**[结核诊断书样本]**

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| 结核诊断书  **Certificate of TB Test** | | 照片  (Photo)  3㎝×4㎝  ※钢印或骑缝章 |
| 姓名(Name) | 性别(Sex)  □ M(男) □ F(女) |
| 出生日期(Date of Birth) | 电话号码(Phone Number) |
| 护照号码(Passport Number) | 地址(Address) | |

检 查 内 容

**Physical examination and Chest X-ray**

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| 胸部X射线检查日(Date of Chest X-ray) / /  **I. 结果(1) (Result):**   1. 非特异所见(Non-specific) □ 2. 非活动性结核(Inactive TB) □ 3. 活动性结核 (Active TB) □   → 3-1. 传染性(Infective) □, 非传染性(Non-infective) □  → 3-2. 感受性结核(Drug-sensitive TB) □, 多剂耐性结核(MDR TB)  **II. 治疗结果(2) (Treatment Outcomes) - For person who has TB history**   1. 治疗中(Under treatment) □, 2. 完治(Cured) □ 3. 完了(Completed Treatment) □ 4. 治疗失败 (Failed) □ 5. 治疗漏落 (Defaulted) □ |

对上述项目进行了检查。

The examination was performed as above

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| **执照号码(License No.): / 医生姓名(Name of Physician): (签章)** |

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| 检 查 结 果  (Summary of the examination) |  |
| 对受检者停留的意见  (Remarks about examinee’s domestic stay) |  |
| 仔细检查的必要性  (Additional close examination) | \* 若必要时补充医生的意见书  (Attach doctor's opinion letter, if needed) |

以上是对受检者健康状态的结果与评估。

We hereby certify that the examinee's heath status is assessed as above.

**dd.mm.yyyy.**

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| **○○○○医院院长 (印章)**  **( ○○○○ Chief of Hospital) (signature)** |