

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

体 检 说 明

EXPLANATION OF THE PHYSICAL EXAMINATION

1. 在华学习外国留学生，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 . The foreign students, who intend to study in China, 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。外国留学生到中国大学报到时，我们将体检表及化验室检查报告送至成都市检验检疫局查验。凡体检查验不合格者，需在成都市检验检疫局重新体检，费用自理。
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 laboratory exams (Serodiagnosis), which include exams on Cholera, Yellow fever, Plague, Leprosy, Venereal Disease, Opening lung tuberculosis, AIDS, Psychosis, Liver function and HBsAG. On their arrival at SWUST the Record (an original copy) and laboratory exam certificates should be sent to China Quarantine Bureau for check. Those whose exam is not qualified should get the physical re-check up done in China. The expenses should be covered by themselves.
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。到达中国大学报到时，体检时间不得超过六个月，否则应在成都重新体检，费用自理。
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. If the physical check-up is over 6 months old on the day of their registration, they should have re-checked up in China. The expenses should be covered by themselves.
4. 体检表是办理入境签证及在华居留手续所需文件之一，留学生到达中国大学报到时，应提交正本。
IV. The Physical Examination Record is one of the documents that are 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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姓 名 Name		性别 <input type="checkbox"/> 男 Male Sex <input type="checkbox"/> 女 Female	出生日期 ____年__月__日 Date of Birth y.____m.____d.____	照片 Photo (put hospital seal across the photo)
现在通讯地址 Present mailing address			血型 Blood type	
国籍 Natio- nality		出生地 Birth Place		
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/ Blood pressure (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、梅毒血清学诊断)/Laboratory Exam (HIV, Syphilis Serodiagnosis)	附上对以下项目的化验室报告：Please attach the results and data sheets for the following items:AIDS.,Anti-HCV,Syphilis,ALT.,AST.,T-BIL.,and HBsAG.	
<div>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. <div><div>霍乱 Cholera</div><div>性 病 Venereal disease</div><div>黄热病 Yellow fever</div><div>开放性肺结核 Opening lung tuberculosis</div><div>鼠 疫 Plague</div><div>艾 滋 病 AIDS</div><div>麻 风 Leprosy</div><div>精 神 病 Psychosis</div></div></div>		
意 见 Suggestion	检查单位盖章 Official Stamp	
医师签字 Signature of physician	日期 Date	