

体检说明

Instructions for the Physical Examination

体检信息是办理入境签证及在华居留手续的必备材料之一。计划在华学习六个月以上的外国申请者，须按照《外国人体格检查表》的要求进行体检。为确保所提交的《外国人体格检查表》符合规定，请仔细核对以下事项：

The physical examination record is a required document for entry visa applications and residence procedures in China. Foreign applicants planning to study in China for more than six months must undergo the examination in accordance with the Foreigner Physical Examination Form. To ensure that the submitted form meets the requirements, please carefully verify the following:

1. 姓名、出生日期、国籍等个人基本信息须与护照保持一致，不得缩写或省略。

Personal information such as name, date of birth, and nationality must exactly match the details shown on the passport. Abbreviations or omissions are not permitted.

2. 体检须在来华前于**公立医院**完成，提交材料时体检结果有效期应在**6个月以内**。如在私立医院体检，需提供公证部门的证明。


The physical examination must be conducted at a **public hospital** before coming to China. The results must remain valid (**within six months**) at the time of submission. If the examination is conducted at a private hospital, the results must be notarized.

3. 个人照片上须加盖医院公章，且该公章应与第二页底部的医院公章一致。

The hospital's official seal must be affixed to the personal photo. The official seal must exactly coincide with the one at the bottom of page two.

4. “化实验室检查”栏须明确列出具体血液检查项目的结果，例如：艾滋病（HIV）—阴性，梅毒—阴性，乙肝—阴性等。如未明确标注，需提供详细的血液检查报告。

The “Laboratory Exam” section must clearly list the results of specific blood tests, e.g., HIV Ab—negative, VDRL—negative, HBsAg—negative. If the results are not clearly indicated, a detailed blood test report must be provided.

化验室检查 (包括艾滋病、梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)	OIM: 03 0573 F - Groupage sanguin : A Rh (+) - HIV NEGATIF - RPR / TPHA NEGATIF - hépatite B NEGATIF - hépatite C NEGATIF - Malaria Test NEGATIF	 <p style="font-size: small;"> Dr RATSIRINJOE Lavaka Mboliana Médecin Diplômé d'Etat ONM : 02 13 22 31 410 0 5635 </p>
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5. “公共健康疾病”栏须对所列各项检查结果逐一标注。

Each item listed in the “Public Health Conditions” section must be clearly marked with the corresponding result.

未发现患有下列检疫传染病和危害公共健康的疾病:					
None of the following diseases of disorders found during the present examination.					
霍乱	Cholera	<input checked="" type="radio"/> NONE	性病	Veneral Disease	<input checked="" type="radio"/> NONE
黄热病	Yellow fever	<input checked="" type="radio"/> NONE	肺结核	Lung tuberculosis	<input checked="" type="radio"/> NONE
鼠疫	Plague	<input checked="" type="radio"/> NONE	艾滋病	AIDS	<input checked="" type="radio"/> NONE
麻风	Leprosy	<input checked="" type="radio"/> NONE	精神病	Psychosis	<input checked="" type="radio"/> NONE

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6. “意见”栏须由主治医师填写体检结论、签名、注明日期并加盖医院公章。体检结论应为“健康”或“合格”等字样。无上述信息者，表格无效。

The “Remarks” section must include the attending physician’s physical examination conclusion, signature, date, and the hospital’s official seal. The conclusion should be stated as “Healthy” or “Fit” and so forth. Forms lacking the above information are invalid.

意见 Suggestion <p style="font-size: large; color: blue;">Good conditions.</p>	检查单位盖章 Official Stamp 
医师签字 Signature of physician 	日期 Date <p style="color: red; font-weight: bold;">10 7 MAI 2025</p>

Dr RANORIANANANIRANA
 Zina Antonio
 Médecin Diplômé d'Etat
 Spécialiste en Santé Publique
 OIM: 04 21 31 410 10775



7. 体检项目必须涵盖《外国人体格检查记录》所列全部项目。表格记录不完整或弄虚作假，将视为无效表格。

The physical examination must cover all items listed in the Foreigner Physical Examination Form. Incomplete records or fraud information are regard as invalid.

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday		照片 (加盖检查单位印章) Photo (Stamped Official Stamp)	
现在通讯地址 Present mailing address							
国籍或地区 Nationality (or Area)		出生地 Birth place		血型 Blood type			
过去是否患有下列疾病：(每项后面请回答“否”或“是”) Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”)							
班疹 伤寒	Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes		
小儿麻痹症	Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes		
白 喉	Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎	Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes		
猩 红 热	Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球	Puerperal streptococcus infection			
回 归 热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<input type="checkbox"/> No <input type="checkbox"/> Yes		
伤寒和付伤寒	Typhoid and paratyphoid fever				<input type="checkbox"/> No <input type="checkbox"/> Yes		
流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis				<input type="checkbox"/> No <input type="checkbox"/> Yes		
是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”) Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes” or “No”)							
毒物瘾	Toxicomania.....				<input type="checkbox"/> No <input type="checkbox"/> Yes		
精神错乱	Mental confusion.....				<input type="checkbox"/> No <input type="checkbox"/> Yes		
精神病	Psychosis: 躁狂型	Manic psychosis.....			<input type="checkbox"/> No <input type="checkbox"/> Yes		
	妄想型	Paranoid psychosis.....			<input type="checkbox"/> No <input type="checkbox"/> Yes		
	幻觉型	Hallucinatory.....			<input type="checkbox"/> No <input type="checkbox"/> Yes		
身高 Height	厘米 CM	体重 Weight	公斤 Kg	血压 Blood pressure	毫米汞柱 mmHg		
发育情况 Development		营养情况 Nourishment		颈部 Neck			
视力 左 L_____		矫正视力 左 L_____		眼 Eyes			
视力 右 R_____		矫正视力 右 R_____					
辨色力 Colour sense		皮肤 Skin		淋巴结 Lymph nodes			
耳 Ears		鼻 Nose		扁桃体 Tonsils			
心 Heart		肺 Lungs		腹部 Abdomen			

脊柱 Spine		四肢 Extremities		神经系统 Nervous system																	
其他所见 Other abnormal findings																					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)			心电图 ECC																		
化实验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)																					
<p style="text-align: center;">未发现患有下列检疫传染病和危害公共健康的疾病： None of the following diseases of disorders found during the present examination.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">霍乱</td> <td style="width: 33%;">Cholera</td> <td style="width: 33%;">性病</td> <td style="width: 33%;">Venereal Disease</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>肺结核</td> <td>Lung tuberculosis</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>艾滋病</td> <td>AIDS</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>精神病</td> <td>Psychosis</td> </tr> </table>						霍乱	Cholera	性病	Venereal Disease	黄热病	Yellow fever	肺结核	Lung tuberculosis	鼠疫	Plague	艾滋病	AIDS	麻风	Leprosy	精神病	Psychosis
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