

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

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. International students, who intend to 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. 体检项目应包括国际检疫传染病、爱滋病、性病、开放性肺结核病、精神病、麻风病等，血清学检验报告单应包括 Anti-HIV, RPR, TPPA, HbsAg, AntiHCV, ALT/GPT 等项目，X 光检查报告及胸片。体检表应填写清楚。
 - II. International Quarantiable Diseases, AIDS, Venereal Disease, Opening Lung Tuberculosis, Psychosis, Leprosy, etc. must be included. Laboratory Exam Report, X-ray Exam Report and Chest X-ray are supposed to be attached. And Anti-HIV, RPR, TPPA, HbsAg, AntiHCV, ALT/GPT should be shown in the Laboratory Exam Report. All items of this form have to be filled carefully and clearly.

3. 体检应在来华一个月前在公立医院进行，凡在私立医院体检者，应取得公证部门的公证。到达杭州师范大学报到时，体检时间不得超过六个月，否则应在杭州重新体检，费用自理。
 - III. The physical examination should be taken in the public hospitals one month before their departure, if the physical check-up is done at a private hospital, the student should get the certificate notarized. The physical check-up should be valid with 6 months on students' arrival for registration, otherwise, students should have re-checked up in Hangzhou, China. The expenses should be covered by themselves.

4. 体检表是办理入境签证及在华居留手续所需文件之一，国际学生到杭州师范大学报到时，应提交体检报告及检查报告单的原件。并需本人持体检表及化实验室检查报告，前往杭州市检验检疫局查验。凡体检查验不合格者，需在杭州市检验检疫局重新体检，费用自理。
 - IV. The Physical Examination Record is one of the documents for visa processing. The students should bring the original copy and examination certificates/sheets along with them when come to Hangzhou Normal University. On their arrival at Hangzhou Normal University, the Record (an original copy) and laboratory exam certificates should be sent to Hangzhou Quarantine Bureau for check. Those whose exam is not qualified should get the physical re-check up done in Hangzhou. The expenses should be covered by themselves.

外国人体格检查记录

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 右 R	矫正视力 Corrected vision	左 L 右 R	眼 Eyes
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)

