**FOREIGNER PHYSICAL EXAMINATIONAL FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | Sex | □Male□Female | Date of birth | dd/mm/yy | photo |
| Address |  |
| Nationality |  | Birth place |  | Blood type |  |
| Have you ever had any of the following diseases or disorders? ：(Each item must be answered “Yes” or “No”)Organic mental disorder with psychotic states …………………………..….….……….……………□no □yesMental and behavioral disorders due to the use of psychoactive drugs……………….....……..……□no □yesPersonality and behavioral disorders ……………….………….…….……..…..……….……….…..□no □yesSchizophrenia or schizophrenia-spectrum disorders …………………………...…….………………□no □yesAcute and transient psychotic disorders …………………….………………….….…………………□no □yesAffective disorder ……………….……………………………………………………………………□no □yesIntellectual disability …….……………………..…………………………………………….………□no □yesDementia …………………………………..………………………..……………………………..…□no □yesEpilepsy ……………………………………………….….………………………………………..…□no □yes |
| Have you ever had any of the following diseases or disorders? ：(Each item must be answered “Yes” or “No”)Leucosis …………………………………………..….……..…………………………………………...…□no □yesAplastic anemia in the onset or relapse stage ………………....…….………………………….……….…□no □yesType 1 diabetes …………..………………………………………………….………..….………………...□no □yesCirrhosis of the liver ……….………….………………..…….…...…………..……………….…….…….□no □yesChronic kidney disease ………………………..……………………………..………..….…………..……□no □yesPulmonary heart disease of any etiology III stage ………….……..…………………….………....….…..□no □yesChronic cardiac failure of any etiology II B, III stage ….………..………………………………..….……□no □yes |
| Height ………………………….…..сm | 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 |
| Chest X-ray exam  |  | ECG |  |
| Laboratory exam:- HIV- Sexually-transmitted infections (syphilis, ghonnerhea) - HbsAg, НСVblood tests- Urinary test- Bacteriological examination of discharges (feces) in the presence of enteropathogenic intestinal bacteria. |  |
| None of the following diseases of disorders found during the present examination:Each item must be answered “Yes” or “No”)Cholera ………………………………………………………………..…………………………….…... □no □yesVenereal disease ……………..………………………………….….……………………………..…….. □no □yesHemorrhagic fevers Lassa, Marburg, Ebola………….……..……………………….…………….……. □no □yesPlague……………………………………………….……………….……….………………………….. □no □yesAIDS…………………….……….…….….……………………….….………………………………… □no □yesSplenic fever ………………….………….…..……………………….…………..………….….……… □no □yesSkin disorders (acantholytic, treatment-resistant pemphigus, rapidly progressive skin lymphoma, leprosy) ………………………….….….………..…..…………………………….……..…….……..… □no □yesActive tuberculosis of various organs and systems ……….……………………………………………. □no □yesCOVID -19…….........................................................….………………….……………………………. □no □yes |
| SuggestionStampDoctor’s Signature …………………………………Date……… |