

Resume

Basic situation						
Surname		Gander		Photo		
name						
Country		Date of birday				
Telephone No:		Passport No:				
Contact address						
E-mail						
Wechat ID						
Family members						
Name	Relationship with the student	age	Phone number	email	occupation	Place of work
Education background (From high school)						
From - to	School	Major	Note			

附件 6

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day - Month - Year		照 片 (加盖检查 单位印章) Photo (stamped Official stamp)																												
现在通信地址 Present mailing address					血型 Blood type																													
国籍或地区 Nationality (or Area)		出生地址 Birth Place																																
<p>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”)</p> <table border="0"> <tr> <td>斑疹伤寒 Typhus fever</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> <td>菌 痢 Bacillary dysentery</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> <tr> <td>白 喉 Diphtheria</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> <tr> <td>猩 红 热 Scarlet fever</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> <td>产褥期链球 Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热 Relapsing fever</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> <td>菌 感 染</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> </table>							斑疹伤寒 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	小儿麻痹症 Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	白 喉 Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	猩 红 热 Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球 Puerperal streptococcus infection		回 归 热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染	<input type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒 Typhoid and paratyphoid fever	<input type="checkbox"/> No <input type="checkbox"/> Yes			流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes		
斑疹伤寒 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes																															
小儿麻痹症 Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes																															
白 喉 Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes																															
猩 红 热 Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球 Puerperal streptococcus infection																																
回 归 热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染	<input type="checkbox"/> No <input type="checkbox"/> Yes																															
伤寒和付伤寒 Typhoid and paratyphoid fever	<input type="checkbox"/> No <input type="checkbox"/> Yes																																	
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes																																	
<p>是否患有下列危机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” of “No”)</p> <table border="0"> <tr> <td>毒物瘾 Toxicomania</td> <td>.....</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> <tr> <td>精神错乱 Metal confusion</td> <td>.....</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> <tr> <td>精神病 Psychosis: 躁狂型 Manic Psychosis</td> <td>.....</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> <tr> <td>妄想型 Paranoid psychosis</td> <td>.....</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> <tr> <td>幻想型 Hallucinatory psychosis</td> <td>.....</td> <td><input type="checkbox"/>No<input type="checkbox"/>Yes</td> </tr> </table>							毒物瘾 Toxicomania	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神错乱 Metal confusion	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神病 Psychosis: 躁狂型 Manic Psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	妄想型 Paranoid psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	幻想型 Hallucinatory psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes													
毒物瘾 Toxicomania	<input type="checkbox"/> No <input type="checkbox"/> Yes																																
精神错乱 Metal confusion	<input type="checkbox"/> No <input type="checkbox"/> Yes																																
精神病 Psychosis: 躁狂型 Manic Psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes																																
妄想型 Paranoid psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes																																
幻想型 Hallucinatory psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes																																
身高 Height	厘米 CM	体重 Weight	公斤 kg	血压 Blood pressure	毫米汞柱 mmHg																													
发育情况 Development		营养情况 Nourishment		颈部 Neck																														
视力 Vision	左 L _____ 右 R _____	矫正视力 Corrected vision	左 L _____ 右 R _____	眼 Eyes																														
辨色力 Colour senses		皮肤 Skin		淋巴结 Lymph nodes																														
耳 Ears		鼻 Nose		扁桃体 Tonsils																														
心 Heart		肺 Lungs		腹部 Abdomen																														

脊 柱 Spine		四 肢 Extremities		神经系统 Nervous system									
其它所见 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 ECG										
化实验室检查 (包括艾滋病、梅毒等血清学检查) Laboratory exam (Attached test report of AIDS, Syphilis etc)													
<p>未发现患有下列检疫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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">霍 乱 Cholera</td> <td style="width: 50%;">性 病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>肺结核 Lung tuberculosis</td> </tr> <tr> <td>鼠 疫 Plague</td> <td>艾滋病 AIDS</td> </tr> <tr> <td>麻 风 Leprosy</td> <td>精神病 Psychosis</td> </tr> </table>						霍 乱 Cholera	性 病 Venereal Disease	黄热病 Yellow fever	肺结核 Lung tuberculosis	鼠 疫 Plague	艾滋病 AIDS	麻 风 Leprosy	精神病 Psychosis
霍 乱 Cholera	性 病 Venereal Disease												
黄热病 Yellow fever	肺结核 Lung tuberculosis												
鼠 疫 Plague	艾滋病 AIDS												
麻 风 Leprosy	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												

The foreigners are supposed to take the physical examination before leaving in a national or regional public hospital and get report of all the items listed in the form with the signature of the doctor and the stamp of the hospital. If the check is done in a private hospital or clinic, the report should be notarized by a public notary. **The form submitted should be the original copy with the photo of the examinee and supporting documentations such as laboratory report sheets, X-ray films and necessary testing reports.**

The Administration of Quality supervision, Inspection and Quarantine will double check the submitted form and attached documentations upon their arrival and decide whether it's acceptable or they should take additional or another physical examination. If additional check or re-check is required, the student should follow the requirement and pay for their own. The double check fee is RMB 60.00 yuan which should be covered by the students themselves.