


## 外国人体格检查记录


### PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓名 Name	性别 <input checked="" type="checkbox"/> 男 Male Sex <input type="checkbox"/> 女 Female	出生日期 Date of birth	年 月 日 Y M D
现在通讯地址 Present mailing address		<Указать адрес регистрации>	
国籍 Nationality	出生地址 Place of birth	<Место рождения - как в паспорте>	
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")			
斑疹伤寒 Typhus fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌痢 Bacillary dysentery	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
小儿麻痹症 Poliomyelitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
白喉 Diphtheria	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
猩红热 Scarlet fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌感染	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
回归热 Relapsing fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Puerperal streptococcus infection	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
伤寒和付伤寒 Typhoid and paratyphoid fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
过去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")			
毒物瘾 Toxicomania	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
精神错乱 Mental confusion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
精神病 Psychosis:	躁狂型 Manic psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	妄想型 Paranoid psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	幻觉型 Hallucinatory psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
身高 Height	厘米 cm	体重 Weight	公斤 kg
771		78	血压 Blood pressure
			130/80 mmHg
发育情况 Development	营养情况 Nourishment	颈部 Neck	
	Normal	Normal	
视力 Vision	矫正视力 Corrected vision	眼 Eyes	
左 L Normal 右 R Normal	左 L Normal 右 R Normal	Normal	
辨色力 Colour sense	皮肤 Skin	淋巴结 Lymph nodes	
Normal	Normal	Normal	
耳 Ears	鼻 Nose	扁桃体 Tonsils	
Normal	Normal	Normal	
心 Heart	肺 Lungs	腹部 Abdomen	
Normal	Normal	Normal	

脊柱 Spine	<i>Normal</i>	四肢 Extremities	<i>Normal</i>	神经系统 Nervous system	<i>Normal</i>
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其它所见  
Other abnormal findings *Normal*

胸部 X 线检查 Chest X - ray exam.	флюорография пройдена 09.09 Pulmonary without focal and infiltrative shadows. Conclusion: at the time of the study, no specific signs of pathology were revealed.	心电图 ECG	<i>Ritm</i>  <Подпись врача>
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化验室检查 (包括艾滋病、 梅毒血清学诊断) Laboratory exam. (HIV, Syphilis serodiagnosis)	<i>HIV 20.11.18 normal</i> <i>Syphilis 20.11.2018 normal</i>  <Подпись врача>
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未发现患有以下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: *None present*

<input type="checkbox"/> 霍乱 Cholera <i>No</i>	<input type="checkbox"/> 性病 Venereal disease <i>No</i>
<input type="checkbox"/> 黄热病 Yellow fever <i>No</i>	<input type="checkbox"/> 开放性肺结核 Opening lung tuberculosis <i>No</i>
<input type="checkbox"/> 鼠疫 Plague <i>No</i>	<input type="checkbox"/> 艾滋病 AIDS <i>No</i>
<input type="checkbox"/> 麻疯 Leprosy <i>No</i>	<input type="checkbox"/> 精神病 Psychosis <i>No</i>

意见 Suggestion	检查单位盖章 Official stamp
<i>normal</i> <Подпись врача>	日期 Date
医师签 Signature of physician	<дата выдачи справки>

*normal*  
 <Подпись врача>

医师签  
 Signature of physician



日期  
 Date

<дата выдачи справки>

