U.S. Department of State
美国国务院

MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET
医学病史和身体检查表

For use with DS 2053　与 DS-2053 表一同使用

OMB NO. 1405-0113
EXPIRATION DATE: 01/31/2004
有效截止时间:2004 年 1 月 31 日
ESTIMATED BURDEN: 35 MINUTES
完成表格估计耗时:35 分钟
(See Page 2-Back of Form)
(见第二页)

Name(*Last*, *First*, *MI*) 姓名*(姓名)*		Exam Date(*mm-dd-yyyy*) 检查日期*(月-日-年)*
Birth Date(*mm-dd-yyyy*) 出生日期*(月-日-年)*	Passport Number 护照号码	Alien(*Case*)Number 档案号码

1. Past Medical History (*indicate conditions requiring medication or other treatment after resettlement and give details in Remarks*)
过去病史　*(若有移民后需要医药或其他治疗的病症存在应标明并在备注栏内给出详细资料)*

Note: The following information has been self-reported, has not been verified by a physician, and should not be deemed medically definitive.
注:以下资料由申请人自述,为非医生认证的事实,不应做为医学结论。

No 否　Yes 是

General
一般情况

☐ ☐ Illness or injury requiring hospitalization (*including psychiatric*)
需要住院的疾病或外伤(*含精神疾病*)

Cardiology
心脏疾病

☐ ☐ Angina pectoris
心绞痛

☐ ☐ Hypertension(*High blood pressure*)
高血压

☐ ☐ Cardiac arrhythmia
心律不齐

☐ ☐ Congenital heart disease
先天性心脏病

Pulmonology
肺部疾病

☐ ☐ History of tobacco use
吸烟史
Current use ☐Yes ☐No
现仍吸烟　是　否

☐ ☐ Asthma
哮喘

☐ ☐ Chronic obstructive pulmonary disease (*emphysema*)
慢性阻塞性肺部疾病*(肺气肿)*

☐ ☐ History of tuberculosis (TB) disease
结核病史
Treated ☐Yes ☐No
治疗过　是　否
Current TB symptoms ☐Yes ☐No
目前有结核症状　是　否

Neurology and Psychiatry
神经和精神疾病

☐ ☐ History of stroke, with current impairment
中风史,现有后遗症

☐ ☐ Seizure disorder
癫痫

☐ ☐ Major impairement in learning, intelligence, self care, memory, or communication
主要缺陷在学习,智力,自理能力,记忆,社交方面

☐ ☐ Major mental disorder(*including major depression*, *bipolar disorder*, *schizophrenia*, *mental retardation*)
主要精神障碍*(抑郁症,燥狂与抑郁交替,精神分裂,智力缺陷)*

☐ ☐ Use of drugs other than those required for medical reasons
非医嘱自行使用药物

☐ ☐ Addiction or abuse of specific * substance (*drug*)
滥用特殊物品 * *(药物)*
* amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics
* 安非它明,大麻,可卡因,致幻剂,吸入剂,鸦片类,循环苯吡啶,镇静-催眠药和抗焦虑药

☐ ☐ Other substance-related disorders (*including alcohol addiction or abuse*)
其他物品 所致异常*(包括:酗酒或酒精依赖)*

☐ ☐ Ever taken action to end your life
曾经有自杀行为

No 否　Yes 是

☐ ☐ Ever caused SERIOUS injury to others, caused MAJOR property damage or had trouble with the law because of medical condition mental disorder, or influence of alcohol or drugs
因患病,精神障碍,酒精或药物等因素影响,曾致他人重伤,造成严重财产损失或触犯法律

Obstetrics and Sexually Transmitted Diseases
产科状况及性病

☐ ☐ Pregnancy　Fundal height
妊娠　宫底高度 ____________ cm
Last menstrual period Date(*mm-dd-yyyy*)
最后一次月经期*(月-日-年)* ______________

☐ ☐ Sexually transmitted diseases, specify
性传播疾病,详细说明 ______________
____

Endocrinology and Hematology
内分泌疾病和血液系统疾病

☐ ☐ Diabetes mellitus
糖尿病

☐ ☐ Thyroid disease
甲状腺疾病

☐ ☐ History of malaria
疟疾病史

Other
其他

☐ ☐ Malignancy, specify
恶性病,详细说明______________

☐ ☐ Chronic renal disease
慢性肾脏疾病

☐ ☐ Chronic hepatitis or other chronic liver disease
慢性肝炎或其他慢性肝病

☐ ☐ Hansen's Disease
麻风病
☐Tuberculoid　☐ Borderline　☐Lepromatous
结核样型　中间界线类　瘤型
OR ☐ Paucibacillary　☐ Multibacillary
或　排菌量少　多种杆菌感染
Treated ☐Yes ☐No
曾治疗　是　否

☐ ☐ Visible disabilities(*including loss of arms or legs*),
可见残障*(包括上肢或下肢缺失)*
Specify
详细说明______________
____
____

☐ ☐ Other requiring treatment, specify
其他需要治疗的状况,详细说明______________
____
____

2. Physical Examination(*indicate findings and give details in Remarks*)
身体检查 *(注明体检所见并于备注栏内写出详情)*

☐No ☐Yes Applicant appears to be providing unreliable or false information, specify
否 是 申请人的临床表现与其所提供的资料不吻合或其所提供的资料有误,详细说明

Height 身高 ______ cm Weight 体重 ________ kg Visual Acuity at 20 feet: 20英尺处视力: Uncorrected 裸眼视 L 20/ 左 20/________ R 20/ 右 20/________

BP 血压____ /______ (mmHg) 毫米汞柱 Heart rate 心率 ______/min /分 Respiratory rate 呼吸率 ______/min /分 Corrected 矫正视 L 20/ 左 20/________ R 20/ 右 20/________

***N, normal; A, abnormal; ND, not done**
正常 不正常; 未做

N*	A*	ND*	
☐	☐	☐	General appearance and nutritional status 外观特征及营养状况
☐	☐	☐	Hearing and ears 听力及双耳
☐	☐	☐	Eyes 双眼
☐	☐	☐	Nose, mouth, and throat(*include dental*) 鼻、口腔和咽喉*(包括牙齿)*
☐	☐	☐	Heart (*S1, S2, murmur, rub*) 心脏*(第1心音,第2心音,杂音,摩擦音)*
☐	☐	☐	Breast 乳腺
☐	☐	☐	Lungs 肺
☐	☐	☐	Abdomen (*including liver, spleen*) 腹部*(包括肝、脾)*
☐	☐	☐	Genitalia (*including circumcision, infection(s)*) 生殖器*(包括包皮或阴蒂环切术,传染病)*
☐	☐	☐	Inguinal region (*including adenopathy*) 腹股沟区*(含腺体病变情况)*
☐	☐	☐	Extremeities(*including pulses, edema*) 肢体*(含脉搏和水肿情况)*
☐	☐	☐	Musculoskeletal system(*including gait*) 肌肉骨骼系统*(含步态)*
☐	☐	☐	Skin (*including hypopigmentatin, anesthesia, findings consistent with self-inflicted injury or injestions*) 皮肤(含色素沉着不足,感觉缺失,自伤或自行注射痕迹)
☐	☐	☐	Lymph nodes 淋巴结
☐	☐	☐	Nervous system (*including nerve enlargement*) 神经系统*(含神经束肿大表现)*
☐	☐	☐	Mental status (*including mood, intelligence, perception, thought processes, and behavior during examination*) 精神状况*(含检查中的情绪,智力,感知力,思维逻辑和行为)*

3. Additional Testing Needed Prior to Approving Medical Clearance
出国前需要加做检查以便确诊

No 否	Yes 是	
☐	☐	Physical examination or laboratory results contradict medical history 体检或实验室检测结果与病史矛盾
☐	☐	Referral prior to departure if yes, provide results 如果在出国前接受了会诊,结论是: ________
☐	☐	Referral prior to departure if yes, provide results 如果在出国前接受了会诊,结论是: ________

4. Follow-up Needed After Arrival
到美国后需要随访

☐ No 否 ☐ Yes, within 1 week 是, 1周内 ☐ Yes, within 1 month 是, 1个月内 ☐ Yes, within 6 months 是, 6个月内

☐ For continuing medication, list type, dose, and frequency
需继续药物治疗,列出药物的类别、剂量和服用次数________

☐ For continuing other treatment, specify ________
需其他治疗,详细说明

5. Remarks (*describe any abnormal history, abnormal findings, and resulting interventions*)
备注 *(描述过去病史,体检中异常发现和结论)*

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES
文字报告缩减法和个人隐私法之相关通告

Public reporting burden for this collection of information is estimated to average. 35 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR) Washington, DC 20520 - 1849.

针对表中的要求对资料进行搜集并根据所得资料完成此表,估计每份平均需要 35 分钟。若持表人所提交的表上无美国预算和管理局给予的号码,这类人无需向您提供表中的相关信息。若您对于完成表格所需时间的估计和表格内容的精简有更好的建议,可告知:华盛顿特区的国务院所属机构(A/RPS/DIR),邮编:20520-1849

We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the INS for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).

我们要求移民签证申请人或难民提供表中所罗列的内容,以便于我们确定申请人是否符合移民法第 212(a)221(d)或 412(b)(4)和(5)条中的医学要求。如果移民签证或难民身份获得批准,这份表格将提交到移民局从而将你的情况向疾病控制中心各卫生部通报,若不按照要求提供个人资料,你的申请程序将被延迟。若移民签证或难民身份未获批准,你的表格将依照移民法第 222(f)条的要求作为密件处理。