

FOREIGNER PHYSICAL EXAMINATION FORM

Name		Sex	Male Female	Date of birth		Photo
Present mailing address						
Nationality		Birth Place		Blood type		

Have you ever had any of the following disease?

Each item must be answered "Yes" or "No"

Do you have any of the following disease or disorders endangering the public order and security?

Each item must be answered "Yes" or "No"

Toxicomania-----

Psychosis Manic psychosis-----

Height cm	Weight Kg	Blood pressure mmHg
Development	Nourishment	Neck
Vision L R	Corrected vision L R	Eyes
Color sense	Skin	Lymph nodes
Ears	Nose	Tonsils
Heart	Lungs	Abdomen
Spine	Extremities	Nervous system

Other abnormal findings

X

**Chest X—ray exam
attached chest X-ray
report**

ECC

**Laboratory Exam
attached test report of
AIDS, Syphilis etc**

None of the following diseases or disorders found during the present examination

Cholera

Yellow fever

Plague

Leprosy

Venereal Disease

Opening lung tuberculosis

AIDS

Psychosis

Suggestion

Official Stamp

Signature of physician

Date