


## Attachment 3

## 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	Yazan	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of Birth (Day-Month-Year)	18/11/1998	
现在通讯地址 Present mailing address	Amman - wadi Alsir			A	血型 Blood type	
国籍或地区 Nationality	Jordan	出生地址 Birth Place	wadi Alsir			

过去是否患有下列疾病：（每项后面请回答“是”或“否”）  
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 Searle fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌感染 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		
伤寒和副伤寒 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		

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 diseases endangering the public order and safety?  
(Each item must be answered "Yes" or "No")

毒物瘾 Toxic mania	<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	177	体重 Weight	公斤 kg	95	血压 Blood pressure	毫米汞柱 mmHg	120/80
发育情况 Development	normal		营养情况 Nourishment	normal		颈部 Neck	normal	
视力 Vision	左 L	normal	矫正视力 Corrected vision	左 L		眼 Eyes	normal	
	右 R	normal		右 R		淋巴结 Lymph nodes	normal	
辨色力 Color sense	normal		皮肤 Skin	normal		扁桃体 Tonsils	normal	
耳 Ears	normal		鼻 Nose	normal		腹部 Abdomen	normal	
心 Heart	normal		肺 Lungs	normal				

脊柱 Spine	Normal	四肢 Extremities	Normal	神经系统 Nervous system	Normal
其它所见 Other abnormal findings					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (Attaching Chest X-ray report)	Normal	心电图 ECG (Attaching ECG report)	Normal		
化验室检查 (包括艾滋病、梅毒等血清学 检查) Laboratory exam (attaching test report of AIDS, Syphilis etc)	Normal				

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 of disorders found during the present examination.

霍乱 Cholera

黄热病 Yellow fever

鼠疫 Plague

麻风 Leprosy

性病 Venereal Disease

肺结核 Lung tuberculosis

艾滋病 AIDS

精神病 Psychosis

NON.

意见  
Suggestion

حسب الفحص

医师签字

Signature of physician

检查单位盖章

Official Stamp

日期

Date

11/11/2024