

# 外国人体格检查记录

## PHYSICAL EXAMINATION RECORD FOR FOREIGNER

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### 体检说明

#### EXPLANATION OF THE PHYSICAL EXAMINATION

1. 在华学习外国留学生，应按照“外国人体格检查记录”进行体格检查。体检表贴照片处，应有医院印章，否则，视体检表无效。

**I . The foreign students, who study in China, should go through a physical check-up before they come to China, according to the requirements of Physical Examination Record for Foreigners. The hospital seal should be put across the photo on the Examination Record, or the Record is invalid.**

2. 体检表应填写清楚，体检报告应附有 X 光透视胸片及霍乱、黄热、鼠疫、麻风、性病、开放性肺结核、艾滋病、肝功能、澳抗和精神病的化实验室检查报告。

**II. All the items of this form should be filled in carefully and clearly. The report should be attached with the negative film for Chest X-ray exams, and the examination certificates for laboratory exams (Serodiagnosis), which include exams on Cholera, Yellow fever, Plague, Leprosy, Venereal Disease, Opening lung tuberculosis, AIDS, Psychosis, Liver function and HBsAG.**

3. 体检报告应在在线填写报名表时提交体检报告。体检应该在公立医院进行，凡在私立医院体检者，应取得公证部门的公证。

**III. Applicants must submit the physical examination report when they submit online application. The physical examination should be taken in the public hospitals, if the physical check-up is done at a private hospital, the student should get the certificate notarized.**

4. 留学生到达西南财经大学报到时，应提交有效的体检报告。由于体检报告的有效期限仅为 6 个月，因此请合理规划体检时间。

**IV. Students should bring the original valid physical examination report for registration day. Therefore, please carefully plan your physical examination schedule as the result is valid for only 6 months.**

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## PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓名 Name		性别 <input type="checkbox"/> 男 Male Sex <input type="checkbox"/> 女 Female	出生日期 ____年__月__日 Date of Birth y.____m.____d.____	照片 Photo (put hospital seal across the photo)
现在通讯地址 Present mailing address			血型 Blood type	
国籍 Nationality		出生地 Birth Place		
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 type="checkbox"/> No <input type="checkbox"/> Yes	细菌性痢疾 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes
小儿麻痹症 Poliomyelitis		<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes
白喉 Diphtheria		<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes
猩红热 Scarlet fever		<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌 Puerperal streptococcus	<input type="checkbox"/> NO <input type="checkbox"/> Yes
回归热 Relapsing fever		<input type="checkbox"/> No <input type="checkbox"/> Yes	感染 Infection	<input type="checkbox"/> No <input type="checkbox"/> Yes
伤寒和副伤寒 Typhoid and paratyphoid fever			<input type="checkbox"/> No <input type="checkbox"/> Yes	
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis			<input 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 secure? (Each item must be answered “Yes” or “No” )				
毒物瘾 Toxicomania		..... <input type="checkbox"/> No <input type="checkbox"/> Yes		
精神错乱 Mental confusion		..... <input type="checkbox"/> No <input type="checkbox"/> Yes		
精神病 Psychosis: 躁狂型 Manic psychosis		..... <input type="checkbox"/> No <input type="checkbox"/> Yes		
妄想型 Paranoid psychosis		..... <input type="checkbox"/> No <input type="checkbox"/> Yes		
幻觉型 Hallucinatory psychosis		..... <input type="checkbox"/> No <input type="checkbox"/> Yes		
身高/Height (厘米/cm)		体重/Weight (公斤/kg)		血压/ Blood pressure (毫米汞柱/mmHg)
发育情况 Development		营养情况 Nourishment		颈部 Neck
视力 Vision	左 L	矫正视力 Corrected vision	左 L	眼 Eyes
	右 R		右 R	
辨色力/Color sense		皮肤/Skin		淋巴结/Lymph nodes
耳/Ears		鼻/Nose		扁桃体/Tonsils
心/Heart		肺 /Lungs		腹部/Abdomen

编号：42 (19×27cm)

