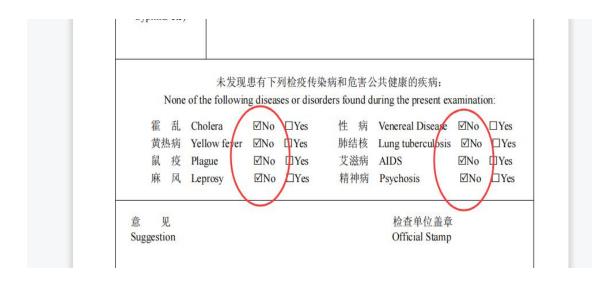


### 体检表第二页 The second page::

- □ 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





□ 在体检表第二页底部,<mark>主治医师</mark>填写**体检结果、<mark>签名</mark>、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.



□ 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.