# 外 国 人 体 格 检 查 记 录

| Name | Sex ❑ Male ❑ Female | Date of birth Y M D | | photo |
|---|---|---|---|---|
| Present mailing address | | | Blood Type | |
| Nationality | Place of birth | | | |

: ( “ ” “ ” )
Have you ever had any of the following diseases? ( Each item must be answered “ Yes ” or “ No ” )

| | | | | | |
|---|---|---|---|---|---|
| Typhus fever | ❑ No | ❑ Yes | Bacillary dysentery | ❑ No | ❑ Yes |
| Poliomyelitis | ❑ No | ❑ Yes | Brucellosis | ❑ No | ❑ Yes |
| Diphtheria | ❑ No | ❑ Yes | Viral hepatitis | ❑ No | ❑ Yes |
| Scarlet fever | ❑ No | ❑ Yes | Puerperal streptococcus infection | ❑ No | ❑ Yes |
| Relapsing fever | ❑ No | ❑ Yes | | | |
| Typhoid and paratyphoid fever | ❑ No | ❑ Yes | Epidemic cerebrospinal meningitis | ❑ No | ❑ Yes |

: ( “ ” “ ” )
Do you have any of the following diseases or disorders endangering the Public order and security?
( Each item must be answered “ Yes ” or “ No ” )

| | | | |
|---|---|---|---|
| Toxicomania | | ❑ No | ❑ Yes |
| Mental confusion | | ❑ No | ❑ Yes |
| Psychosis: | Manic psychosis | ❑ No | ❑ Yes |
| | Paranoid psychosis | ❑ No | ❑ Yes |
| | Hallucinatory psychosis | ❑ No | ❑ Yes |

<table>
<tr><td>Spine</td><td colspan="2">Extremities</td><td>Nervous system</td></tr>
<tr><td colspan="4">Other abnormal findings</td></tr>
<tr><td>X<br>Chest X – ray exam.</td><td></td><td>ECG</td><td></td></tr>
<tr><td>( 、 )<br>Laboratory exam.<br>( HIV, Syphilis serodiagnosis )</td><td colspan="3"></td></tr>
<tr><td colspan="4">:<br>None of the following diseases or disorders found during the present examination:<br>❑ Cholera ❑ Venereal disease<br>❑ Yellow fever ❑ Opening lung tuberculosis<br>❑ Plague ❑ AIDS<br>❑ Leprosy ❑ Psychosis</td></tr>
<tr><td colspan="3">Suggestion<br><br>Signature of physician</td><td>Official stamp<br><br>Date</td></tr>
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