

脊柱 Spine	四肢 Extremities	神经系统 Nervous system
其它所见 Other abnormal findings		
胸部 X 线 检查结果 (附检查报告单) Chest X-ray (Attach the examination report)		心电图 ECG
化实验室检查 包括艾滋病、梅毒 等血清学检查) Laboratory Tests (Including serological tests for AIDS, Syphilis, etc.; attach reports)		
是否在此次检查中发现患有下列检疫传染病和危害公共健康的疾病： Were any of the following diseases or disorders detected during this examination 霍乱 Cholera <input type="checkbox"/> No <input type="checkbox"/> Yes 性病 Venereal Disease <input type="checkbox"/> No <input type="checkbox"/> Yes 黄热病 Yellow fever <input type="checkbox"/> No <input type="checkbox"/> Yes 肺结核 Opening lung tuberculosis <input type="checkbox"/> No <input type="checkbox"/> Yes 鼠疫 Plague <input type="checkbox"/> No <input type="checkbox"/> Yes 艾滋病 AIDS <input type="checkbox"/> No <input type="checkbox"/> Yes 麻风 Leprosy <input type="checkbox"/> No <input type="checkbox"/> Yes 精神病 Psychosis <input type="checkbox"/> No <input type="checkbox"/> Yes		
体检结论 Conclusions and Suggestions <hr/>		

医师签字

Physician's Signature

日期

Date(D/M/Y):

体检机构名称

Name of the Medical Institution responsible for this medical exam

(体检机构印章) (*Stamp of the Medical Institution*)