

### FOREIGNER PHYSICAL EXAMINATION FORM

Name		Sex	Male Female	Birthday		( )  Photo (Stamped Official Stamp)																																										
Present mailing address																																																
Nationality (or Area)		Birth place		Blood type																																												
<p>Have you ever had any of the following diseases? (Each item must be answered "Yes" or "No")</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Typhus fever</td> <td style="width: 5%;">No</td> <td style="width: 5%;">Yes</td> <td style="width: 25%;">Bacillary dysentery</td> <td style="width: 5%;">No</td> <td style="width: 5%;">Yes</td> </tr> <tr> <td>Poliomyelitis</td> <td>No</td> <td>Yes</td> <td>Brucellosis</td> <td>No</td> <td>Yes</td> </tr> <tr> <td>Diphtheria</td> <td>No</td> <td>Yes</td> <td>Viral hepatitis</td> <td>No</td> <td>Yes</td> </tr> <tr> <td>Scarlet fever</td> <td>No</td> <td>Yes</td> <td>Puerperal streptococcus infection</td> <td></td> <td></td> </tr> <tr> <td>Relapsing fever</td> <td>No</td> <td>Yes</td> <td></td> <td>No</td> <td>Yes</td> </tr> <tr> <td colspan="3">Typhoid and paratyphoid fever</td> <td></td> <td>No</td> <td>Yes</td> </tr> <tr> <td colspan="3">Epidemic cerebrospinal meningitis</td> <td></td> <td>No</td> <td>Yes</td> </tr> </table>							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			Relapsing fever	No	Yes		No	Yes	Typhoid and paratyphoid fever				No	Yes	Epidemic cerebrospinal meningitis				No	Yes
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																																													
Relapsing fever	No	Yes		No	Yes																																											
Typhoid and paratyphoid fever				No	Yes																																											
Epidemic cerebrospinal meningitis				No	Yes																																											
<p>( )</p> <p>Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered "Yes" or "No")</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 65%;">Toxicomania.....</td> <td style="width: 5%;">No</td> <td style="width: 5%;">Yes</td> </tr> <tr> <td>Mental confusion.....</td> <td>No</td> <td>Yes</td> </tr> <tr> <td>Psychosis</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 100px;">Manic psychosis.....</td> <td>No</td> <td>Yes</td> </tr> <tr> <td style="padding-left: 100px;">Paranoid psychosis.....</td> <td>No</td> <td>Yes</td> </tr> <tr> <td style="padding-left: 100px;">Hallucinatory.....</td> <td>No</td> <td>Yes</td> </tr> </table>							Toxicomania.....	No	Yes	Mental confusion.....	No	Yes	Psychosis			Manic psychosis.....	No	Yes	Paranoid psychosis.....	No	Yes	Hallucinatory.....	No	Yes																								
Toxicomania.....	No	Yes																																														
Mental confusion.....	No	Yes																																														
Psychosis																																																
Manic psychosis.....	No	Yes																																														
Paranoid psychosis.....	No	Yes																																														
Hallucinatory.....	No	Yes																																														
Height	CM	Weight	Kg	Blood pressure	mmHg																																											
Development		Nourishment		Neck																																												
Vision	L_____	Corrected vision	L_____	Eyes																																												
	R_____		R_____																																													
Colour sense		Skin		Lymph nodes																																												
Ears		Nose		Tonsils																																												
Heart		Lungs		Abdomen																																												

Spine		Extremities		Nervous system									
Other abnormal findings													
<p style="text-align: center;">X</p> <p style="text-align: center;">(            )</p> <p style="text-align: center;">Chest X-ray exam (attached chest X-ray report)</p>		ECC											
<p style="text-align: center;">(            )</p> <p style="text-align: center;">Laboratory exam (attached test report of AIDS, Syphilis etc)</p>													
<p style="text-align: center;">:</p> <p style="text-align: center;">None of the following diseases of disorders found during the present examination.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Cholera</td> <td style="width: 50%;">Venereal Disease</td> </tr> <tr> <td>Yellow fever</td> <td>Lung tuberculosis</td> </tr> <tr> <td>Plague</td> <td>AIDS</td> </tr> <tr> <td>Leprosy</td> <td>Psychosis</td> </tr> </table>						Cholera	Venereal Disease	Yellow fever	Lung tuberculosis	Plague	AIDS	Leprosy	Psychosis
Cholera	Venereal Disease												
Yellow fever	Lung tuberculosis												
Plague	AIDS												
Leprosy	Psychosis												
<p>Suggestion</p>  <p>Signature of physician</p>			<p style="text-align: center;">Official Stamp</p>  <p style="text-align: center;">Date</p>										