

体检单号 :19102509003

地点 :金桥路2090号(外)

体检日期 :25日10月2019年 09:00

Add : 2090 Jinqiao Rd., Pudong New Area

健康检查申请表

BJZ4-046

HEALTH EXAMINATION APPLICATION FORM

[此页由申请人填写/This page is completed by an applicant.]

姓名/Name

Samaneh Saraeian

性别/Sex

☐ 男 Male ☒ 女 Female

出生日期/Date of birth

04 日 DD 04 月 MM 1986 年 YYYY

国籍/Nationality

伊朗

证件号码/Passport or ID No.

H46083645

职务/Occupation

电话号码[中国]/Telephone number in China

13651848591

公司/学校/其它 Company/School/Others

照片(2吋)
Photo(2")

通讯地址[中国]/Mailing address in China

vahidzrad@sjtu.edu.cn

前往国家或地区/Destination Country or region

中国

来自国家和地区 Arrival from country or region

伊朗

是否已取得签证/ Have you got visa already?

☐ 否/No ☐ 是/Yes

停留时间/ Duration of stay

☐ 1年以下/under one year ☐ 1年/one year ☐ 1年以上/over one year

入境人员类型/Purpose of Application

☐ 定居/Settle down ☐ 劳务/Work ☐ 留学/Study ☐ 家属/Family members

是否首次入境/Is this your first time to enter China?

☐ 是/Yes ☐ 否/No

个人史 / Personal History [以打"√"选择/To be completed with "√"]

	有/Yes	无/No		有/Yes	无/No
艾滋病/HIV感染/AIDS/HIV			哮喘/Asthma		
性病/STDs			糖尿病/Diabetes		
结核病/Tuberculosis			癫痫/Epilepsia		
麻风病/Leprosy			肾脏疾病/Kidney disease		
精神病/Mental disease			心脏病/Cardiac disease		
鼠疫/Plague			高血压/Hypertension		
霍乱/Cholera			腹泻(1周内)/Diarrhea(in past 1 week)		
黄热病/Yellow fever			药瘾史/Narcotic taking		
流感(1周内)/Influenza(in past 1 week)			吸毒/Drug addiction		
疟疾/Malaria			药物/食物过敏/Drug/food allergy		
脊髓灰质炎/Polio			妊娠(现在)/Pregnancy(present)		
伤寒/Typhoid			手术史/Operation		
回归热/Relapsing fever			住院史/Hospitalization		
肝炎/Hepatitis			其它/Others		

如果选择“有”，请详细说明/If yes, describe in detail.

请选择取证方式/How will you collect your medical record? Please check with "√"

☐ 本人取证
By myself.

☐ 快递
By express delivery.

本人申明以上提供的资料都是真实的。

I declare that the information I have provided above are true and to the best of my knowledge and belief.

申请人签名
Signature of applicant

日期
Date

健康检查申请表

HEALTH EXAMINATION APPLICATION FORM

[此页由工作人员填写/This page is completed by staffs.]

人员类型/Purpose of Application				
团体	体检	美国移民	国外体检表	加急
个人	验证/换证	留学生	国外接种表	拍照
	接种	其它	健康记录表	快递

☐ 移民/定居
 ☐ 公务人员
 ☐ 劳务人员
 ☐ 留学人员
 ☐ 交通员工
 ☐ 涉外婚姻
 ☐ 旅游探亲
 ☐ 商务人员
 ☐ 社会人群
 ☐ 其它
 ☐ 领养儿童

体检项目/Items

☐ 内科
Medicine Check

体重/Weight
身高/Height
体温/Temperature

☐ 外科
Surgery Check

☐ 五官科
E.E.N.T.

☐ 心电图
E.K.G.

☐ 超声
Ultrasound

☐ 采样
Sampling

☐ 血液 Blood
 ☐ 尿液 Urine
 ☐ 粪便 Stool
 ☐ 痰 Sputum
 ☐ 其它 Others

☐ 放射线
Radiology

☐ 妇科
Gynecology

☐ 其它
Others



知情同意书

BJZ4 047

申请人姓名

证件号码

Samaneh Sari

H46083645

根据《中华人民共和国国境卫生检疫法》及其实施细则、《外国人入境出境管理法实施细则》以及卫生部、公安部相关文件的规定，申请来华定居，或任职、就业、学习在华居留一年或一年以上的外国人（包括港澳台居民和海外定居的中国公民）属于法定健康检查对象；经批准出国劳务、留学、探亲、定居及其他出境一年以上的中国公民为法定的健康检查对象；国际通行交通工具上的中国籍员工为法定的健康检查对象。

您在本中心接受体检的项目包括：临床检查（含内外科、五官科、放射科、心电图、超声等）、体液检查（含乙型肝炎表面抗原、丙型肝炎抗体、人免疫缺陷病毒抗体、梅毒螺旋抗体特异抗体、其他由质检总局、卫生行政部门根据疫情变化所要求的检测项目等）。

体检结果涉及个人隐私，在收到体检报告后，请务必亲启并妥善保管。

本人已阅读以上内容，接受上述体检项目，并支付相关费用，同时申请健康检查证明。

申请人签名：

日期：



Consent Form

BJZ4 047

Applicant's Full Name

Passport or ID No.

Samaneh Sar:

H46083645

According to <The Frontier Health And Quarantine Law Of P.R.C.>, <Specific Rules For Enforcing The Frontier Health And Quarantine Law Of P.R.C.>, <Specific Rules For Enforcing Law Of The People's Republic Of China On Control Of The Entry And Exit Of Aliens> and related documents issued by the Ministry of Health and the Ministry of Public Security of China, any foreigners (Including Hong Kong and Macao residents, Chinese citizens from Taiwan Province, Chinese mainland citizens settling overseas) applying to settle down, work or study in China for one or more than one year are required to receive health examination, any Chinese citizens approved to work in, study in, visit or immigrate into another country for more than one year are required to receive health examination.

You are supposed to receive physical examinations, including clinical examination (exams in medicine and surgery, ENT, X-ray, EKG and ultrasound) and blood tests (HBsAg, anti-HCV, anti-HIV and treponemal specific antibody, any others tests according to outbreak of infectious diseases requested by General Administration of Quality supervision, Inspection and Quarantine and the Health Ministry of China etc.) or urine tests.

Citing privacy and confidential information, please unseal the report **in person and keep it properly** when you receive the health report.

I have read and understood the above statement. I hereby consent to undergo the health examination and will pay the cost. Meanwhile, I apply for the certificate of health examination.

Signature:

Date: