



FOUR-WEEKS FREE CULTURAL EXPLORATION CAMP IN CHINA

REGISTRATION FORM

Enter Registration Fee of **PKR.2500**/ Transaction ID/Challan No \_\_\_\_\_  
(Attach Original Deposit Slip)



FIRST NAME .....

LAST NAME: .....

GUARDIAN NAME.....

PASSPORT NUMBER.....

GENDER.....

DATE OF BIRTH.....

INSTITUTE (where studying).....

SEMESTER/YEAR.....

CONTACT NUMBER.....

PERSON NAME AND CONTACT NUMBER TO BE CONTACTED IN CASE OF EMERGENCY

.....

EMAIL.....

SPONCERSHIP (IF ANY).....

OTHER INFORMATION (IF ANY).....

.....

.....

I,..... S/D/O ..... solemnly affirm that all information provided here in this application form is correct. If any information contained herein is found to be incorrect, I shall be liable to any disciplinary action at any stage. I also affirm that, I have read and shall abide all the instructions provided.

Signature of Candidate: .....

Date: .....

**FOR OFFICIAL USE ONLY**

REMARKS.....

.....

.....

VERIFIED BY

.....

# 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 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																																												
<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>班疹 伤寒</td> <td>Typhus fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌 痢</td> <td>Bacillary dysentery</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>白 喉</td> <td>Diphtheria</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>猩 红 热</td> <td>Scarlet fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>产褥期链球</td> <td>Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热</td> <td>Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌 感 染</td> <td></td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td>Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td>Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> </table>							班疹 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			
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<p>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”)</p> <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神病 Psychosis: 躁狂型</td> <td>Manic psychosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td></td> <td>妄想型 Paranoid psychosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td></td> <td>幻觉型 Hallucinatory</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	Mental 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		幻觉型 Hallucinatory	<input type="checkbox"/> No <input type="checkbox"/> Yes																											
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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 左 L_____		矫正视力 左 L_____		眼 Eyes																																												
Vision 右 R_____		Corrected vision 右 R_____																																														
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)																					
<div>未发现患有下列检疫传染病和危害公共健康的疾病:</div> <div>None of the following diseases of disorders found during the present examination.</div> <table><tr><td>霍乱</td><td>Cholera</td><td>性病</td><td>Venereal Disease</td></tr><tr><td>黄热病</td><td>Yellow fever</td><td>肺结核</td><td>Lung tuberculosis</td></tr><tr><td>鼠疫</td><td>Plague</td><td>艾滋病</td><td>AIDS</td></tr><tr><td>麻风</td><td>Leprosy</td><td>精神病</td><td>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
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意    见 Suggestion			检查单位盖章 Official Stamp																		
医师签字 Signature of physician			日期 Date																		