



# 健康检查申请表

## HEALTH EXAMINATION APPLICATION FORM

请不要填写此栏/Do not write or mark in this space	团体	体检	美国移民	国外体检表	加急	人员类型/Purpose of Application							
	个人	验证/换证	留学生	国外接种表	拍照	<input type="checkbox"/> 出国定居	<input type="checkbox"/> 公务人员	<input type="checkbox"/> 劳务人员	<input type="checkbox"/> 留学人员	<input type="checkbox"/> 交通员工			
		接种	其它	健康记录表	快递	<input type="checkbox"/> 涉外婚姻	<input type="checkbox"/> 旅游探亲	<input type="checkbox"/> 商务人员	<input type="checkbox"/> 从业人员(食品或饮用水)				
						<input type="checkbox"/> 回国报户口	<input type="checkbox"/> 美国移民	<input type="checkbox"/> 社会人群	<input type="checkbox"/> 领养儿童	<input type="checkbox"/> 其它			

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

姓/Surname \_\_\_\_\_ 名/Given name \_\_\_\_\_

性别/Sex \_\_\_\_\_ 出生日期/Date of birth \_\_\_\_\_

男 Male  女 Female       日 DD  月 MM  年 YYYY

国籍/Nationality \_\_\_\_\_ 证件号码/Passport or ID No. \_\_\_\_\_

出生地/Birth place \_\_\_\_\_ 职务/Occupation \_\_\_\_\_

婚姻史/Are you married? \_\_\_\_\_

有 Yes  无 No

公司/学校/其它 Company/School/Others \_\_\_\_\_

通讯地址[中国]/Mailing address in China \_\_\_\_\_ 电话号码[中国]/Telephone number in China \_\_\_\_\_

前往国家或地区/Destination Country or region \_\_\_\_\_ 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

来自国家和地区/Arrival from \_\_\_\_\_

### 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/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.

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

- 本人取证(请携带原始发票前来取证)  
By yourself.(Please bring original receipt with you when you pick up your record.)
- 快递(在体检完成后当场填写送递地址)  
By express delivery.(Fill in the mailing address at reception after you finish examination)

### 须知 / Notice

请仔细阅读以下内容,以便明确自己是否属于法定健康检查对象范围内。凡属于法定健康检查对象,需认真填写申请表,接受检验检疫机构的健康检查;凡不属于法定健康检查对象范围内,可以不接受健康检查。如本人自愿要求健康检查,可由本人填写申请表接受检验检疫机构的健康检查服务。

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《关于中国公民出入境提交健康证明的通知》和《关于来华外国人提供健康证明问题的若干规定》等规定,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或在境外居住三个月以上回国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以及在出入境口岸和出入境交通工具上从事食品和饮用水的从业人员为法定的健康检查对象。

Please read the following paragraph carefully to make clear whether you are required to receive health examination according to relevant laws and rules. If you are not the health examination object prescribed by laws and rules, you can't do it. But if you need examination voluntarily for travel, you should fill in the application form and then receive the health examination by the entry-exit inspection and quarantine organizations of P.R.C.

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 <Notice For Persons Of Chinese Nationality To Submit Health Certificates>,<Rules For Foreigners Entering China To Submit Health Certificates> issued by the Ministry of health and the Ministry of Public Security of China, any foreigner(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 is required to receive health examination, any person of Chinese nationality approved to work in, study in, visit or immigrate into or live in another country for more than three months is required to receive health examination, any crew member of Chinese nationality on the means of transport for international voyage or any food or drinking water handler at a frontier port or on any inbound or outbound means of transport is required to receive health examination.

本人申明以上提供的资料都是真实的,并且已经阅读了须知。

I declare that the information I have provided above is to the best of my knowledge and belief true.  
And I have read the notice already.

申请人签名  
Signature of applicant

日期  
Date

以下由医生填写 / The following is completed by physician.

体检项目 / Items [打“√”项目是申请人所要检查的项目 / Applicant should finish the items checked with“√” as below.]

<input type="checkbox"/> 内科 Medicine Check	体重/Weight 身高/Height 体温/Temperature
<input type="checkbox"/> 外科 Surgery Check	
<input type="checkbox"/> 五官科 E.E.N.T.	
<input type="checkbox"/> 心电图 E.K.G.	
<input type="checkbox"/> 超声 Ultrasound	
<input type="checkbox"/> 采样 Sampling	<input type="checkbox"/> 血液 Blood <input type="checkbox"/> 尿液 Urine <input type="checkbox"/> 粪便 Stool <input type="checkbox"/> 痰 Sputum <input type="checkbox"/> 其它 Others
<input type="checkbox"/> 妇科 Gynecology	
<input type="checkbox"/> 放射线 Radiology	
<input type="checkbox"/> 其它 Others	