**[结核诊断书样本]**

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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

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

|  |  |
| --- | --- |
| 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.**

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