

健康检查申请表

Application for Medical Examination

1. 办理流程 Procedure



*如果你有国外医疗机构最近6个月内签发的《外国人体检检查记录》，请在步骤2中提交给登记窗口的工作人员。If you have undertaken a medical examination according to the Foreigner Physical Examination Form in your country in the last 6 months, present the proof of medical examination including all the related materials to our staff during step 2.

2. 填表须知 About this form

根据中华人民共和国相关法律法规，患有严重精神障碍、传染性肺结核病或者有可能对公共卫生造成重大危害的其他传染病的外国人禁止入境。外国人，以及台湾、香港和澳门居民在中国内地申请一年及以上一年以上居留时，应当按照规定接受中国卫生检疫部门的健康检查，以证明其满足入境居留的健康要求，中国政府为满足特定条件的上述人员提供免费的健康检查。除此以外的其他人员不属于法定健康检查对象，只有本人事先知情同意并提出书面申请，卫生检疫机构才可对其实施健康检查，但这必须自行付费。填写并签署这份《健康检查申请表》，意味着你已经阅读并理解上述内容，同意卫生检疫部门对你实施健康检查服务。

According to the relevant laws and regulations, a foreigner who is suffering from serious mental disorders, infectious tuberculosis or other infectious diseases that may severely jeopardize the public health, shall not be allowed to enter China. When applying for a residence permit in China for one year or more, a foreigner, including Taiwan, Hong Kong and Macao resident may be required to undergo a medical examination conducted by a China inspection and quarantine authority, to establish that he or she is admissible to China on public health grounds, the Chinese Government provides free medical examination for qualified persons. Except for the persons applying for a residence permit for one year or more, no medical examination is required by law, it shall be carried out ONLY with the applicants' prior express informed written consent, and this will be at their own expense. By completing and signing this form, you have read the information contained in it, and you also agree to undergo the medical examination that our clinic directs.

3. 个人信息 Personal information

请用中文或英文大写字母工整填写，或在适当的选项处打勾。

Please write neatly in Chinese or in English using capital letters, or tick where applicable

姓: Family name	名: Given names	性别: Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
国籍: Nationality	证件号码: Passport or ID number	出生日期: Date of birth	/ 日 Day	/ 月 Month / 年 Year
工作单位, 学生填写学校名称: Employer, For students, name of school		*单位名称会出现在报销发票上, 请务必正确填写, 发票一经开出将无法更改。 The employer's name will appear in your receipt, write the name exactly. Once printed out, the receipt will not be modified.		
在华通讯地址: Mailing address in China		联系电话: Phone number		

申请居留证件类型: 学习 Study 其他(工作、记者、团聚或私人事务) Others (Work, Journalists, Reunion or Personal matters)

你是否患有, 或曾经患有下列疾病 Have you ever had, or currently have:

结核病 Tuberculosis	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	性病 STD	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
艾滋病病毒感染/艾滋病 HIV infection/AIDS	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	精神病 Psychosis	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
流感(一周内) Influenza, in the last week	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	药瘾症/吸毒 Drug addiction	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
腹泻(一周内) Diarrhea, in the last week	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	发热 Fever	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

女性申请者请确认你是否怀孕, 如选择“是”, 请告知工作人员。
For female applicant, make sure are you pregnant? If select Yes, you should firstly contact our staff. 是 Yes 否 No

4. 声明与签字 Declaration and signature

我声明这份表格中我填写的资料, 包括由其他人帮助填写的资料是真实、正确的, 并且是在我已经知道并同意、理解的情况下填写的。
I declare that the information in this form, including the information which has been completed with the assistance of another person, is true and correct, and has been included with my full knowledge, consent and understanding.

申请人签字:
Applicant's signature

取证须知 NOTES

- 请持取证凭条并根据其上的日期和时间领取结果, 遗失取证凭条者须携带体检者本人护照前来领取。
Present the Receipt for Certificate Pickup to pick up your certificate refer to the date and time on it. If you lost your receipt, you must present your passport to release the certificate.
- 我们会将结果证书保留 30 天, 30 天之后未能领取, 将会销毁处理, 请您务必在 30 天之内领取您的结果证书。
We will hold your certificate for only 30 days, after which it will be disposed, you must pick up your certificate within 30 days.
- 在你收到结果证书时, 请仔细核对证书上个人信息, 确保所有信息准确无误。
After you have received your certificate, be sure to carefully read the information on it. Make sure the information is correct.