出入境人员健康检查申请表

HEALTH EXAMINATION APPLICATION FORM

编号 ____________

以下内容由申请人填写/To be completed by applicant

姓/Surname　　名/Given name

性别/Sex　　出生日期(日/月/年)/Birth date

☐ 男/Male

☐ 女/Female　☐☐日/DD☐☐月/MM☐☐☐☐年/YY

照片(2 寸)
Photo(2”)

国籍/Nationality　　证件号码/Passport or ID N0.

出生地/Birth place　　职业/Occupation

单位名称/Name of unit

通讯地址(中国)/Mailing address(China)

电话号码(中国)/Telephone number(China)

目的地(国家或地区)
Main destination(Country/region)

停留时间(月)
Duration of stay(months)

按入境或出境目的分类/Classification by purpose of entering or departure(以打“✓”选择/To be completed with“✓”)

☐入境(Entry)
☐定居人员/Immigrant
☐商务人员/Businessman(or woman)
☐交通员工/Staff of means of transport
☐旅游/Traveler
☐探亲者/Visitor
☐归国人员/Chinese back to China
☐其他人员/0thers

☐出境(Exit)
☐公务人员/0fficer
☐留学人员/Student
☐涉外婚姻/Transnational Marriage
☐从业人员(食品和饮用水)
Food&drinking water handler
☐劳务人员/labor

既往病史/Past history

本人申明:以上提供的资料真实准确。如有不实填报,本人愿意承担由此引起的一切后果及法律责任。

I declare that the information I have provided above is true and correct.I under—stand incorrect or answer to any questions may have serious consequences.

申请人签名
Signature of applicant

申请日期
Application date