上海中医药大学国际生

申请上海市政府奖学金专用体格检查表

**Physical Examination Form**

**for Shanghai Municipal Government Scholarship Applicants**

**of SHUTCM International Students**

**使用须知：**

填写此表前，请认真阅读以下须知。我校推荐申请上海市政府奖学金的学生使用中国国家留学基金管理委员会指定的体格检查表《外国人体格检查表》；学生在获知以下信息后，可选用本表：

1. 如申请人同时申请中国政府奖学金，务必使用中国国家留学基金管理委员会指定的体格检查表《外国人体格检查表》，无须使用本表；
2. 本表所指的“医疗机构”指有中国或申请人所在国家或地区政府认证资质的医疗机构；中国国家留学基金管理委员会指定的体格检查表《外国人体格检查表》填写的医疗机构必须是中国公安机关出入境管理部门或中国驻外大使馆在办理国际生来华学习签证时指定的卫生医疗机构（中国上海指定的医疗机构为上海国际旅行卫生保健中心，除此以外的可向上述部门咨询指定的医疗机构）。

**Please read the following information before using the form:**

1. Applicants only for Shanghai Municipal Government Scholarship (SGS) applicants are required to submit this document. Applicants who apply for both Chinese Government Scholarship and SGS are required to submit Foreigner Physical Examination Form designated by China Scholarship Council (CSC) but not this form.
2. Medical institutions authorized by local governments in China or applicants’ home country are qualified to provide relevant information in this form. For the CSC Foreigner Physical Examination, medical institutions must be designated by Exit-Entry Administration in China (Institution in Shanghai: Shanghai International Travel Healthcare Center) or visa offices of Chinese embassies/consulates.

上海中医药大学国际生申请上海市政府奖学金专用体格检查表

Physical Examination Form for

Shanghai Municipal Government Scholarship Applicants of SHUTCM International Students

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名  Name |  | | | 性别  Sex | | * 男Male * 女Female | | | 照片  （加盖检查单位印章）  Photo  (Stamped Official Stamp) |
| 护照号码  Passport No. |  | | | 出生日期  Birth Date | |  | | |
| 国籍（或地区）  Nationality(or Area) |  | | | 出生地  Birth Place | |  | | |
| 血型  Blood Type |  | | |  | |  | | |
| **以下内容由申请人自行填写The following is up to the applicant to fill in.** | | | | | | | | | |
| I. 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 | 菌痢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 | 产褥期链球菌感染 | | 🞏 No 🞏 Yes | | 回归热Relapsing fever | 🞏 No 🞏 Yes | Puerperal streptococcus infection | |  | | 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 | | | | | | | | | | | |
| II. 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 security?  (Each item must be answered “Yes” or “No”)   |  |  |  |  | | --- | --- | --- | --- | | 毒物瘾Toxicomania | 🞏 No 🞏 Yes | 精神病Mental confusion | 🞏 No 🞏 Yes | | | | | | | | | | |
| III. 是否有其他需要说明的特殊情况（如视力、听力、手术史）  Are there other special circumstances to be n otified (e.g. vision, hearing, surgical history)  请说明Please note：🞏 No 🞏 Yes | | | | | | | | | |
| **以下内容由医疗机构专业人士填写The following is completed by medical professionals.** | | | | | | | | | |
| 身高厘米  Height CM | | | 体重公斤  Weight Kg | | | | 血压毫米汞柱  Blood pressure mmHg | | |
| 视力左L  Vision右R | | | 辨色力  Color Sense | | | | 发育情况  Development | | |
| 心  Heart | | | 肺  Lungs | | | | 腹部（含肝脾触诊）  Abdomen(including palpation on liver and spleen) | | |
| 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  ECC | | |  | |
| 化验室检查（必须包括血常规、尿常规、空腹血糖、肝肾功能、艾滋病、梅毒等血清学检查）  Laboratory exam(has to be including Must include blood routine, urine routine, fasting blood sugar, liver and kidney function, AIDS, syphilis and other serological examination) | |  | | | | | | | |
| 未发现患有下列建议传染病和危害公共健康的疾病：  None of the following diseases of disorders found during the present examination.   |  |  | | --- | --- | | 梅毒 Syphilis | 艾滋病 AIDS | | 肺结核Lung tuberculosis | 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 | | | | |

2019年9月