FOREIGNER PHYSICAL EXAMINATION FORM

Name		Sex	Ģ Male Ģ Female	Birthday		( )
Present mailing address						Photo (Stamped Official Stamp)
Nationality (or Area)		Birth place		Blood type		

“ ” “ ”

Have you ever had any of the following diseases?
(Each item must be answered “Yes” or “No”)

Typhus fever ĢNo ĢYes
Poliomyelitis ĢNo ĢYes
Diphtheria ĢNo ĢYes
Scarlet fever ĢNo ĢYes
Relapsing fever ĢNo ĢYes
Bacillary dysentery ĢNo ĢYes
Brucellosis ĢNo ĢYes
Viral hepatitis ĢNo ĢYes
Puerperal streptococcus infection ĢNo ĢYes
Typhoid and paratyphoid fever ĢNo ĢYes
Epidemic cerebrospinal meningitis ĢNo ĢYes

(“ ” “ ”)

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 ĢNo ĢYes
Mental confusion ĢNo ĢYes
Psychosis' Manic paychosis ĢNo ĢYes
Paranoid psychosis ĢNo ĢYes
Hallucinatory ĢNo ĢYes

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