

港澳台学生体格检查表

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|---|-----------------------------------|---|--|-----------------------------------|---|--|
| 姓名 Name | | 性别 Gender | <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | 出生日期 D.O.B | | 照片 (加盖检查单位印章) Photo (Stamped Official Stamp) |
| 现在通讯地址 Present mailing address | | | | | | |
| 地区 Area | | 出生地 P.O.B | | 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"/> 否 <input type="checkbox"/> 是 | 菌 痢 | Bacillary dysentery | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | |
| 小儿麻痹症 | Poliomyelitis | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | 布氏杆菌病 | Brucellosis | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | |
| 白 喉 | Diphtheria | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | 病毒性肝炎 | Viral hepatitis | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | |
| 猩 红 热 | Scarlet fever | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | 产褥期链球 | Puerperal streptococcus infection | | |
| 回 归 热 | Relapsing fever | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | 菌 感 染 | | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | |
| 伤寒和付伤寒 | Typhoid and paratyphoid fever | | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | | | |
| 流行性脑脊髓膜炎 | Epidemic cerebrospinal meningitis | | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | | | |
| 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”) | | | | | | |
| 毒物癮 | Toxicomania | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | | | | |
| 精神错乱 | Mental confusion | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | | | | |
| 精神病 | 躁狂型 | Psychosis: Manic psychosis | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | | | |
| | 妄想型 | Paranoid psychosis | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | | | |
| | 幻觉型 | Hallucinatory | <input type="checkbox"/> 否 <input type="checkbox"/> 是 | | | |
| 身高 | 厘米 | 体重 | 公斤 | 血压 | 毫米汞柱 | |
| Height | CM | Weight | Kg | Blood pressure | mmHg | |
| 发育情况 | | 营养情况 | | 颈部 | | |
| Development | | Nourishment | | 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 sense | | Skin | | Lymph nodes | | |
| 耳 | | 鼻 | | 扁桃体 | | |
| Ears | | Nose | | Tonsils | | |
| 心 | | 肺 | | 腹部 | | |
| Heart | | Lungs | | Abdomen | | |

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|---|--------------|--|-------------------|------------------------|--|----|---------|----|------------------|-----|--------------|-----|-------------------|----|--------|-----|------|----|---------|-----|-----------|
| 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:</p> <p style="text-align: center;">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 | | | | | | | | | | | | | | | | | | | |