

Physical Examination Record for Foreigner

Name		Sex	Male Female	Birth Day-Month-Year		Photo
Present Mailing Address					Blood type	
Nationality		Birth Place				
<p style="margin: 0;">" " " "</p> <p style="margin: 0;"><i>Have you ever had any of the following diseases</i></p> <p style="margin: 0;"><i>Each item must be answered " Yes" or " No"</i></p>						
<p style="margin: 0;">" " " "</p> <p style="margin: 0;"><i>Do you have any of the following diseases or disorders endangering the public order and security</i></p> <p style="margin: 0;"><i>Each item must be answered " Yes" or " No"</i></p>						
Height	cm	Weight	kg	Blood pressure	mmHg	
Development		Nourishment		Neck		
Vision	L R	Corrected vision	L R	Eyes		

Colour Sense

Skin

Spine	Extremities	Nervous system									
Other abnormal findings											
<p style="text-align: center;">X</p> <p>Chest X-ray exam.</p>			<p style="text-align: center;">E C G</p>								
<p>Laboratory exam. (Serodiagnosis)</p>											
<p style="text-align: center;">:</p> <p style="text-align: center;"><i>None of the following diseases or disorders found during the present examination.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Cholera</td> <td style="width: 50%; text-align: center;">Venereal Disease</td> </tr> <tr> <td style="text-align: center;">Yellow fever</td> <td style="text-align: center;">Opening lung tuberculosis</td> </tr> <tr> <td style="text-align: center;">Plague</td> <td style="text-align: center;">AIDS</td> </tr> <tr> <td style="text-align: center;">Leprosy</td> <td style="text-align: center;">Psychosis</td> </tr> </table>				Cholera	Venereal Disease	Yellow fever	Opening lung tuberculosis	Plague	AIDS	Leprosy	Psychosis
Cholera	Venereal Disease										
Yellow fever	Opening lung tuberculosis										
Plague	AIDS										
Leprosy	Psychosis										
Suggestion	Official Stamp										
Signature of Physician	Date										