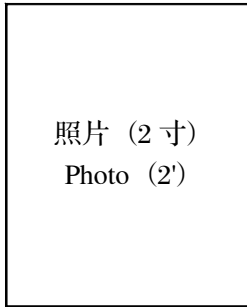


健康检查申请表

HEALTH EXAMINATION APPLICATION FORM

此页内容由申请人填写 / This page is completed by applicant

姓 / Surname	名 / Given name	性别 / Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
出生日期 / Date of birth □□□□年 YYY Y □□月 MM □□日 DD	婚姻史 / Are you married? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 无 No	
国籍 / Nationality	证件号码 / Passport or ID No.	
出生地 / Birth place	职业 / Occupation	
公司 / 学校 / 其它 Company/School/Others		



通讯地址 (中国) / Mailing address (China) 电话号码 (中国) / Telephone number(China)

- | | |
|--|--|
| <input type="checkbox"/> 定居 / Immigrant | <input type="checkbox"/> 公务人员 / Officer |
| <input type="checkbox"/> 商务 / Businessman | <input type="checkbox"/> 留学人员 / Student |
| <input type="checkbox"/> 交通员工 / Means of transport staff | <input type="checkbox"/> 涉外婚姻 / Transnational Marriage |
| <input type="checkbox"/> 旅游探亲 / Traveler & Visitor | <input type="checkbox"/> 从业人员 (食品和饮用水) / Food & drinking water handler |
| <input type="checkbox"/> 归国人员 / Chinese back to China | <input type="checkbox"/> 劳务人员 / Employee |

停留时间 (月)
Duration of stay(months)

前往国家和地区
Departure to

来自国家和地区
Arrival from

个人史 / Personal History [以打 "√" 选择 / To be completed with "√"]

	有 / Yes	无 / No		有 / Yes	无 / No
艾滋病 / HIV 感染 / AIDS/HIV			回归热 / Relapsing fever		
性病 / STDS			肝炎 / Hepatitis		
结核 / Tuberculosis			癫痫 / Epilepsia		
麻风病 / Leprosy			肾脏疾病 / Kidney disease		
精神病 / Mental disease			心脏病 / Cardiac disease		
鼠疫 / Plague			药瘾史 / Narcotic taking		
霍乱 / Cholera			吸毒 / Drug addiction		
黄热病 / Yellow fever			药物 / 食物过敏 / Drug/food allergy		
流感 (周内) / Influenza (in past 1 week)			妊娠 (现在) / Pregnancy (Present)		
疟疾 / Malaria			手术史 / Operation		
脊髓灰质炎 / Polio					
伤寒 / Typhoid			其它 / Others		

如果选择“异常”，请详细说明 / If yes, describe in detail.

本人申明以上提供的资料真实准确。如有不实填报，本人愿意承担由此引起的一切后果及法律责任。

I declare that the information I have provided above is true and correct. I understand incorrect or answer to any questions may have serious consequences.

申请人签名
Signature of applicant

申请日期
Application date

健康检查申请表

HEALTH EXAMINATION APPLICATION FORM

须知 / Notice

请仔细阅读以下内容，以便明确自己是否属于法定健康检查对象范围内。凡属于法定健康检查对象，需认真填写申请表，接受检验检疫机构的健康检查；

根据《中华人民共和国国境卫生检疫法》及其实施细则、《外国人入境出境管理法实施细则》以及卫生部、公安部《关于中国公民出入境提交健康证明的通知》和《关于来华外国人提供健康证明问题的若干规定》等规定，申请来华定居，或任职、就业、学习在华居留一年或一年以上的外国人属于法定健康检查对象；经批准出国劳务、留学、探亲、定居及其他出境一年以上的中国公民或在境外居住三个月以上回国的中国公民为法定的健康检查对象；国际通行交通工具上的中国籍员工以及在出入境口岸和出入境交通工具上从事食品和饮用水的从业人员为法定的健康检查对象。

Please read the following paragraph carefully to make clear whether you are required to receive health examination according to relevant laws and rules. But if you need examination voluntarily for travel, you should fill in the application form and then receive the health examination by the entry-exit inspection and quarantine organizations of P.R.C.

According to <The Frontier Health And Quarantine Law Of P.R.C.>, <Specific Rules For Enforcing The Frontier Health And Quarantine Law Of P.R.C.>, <Specific Rules For Enforcing Law Of The People's Republic Of China On Control Of The Entry And Exit Of Aliens> and <Notice For Persons Of Chinese Nationality To Submit Health Certificates>,<Rules For Foreigners Entering China To Submit Health Certificates>issued by the Ministry of Health and the Ministry of Public Security of China, any foreigner applying to settle down, work or study in China for one or more than one year is required to receive health examination, any person of Chinese nationality approved to work in, study in, visit or immigrate into or live in another country for more than three months is required to receive health examination, any crew member of Chinese nationality on the means of transport for international voyage or any food or drinking water handler at a frontier port or on any inbound or outbound means of transport is required to receive health examination.

体检项目 Items	体检内容 Content				医生签字 signature
内科 Medicine	血压 BP	mmHg	脉搏 Pulse rate	Times/min	
	体温 Temperature	℃	其他 Else		
外科 Surgery	身高 Height	cm	体重 Weight	Kg	
	一般状况及其他 General condition				
五官科 E.E.N.T	视力 Vision	裸眼: 左 Innc. Left	右 Right	辨色力 Color Sense	
		矫正: 左 Corr. Left	右 Right	听力 Hearing	
	其他 Else				
心电图 ECG					
腹部超声 Abdomen					
胸部 X 线 Chest X-ray					
特殊项目 Excerptinal items					
实验室检查 Laboratory Tests	血免疫 Immunity				
	HBV、HCV、HIV、Syphilis Serology (Trust)				
	血生化 Biochemistry				
	ALT、AST、TP、ALB、GLU、URE、CREA、CHOL2、TG、UA				
	血常规 Blood Routine				
	WBC、NEUT%、NEUT、LYM%、MONO、MONO%、RBC、HGB、HCT、MCV、MCH、MCHC、RDW-CV、PLT、MPV、PDW、P-LCR、Blood Type				
	尿常规 Urine routine				
SG、PH、GLU、PRO、BLO、WBC、NIT、URO、BIT、KET					