外国人体格检查记录
PHYSICAL EXAMINATION RECORD FOR FOREIGNER

体　检　说　明
INSTRUCTIONS ON THE PHYSICAL EXAMINATION

1. 申请来华学习的国际学生应按照**《外国人体格检查记录》**要求进行体格检查。其中，首页个人照片**应加盖医院公章**，且与第二页底部医院公章**一致**，否则视体检表无效。

International students applying to study in China should take a physical examination in accordance with the requirements of the ***Foreigner Physical Examination Record***. The official seal of the hospital on your ID photo of the first page should be the same with the one sealed on the bottom of the second page, otherwise the physical examination record is to be invalid.

2. 体检项目应包括国际检疫传染病、艾滋病、性传播疾病、开放性肺结核、精\神病、麻风病等。其中，实验室检查项目应包括HIV、梅毒(RPR/TPPA/VDRL)、Hbs、HCV、ALT/GPT等项目。体检表应清晰准确填写各项检查结论，不完整者将被视为无效。

Physical examination items should include international quarantinable infectious diseases, AIDS, sexually transmitted diseases, open tuberculosis, mental illness, leprosy, etc. Laboratory examination should include HIV, syphilis (RPR/TPPA/VDRL), Hbs, HCV, ALT/GPT,etc.. Each examination result must be filled in the ***Foreigner Physical Examination Record*** clearly and correctly, and an incomplete one will be considered invalid.

3. 国际学生到校注册报到时应出示**《外国人体格检查记录》**原件，并在一周内持《外国人体格检查记录》原件及相关检查附件，前往杭州国际旅行卫生保健中心（杭州海关口岸门诊部）进行认证。凡体检认证不合格者，需重新体检，费用自理。

International students should present the original ***Foreigner Physical Examination Record*** when he or she registers at the school. Students should take the ***Foreigner Physical Examination Record*** as well as relevant laboratory examination reports to ***Hangzhou International Travel Healthcare Center (Hangzhou Customs Port Clinic)*** for **verification** within one week. Those who fail to pass the physical examination verification shall have a new physical examination at their own expense.

4. **《外国人体格检查记录》**有效期仅为六个月，请申请者合理安排体检时间。

Please make an appropriate arrangements to take physical examination as the result is valid for only 6 months.

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓 名 Name		性别 □男 Male Sex □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	□No□Yes	细菌性痢疾 Bacillary dysentery	□No□Yes
小儿麻痹症 Poliomyelitis	□No□Yes	布氏杆菌病 Brucellosis	□No□Yes
白 喉 Diphtheria	□No□Yes	病毒性肝炎 Viral hepatitis	□No□Yes
猩 红 热 Scarlet fever	□No□Yes	产褥期链球菌 Puerperal streptococcus	□NO□Yes
回 归 热 Relapsing fever	□No□Yes	感 染 Infection	□No□Yes
伤寒和副伤寒 Typhoid and paratyphoid fever		□No□Yes	
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis		□No□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…… …… …… …… …… …… …… …… …… …… …… …… … …□No□Yes

精神错乱 Mental confusion …… …… …… …… …… …… …… …… …… …… …… … ……□No□Yes

精神病 Psychosis：躁狂型 Manic psychosis ……□No□Yes

妄想型 Paranoid psychosis ……□No□Yes

幻觉型 Hallucinatory psychosis ……□No□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）

脊柱/Spine	四肢/Extremities	神经系统/Nervous system

其他所见 Other abnormal findings			
胸部 X 线 检查结果 （附检查报告单） Chest X-ray Exam (Attached chest X-ray report)		心电图/ECG	
化验室检查 （包括艾滋病、梅毒等血清学检查） Laboratory exam (Attached test report of AIDS, Syphilis etc)	附上以下项目的化验室报告：Please attach the results of the following items: HIV, Syphilis (VDRL/RPRTPPA), Hbs, HCV, ALT/GPT.		

未发现患有下列检疫传染病和危害公共健康的疾病：
None of the following diseases or disorders found during the present examination.

霍　乱 Cholera	性　　病 Venereal disease
黄热病 Yellow fever	开放性肺结核 Opening lung tuberculosis
鼠　疫 Plague	艾　滋　病 AIDS
麻　风 Leprosy	精　神　病 Psychosis

意　见
Suggestion

检查单位盖章
Official Stamp

医师签字
Signature of physician

日期
Date

体检表注意事项

你好：

当你从医院拿到此体格检查结果时，请你仔细核对体检表的以下信息，保证体检表符合申请要求：

体检表第一页：

☐ **个人信息** 如：名字、出生日期、国籍 需和**护照**上名字、出生日期等信息一致，**名字**不可以缩写或者省略。

☐ **个人照片**上需盖**医院公章**，且该公章和第二页底部医院**公章一致**。

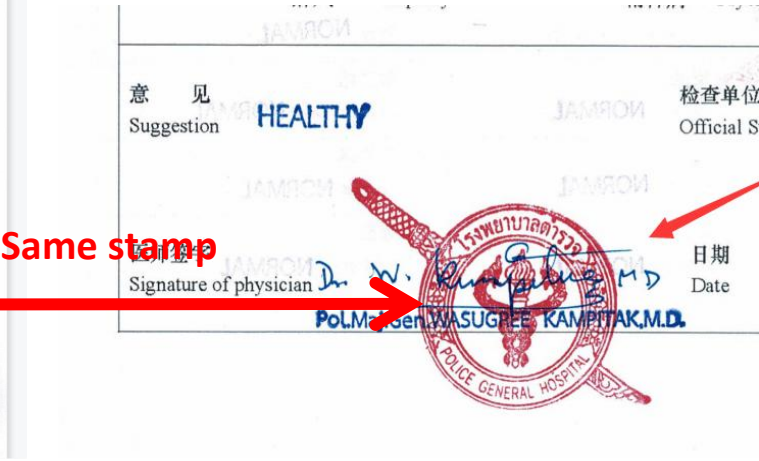
Dear applicant,

In order to meet the application requirements, please carefully check the information below when you receive the Foreigner Physical Examination Form from the hospital :

The first page:

1. **Personal information** such as name, date of birth and nationality should be consistent with the name and birth date on your **passport. Name** written on the form should not be abbreviated or omitted.

2.The official **hospital stamp** on your **ID photo** is the **same** with the one stamped on bottom of the second page.



Same stamp

体检表第二页 The second page:：

☐ 请医生在表格第二页 **Laboratory Exam** 栏，明确写出具体血液**检查项结果**。如艾滋病-阴性，梅毒-阴性等。Please clearly **state** the specific **results of blood test items** in the Laboratory Exam on page 2 Such as HIV Ab - negative, VDRL - negative, etc.

☐ 请医生在表格第二页**公共健康疾病**栏，✓出**项目结果**。

Please clearly **state** the specific **results of public diseases**

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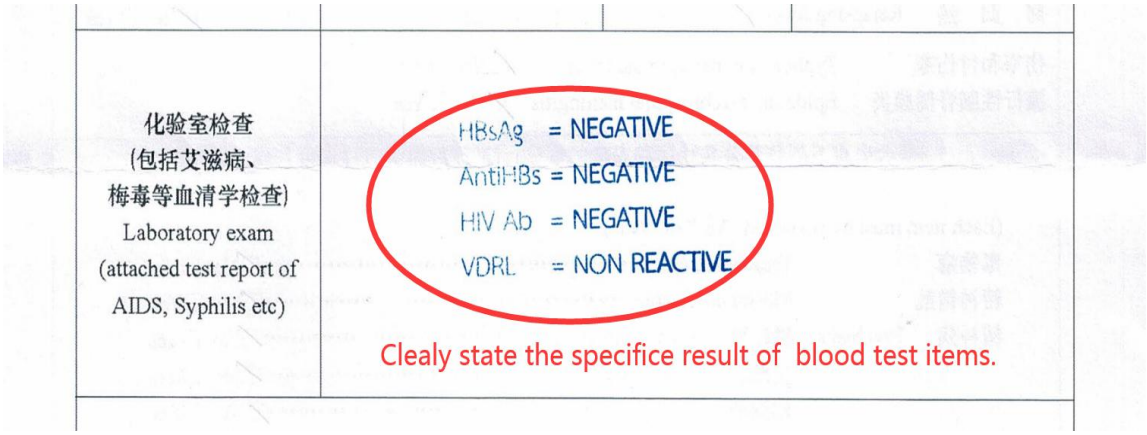

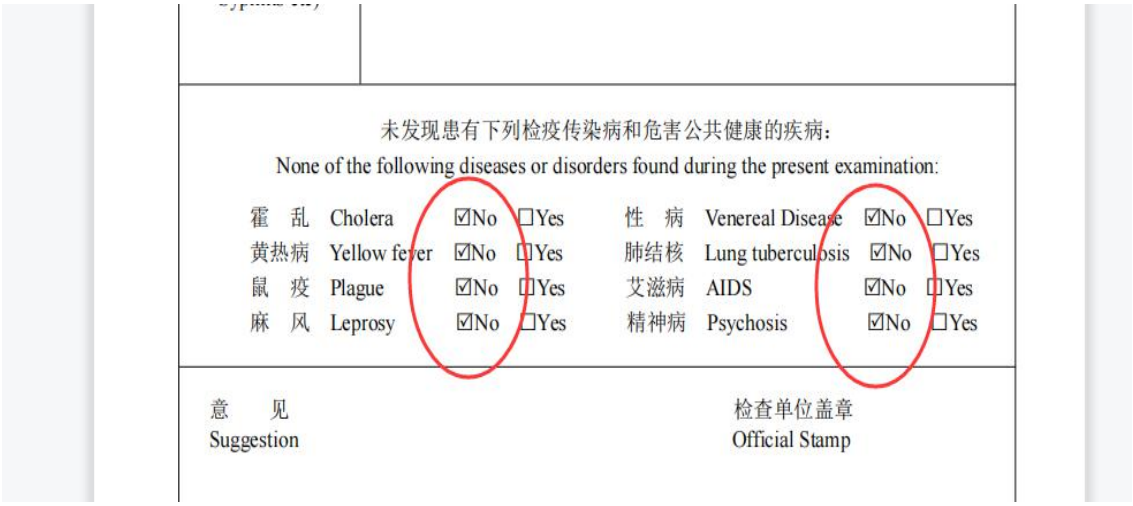

☐ 在体检表第二页底部，主治医师填写**体检结果**、**签名**、**日期和医院公章**。

Those without the **suggestion** and **signature of the attending physician**, or **date of issue** and **official stamp** are invalid.

☐ 体检项目必须包含《外国人体格检查表》所列**所有项目**，不完整的记录，表格无效。

The physical examinations must cover **all the items** listed in the Foreigner Physical Examination Form. Incomplete records are invalid.

☐ 体检表**有效期**只有 6 个月，请申请者合理安排体检时间。

Please select the appropriate time to take physical examination as the result is valid for only 6 months.