**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 | | |

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| --- | --- | --- | --- | --- | --- |
| 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 | | | | | |