**FOREIGNER PHYSICAL EXAMINATIONAL FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 □yes  Mental and behavioral disorders due to the use of psychoactive drugs……………….....……..……□no □yes  Personality and behavioral disorders ……………….………….…….……..…..……….……….…..□no □yes  Schizophrenia or schizophrenia-spectrum disorders …………………………...…….………………□no □yes  Acute and transient psychotic disorders …………………….………………….….…………………□no □yes  Affective disorder ……………….……………………………………………………………………□no □yes  Intellectual disability …….……………………..…………………………………………….………□no □yes  Dementia …………………………………..………………………..……………………………..…□no □yes  Epilepsy ……………………………………………….….………………………………………..…□no □yes | | | | | | | | | | | | | | |
| Have you ever had any of the following diseases or disorders? ：  (Each item must be answered “Yes” or “No”)  Leucosis …………………………………………..….……..…………………………………………...…□no □yes  Aplastic anemia in the onset or relapse stage ………………....…….………………………….……….…□no □yes  Type 1 diabetes …………..………………………………………………….………..….………………...□no □yes  Cirrhosis of the liver ……….………….………………..…….…...…………..……………….…….…….□no □yes  Chronic kidney disease ………………………..……………………………..………..….…………..……□no □yes  Pulmonary heart disease of any etiology III stage ………….……..…………………….………....….…..□no □yes  Chronic 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, НСV  blood 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 □yes  Venereal disease ……………..………………………………….….……………………………..…….. □no □yes  Hemorrhagic fevers Lassa, Marburg, Ebola………….……..……………………….…………….……. □no □yes  Plague……………………………………………….……………….……….………………………….. □no □yes  AIDS…………………….……….…….….……………………….….………………………………… □no □yes  Splenic fever ………………….………….…..……………………….…………..………….….……… □no □yes  Skin disorders (acantholytic, treatment-resistant pemphigus, rapidly progressive skin lymphoma, leprosy) ………………………….….….………..…..…………………………….……..…….……..… □no □yes  Active tuberculosis of various organs and systems ……….……………………………………………. □no □yes  COVID -19…….........................................................….………………….……………………………. □no □yes | | | | | | | | | | | | | | |
| Suggestion  Stamp  Doctor’s Signature …………………………………Date……… | | | | | | | | | | | | | | |