

# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	HEBAH WAHEED JAMIL ABU SHAMAH	性别 Sex	<input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	出生日期 Birthday	Nov. 5 1997
现在通讯地址 Present mailing address		Irbid - Hatem Hebaabushama97@gmail.com			
国籍或地区 Nationality (or Area)	Jordanian	出生地 Birth place	Jordan	血型 Blood type	At



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")

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	Puerperal streptococcus infection	
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			

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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

身高 Height	厘米 CM	165	体重 Weight	公斤 Kg	56	血压 Blood pressure	毫米汞柱 mmHg	120/70
发育情况 Development	Normal		营养情况 Nourishment	Normal		颈部 Neck	Intact (Normal)	
视力 左 L	6/6		矫正视力 左 L	No		眼	Intact (Normal)	
Vision 右 R	6/6		Corrected vision 右 R	No		Eyes	Intact (Normal)	
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	not inflamed not enlarged	
心 Heart	Normal		肺 Lungs	Normal		腹部 Abdomen	Normal	

اصدق على توقيع مدير مديرية  
الشؤون الصحية لحافظة اربد  
الدكتور مسعود  
19/10/2019  
مصدق  
مدير مديرية الشؤون الصحية  
لحافظة اربد

脊柱 Spine	Normal	四肢 Extremities	no abnormalities	神经系统 Nervous system	No neurological deficit																								
其他所见 Other abnormal findings	None																												
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)	Free	心电图 ECC	Free																										
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)	All the diseases not found during the attached examination  <u>Free</u>																												
<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>X</td> <td>性病</td> <td>Venereal Disease</td> <td>X</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>X</td> <td>肺结核</td> <td>Lung tuberculosis</td> <td>X</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>X</td> <td>艾滋病</td> <td>AIDS</td> <td>X</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>X</td> <td>精神病</td> <td>Psychosis</td> <td>X</td> </tr> </table> <p>All the following diseases Not found during examination.</p>						霍乱	Cholera	X	性病	Venereal Disease	X	黄热病	Yellow fever	X	肺结核	Lung tuberculosis	X	鼠疫	Plague	X	艾滋病	AIDS	X	麻风	Leprosy	X	精神病	Psychosis	X
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意见 Suggestion	<p>检查单位盖章 Official Stamp</p> <p>日期 Date</p>																												
医师签字 Signature of physician	<p>2024.11.19</p> <p>شؤون المرضى</p>																												

اصادق على توقيع مدير مديرية  
الشؤون الصحية لحافظة اربد  
الدكتور سامي عيسى  
تدير الصحة  
2024.11.19

مصدق  
مدير مديرية الشؤون الصحية  
لحافظة اربد  
الده