


外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	SARFARAZ HYDER		性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	19-8-2004																																											
现在通讯地址 Present mailing address			Hno: D-66, Gulshan-e-Mohran Phase 2, Qasimabad																																														
国籍或地区 Nationality (or Area)	Pakistani	出生地 Birth place	Hyderabad	血型 Blood type	AB-																																												
<p>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”)</p> <table border="0"> <tr> <td>班疹 伤寒</td> <td>Typhus fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 痢</td> <td>Bacillary dysentery</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白 喉</td> <td>Diphtheria</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩 红 热</td> <td>Scarlet fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球菌</td> <td>Puerperal streptococcus infection</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>回 归 热</td> <td>Relapsing fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td></td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td>Typhoid and paratyphoid fever</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="3"></td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td>Epidemic cerebrospinal meningitis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="3"></td> </tr> </table>								班疹 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	Puerperal streptococcus infection	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	回 归 热	Relapsing fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<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			
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<p>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”)</p> <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td rowspan="3">精神病 Psychosis:</td> <td>躁狂型 Manic psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>妄想型 Paranoid psychosis</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>幻觉型 Hallucinatory</td> <td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>								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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																													
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身高 Height	185	厘米 CM	体重 Weight	84	公斤 Kg	血压 Blood pressure	139/88	毫米汞柱 mmHg																																									
发育情况 Development	Normal		营养情况 Nourishment	Good		颈部 Neck	Normal																																										
视力 左 L	-2.75		矫正视力 左 L			眼	Normal																																										
Vision 右 R	-3.00		Corrected vision 右 R			Eyes																																											
辨色力 Colour sense	Normal		皮肤 Skin	Normal		淋巴结 Lymph nodes	Normal																																										
耳 Ears	Normal		鼻 Nose	Normal		扁桃体 Tonsils	Normal																																										
心 Heart	Normal		肺 Lungs	Normal		腹部 Abdomen	Normal																																										

脊柱 Spine	Normal	四肢 Extremities	Normal	神经系统 Nervous system	Normal																
其他所见 Other abnormal findings	No 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)	Clear chest		心电图 ECC	Normal																	
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)	Normal																				
<p>未发现患有下列检疫传染病和危害公共健康的疾病:</p> <p>None of the following diseases of disorders found during the present examination.</p> <table border="0"> <tr> <td>霍乱</td> <td>Cholera</td> <td>性病</td> <td>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
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意 见 Suggestion		检查单位盖章 Official Stamp																			
医师签字 Signature of physician		ADDL: MEDICAL SUPERINTENDENT TALUKA HOSPITAL MATLI 日期 Date 26/11/24																			



MATLI KIDNEY CENTER
HAJI NISAR AHMED QAIMKHANI
LABORATORY
TALUKA HOSPITAL MATLI

NAME : Sarfaraz Hyder

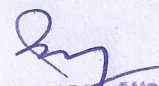
LAB. NO _____

Gender : Male

DATE_02-12-2024

TEST	RESULT	NORMAL
HCV	Negative	Negative
HBSAG	Negative	Negative
HIV	Negative	Negative
VDRL	Negative	Negative

X-RAY - Chest - is NORMAL


ADDL. MEDICAL SUPERINTENDENT
TALUKA HOSPITAL MATLI