PHSYSICAL EXAMINATION RECORD FOR FOREIGNER

Name		Sex	□ Male □ Female	Birth Day-Month-Year	Photo
Present Mailing address				Blood Type	
Nationality		Birth Place			

Havc your ever had any of the following diseases?

(Each item must be answered “Yes”or“NO”)

Typhus fever □NO □Yes　　Bacillary dysentery □NO □Yes

Poliomyelitis □NO □Yes　　Brucellosis □NO □Yes

Diphtheria □NO □Yes　　Viral hepatitis □NO □Yes

Scarlet fever □NO □Yes　　Puerperal streptococcus infection □NO □Yes

Relapsing fever □NO □Yes

Typhoid and paratyphoid fever □No □Yes

Epidemic cerebrospinal meningitis □NO □Yes

Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes ”or “No”)

Toxicomania …… □No□Yes

Mental confusion …… □No□Yes

Psychosis: Manic psychosis …… □No□Yes

Paranoid psychosis …… □No□Yes

Hallucinatory psychosis …… □No□Yes

Height cm	Weight kg	Blood pressure mmHg
Development	Nourishment	Neck
Vision L R	Corrected vision L R	Eyes
Colour sense	Skin	Lymph nodes
Ears	Nose	Tonsils
Heart	Lungs	Abdomen

Spine	Extremities	Nervous system
Other abnormal findings		

Chest X-ray exam.		ECG	
Laboratory Exam. (HIV, Syphilis, Serodiagnosis)			

None of the following diseases or disorders found during the present examination.

□ Cholera	□ Venereal Disease
□ Yellow fever	□ Opening lung tuberculosis
□ Plague	□ AIDS
□ Leprosy	□ Psychosis

Suggestion

Signature of Physician Date:

Official Stamp