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

□ □ Spine	□□ □ □ Extremities	□□ □□ □□ □ Nervous system

□□ □ □□ □ □□ □ □
Other abnormal findings

□ □ X □ □ □ Chest X – ray exam.		□ □ □ ECG	

□ □ □ □ □ （□ □ □ □ □、 □ □ □ □ □ □ □） Laboratory exam. (HIV, Syphilis serodiagnosis)	

□ :
None of the following diseases or disorders found during the present examination:

- ❑□ □□ □□ Cholera
- ❑□ □ □ □□ Yellow fever
- ❑□ □□ □□ Plague
- ❑□ □□ □□ Leprosy
- ❑□ □□ □ □ □ □□ Venereal disease
- ❑□ □ □ □ □ □ □□ Opening lung tuberculosis
- ❑□ □□ □ □ □□ AIDS
- ❑□ □□ □ □ □□ Psychosis

□□ □ □
Suggestion

□ □ □ □ □ □
Official stamp

□□ □ □ □ □ □
Signature of physician

□ □
Date