MEDICAL CHECK PACKET

REMEMBER: WHEN IN DOUBT, PAPER CLIPS INSTEAD OF STAPLES!

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AFTER YOU RECEIVE YOUR REPORT:

Retain and keep with your other application materials.

Do not mail unless otherwise instructed.

APPLICANT INSTRUCTIONS

Term on Form	What It Means	Example
Name	Full name (same as passport)	Doe, John Dillard
Sex		Male
Birthday	Date of birth	1970-01-20
Present mailing address		123 Main St., Nowhere, TX 11223
Nationality (or Area)	Nationality	USA
Birth place	State of birth	Texas, USA
Blood type	Ask doctor if you don't know	O+
Typhus fever	Typhus	No
Poliomyelitis	Polio	No
Diphtheria		No
Scarlet fever		No
Relapsing fever	Tick-borne relapsing fever	No
Bacillary dysentery	Dysentery	No
Brucellosis		No
Viral hepatitis		No
Puerperal streptococcus infection	Streptococcus infection in female reproductive system after giving birth	No
Typhoid and paratyphoid fever		No
Epidemic cerebrospinal meningitis		No
Toxicomania	Drug addiction / alcoholism	No
Mental confusion	Intellectually disability (amentia / retardation)	No
Manic paychosis	Manic psychosis	No
Paranoid psychosis		No
Hallucinatory	Hallucinatory psychosis	No

PHYSICIAN INSTRUCTIONS

Term on Form	What It Means	Example
Height	Metric system	180.0 cm
Weight	Metric system	68.3 kg
Blood pressure		120 / 80 mmHg
Development		NORMAL
Nourishment		NORMAL
Neck		NORMAL
Vision	Decimal system	L 0.04 R 0.032
Corrected vision	Decimal system, if applicable	L 1.0 R 1.0
Eyes		NORMAL

Colour sense		ABNORMAL – Red green color blind
Skin		NORMAL
Lymph nodes		NORMAL
Ears		NORMAL
Nose		NORMAL
Tonsils		NORMAL
Heart		NORMAL
Lungs		NORMAL
Abdomen		NORMAL
Spine		NORMAL
Extremities		NORMAL
Nervous system		NORMAL
Other abnormal findings		NONE
Chest X-ray exam (attached chest X-ray report)	Chest X-ray results (Please attach X-ray images to this report)	SEE ATTACHED
ECC	Please attach ECC results to this report.	SEE ATTACHED
Laboratory exam (attached test report of AIDS, Syphilis etc)	Lab results (Please attach blood tests for AIDS, syphilis, etc.)	SEE ATTACHED
None of the following diseases of disorders found during the present examination	Leave blank if there are no issues. If the patient tests positive, circle applicable ailment and don't sign form.	
Suggestion		NONE
Official Stamp	Government dealings in China revolve around stamps. If you don't stamp the report, it's not valid!	
Signature of physician		Physician McDoctorson
Date	YYYY-MM-DD	2020-01-18

外 国 人 体 格 检 查 表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	☐ 男 Male ☐ 女 Female	出生日期 Birthday		照片 (加盖检查单位印章) Photo (Stamped Official Stamp)
现在通讯地址 Present mailing address						
国籍或地区 Nationality (or Area)		出生地 Birth place		血型 Blood type		

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”)

班疹 伤寒	Typhus fever	☐No ☐Yes	菌 痢	Bacillary dysentery	☐No ☐Yes
小儿麻痹症	Poliomyelitis	☐No ☐Yes	布氏杆菌病	Brucellosis	☐No ☐Yes
白 喉	Diphtheria	☐No ☐Yes	病毒性肝炎	Viral hepatitis	☐No ☐Yes
猩 红 热	Scarlet fever	☐No ☐Yes	产褥期链球	Puerperal streptococcus infection	
回 归 热	Relapsing fever	☐No ☐Yes	菌 感 染		☐No ☐Yes

伤寒和付伤寒 Typhoid and paratyphoid fever ☐No ☐Yes

流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis ☐No ☐Yes

是否患有下列危及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” or “No”)

毒物瘾 Toxicomania……☐No ☐Yes

精神错乱 Mental confusion……☐No ☐Yes

精神病 Psychosis：躁狂型 Manic paychosis……☐No ☐Yes

妄想型 Paranoid psychosis……☐No ☐Yes

幻觉型 Hallucinatory……☐No ☐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 sense	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	

其他所见 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 ECC	

化验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)	

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.

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