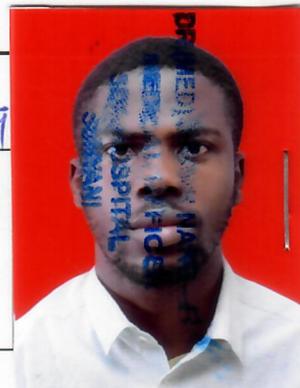


外国人体格检查记录 Physical Examination Record for Foreigner

姓名 Name	YERBOAH EDIMAKYIE KAWAME	性别 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day-Month-Year	26/06/1999
现在通讯地址 Present Mailing Address	SUNYANI - FIAPRE, P.O.BOX 214, BS - 0034769			血型 Blood	
国籍 Nationality	GHANAIAN	出生地址 Birth Place	NKROFUL O+		



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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	菌痢 Bacillary dysentery	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
小儿麻痹症 Poliomylitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
白喉 Diphtheria	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
猩红热 Scarlet fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌 Puerperal streptococcus infection	
回归热 Relapsing fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	感染	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
伤寒和付伤寒 Typhoid and paratyphoid fever	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

是否患有下列危及公秩序和安全的病症: (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 security?
(Each item must be answered "Yes" or "No")

毒物癖 Toxicomania	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
精神错乱 Mental confusion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
精神病 psychosis: 躁狂型 Manic Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
妄想型 Paranoid Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
幻觉型 Hallucinatory Psychosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

身高 Height	170 cm	体重 Weight	75 kg	血压 Blood pressure	124/82 mmHg
发育情况 Development	NORMAL	营养情况 Nourishment	NORMAL	颈部 Neck	NORMAL
视力 左 L Vision 右 R	6/6 6/6	矫正视力 左 L Corrected vision 右 R	6/6 6/6	眼 Eyes	NORMAL
辨色力 Colour Sense	NORMAL	皮肤 skin	NORMAL	淋巴结 Lymph nodes	NORMAL
耳 Ears	NORMAL	鼻 Nose	NORMAL	扁桃体 Tonsils	NORMAL
心 Heart	S1+S2+M6	肺 Lungs	CLINICALLY CLEAR	腹部 Abdomen	NORMAL

脊柱 Spine	NORMAL	四肢 Extremities	NORMAL	神经系统 Nervous system	CLINICALLY INTENT
其它所见 Other abnormal finding					
NO ABNORMAL DETECTED					
胸部 X 线 检查 Chest X-ray exam.	NORMAL CHEST RADIOGRAPHY		心电图 ECG	NORMAL ECG	
化验室检查 包括血清学诊断 Laboratory exam. (Serodiagnosis)	HIV SCREEN - NEGATIVE VDRL (SYPHILIS) - NEGATIVE				
未发现患有以下检疫传染病和危害公共健康的疾病： <i>None of the following diseases or disorders found during the present examination.</i>					
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	MEDICALLY FIT			检查单位盖章 Official Stamp DR.(MED) JOSIAH NANG - BAYI MEDICAL OFFICER SDA HOSPITAL SUNYANI	
医师签字 Signature of Physician			日期 Date		
			10 TH OCTOBER, 2024		