

# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name	性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday	照片 (加盖检查单位印章)
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姓名 Name	性别 Sex	出生日期 Birthday	职业 Occupation	检查日期 Examination Date	检查单位 Examination Unit
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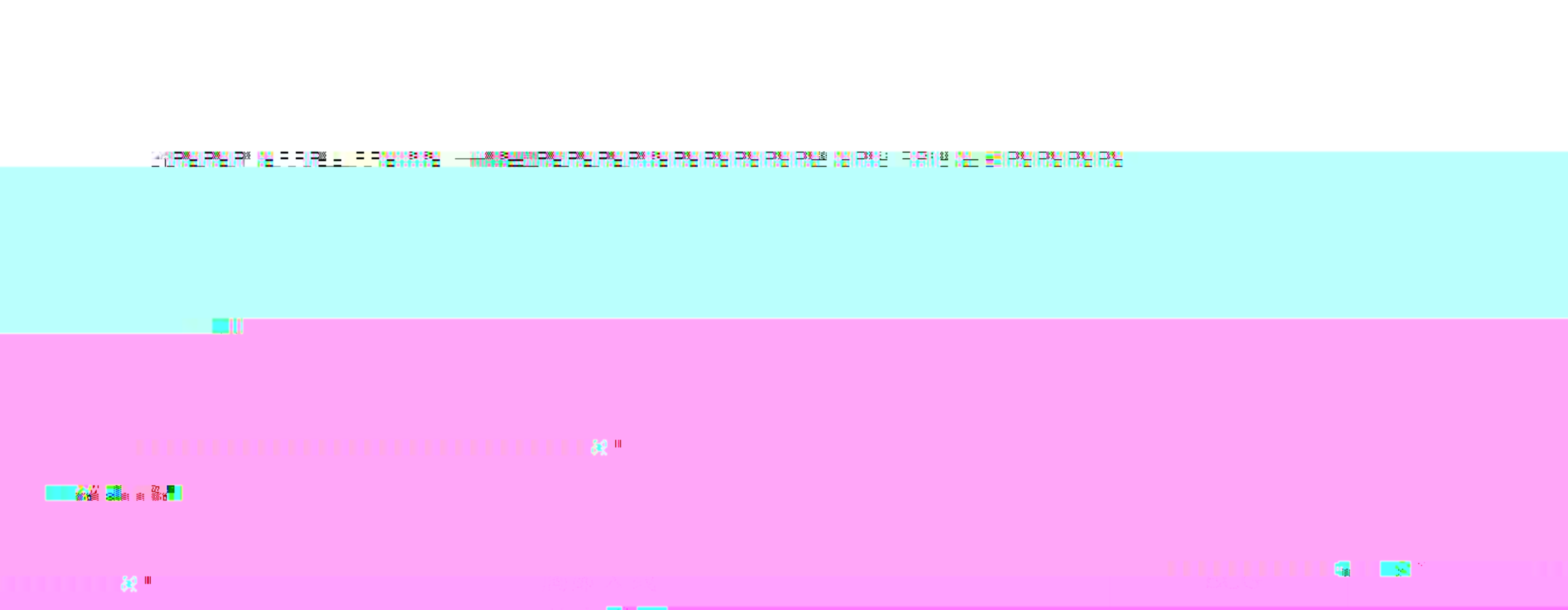
姓名: \_\_\_\_\_ 性别: \_\_\_\_\_ 出生日期: \_\_\_\_\_  
 职业: \_\_\_\_\_ 检查日期: \_\_\_\_\_ 检查单位: \_\_\_\_\_

身高 Height	体重 Weight	血压 Blood Pressure	脉搏 Pulse	呼吸 Respiration	体温 Temperature
_____	_____	_____	_____	_____	_____

身高: \_\_\_\_\_ 体重: \_\_\_\_\_ 血压: \_\_\_\_\_  
 脉搏: \_\_\_\_\_ 呼吸: \_\_\_\_\_ 体温: \_\_\_\_\_

视力 Vision	听力 Hearing	心脏 Heart	肺部 Lungs	腹部 Abdomen	神经系统 Nervous System
_____	_____	_____	_____	_____	_____

视力: \_\_\_\_\_ 听力: \_\_\_\_\_ 心脏: \_\_\_\_\_  
 肺部: \_\_\_\_\_ 腹部: \_\_\_\_\_ 神经系统: \_\_\_\_\_



Chest X-ray (report)		(附检查报告单) Chest X-ray exam (attached chest X-ray report)			(attached chest X-ray report)
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未发现患有下列检查

~~Account for the Cause of Chronic Heart Disease~~

<del>High</del>	<del>Cholesterol</del>	<del>High</del>	<del>Thrombocytopenia</del>
<del>Low</del>	<del>Triglyceride</del>	<del>Low</del>	<del>Leukopenia</del>
<del>Normal</del>	<del>Urea</del>	<del>Normal</del>	<del>Normal</del>
<del>Normal</del>	<del>Creatinine</del>	<del>Normal</del>	<del>Normal</del>

 Suggestion	 Suggestion	 Suggestion
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