

MEDICAL EXAMINATION FOR SRRV APPLICANTS (CHINESE)

健康检查申请表

SRRV APPLICATION NO.: _____

	Republic of the Philippines DEPARTMENT OF TOURISM PHILIPPINE RETIREMENT AUTHORITY 29/F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines Tel. No.: +632 8481412, FAX: +632 8481411, Email: inquiry@pra.gov.ph; Website: www.pra.gov.ph	Place passport photo here not taken more than 6 months ago 贴同护照照片大小一样的 近照(近6个月内的)
	PLACE: 地点 _____ DATE: 日期 _____	
As requested by the Philippine Retirement Authority		

I certify that I was examined on the date stated above

Name: 姓名 _____	Age 年龄 _____	Gender 性别 _____	Citizenship 公民身份 _____
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Under the Philippine Immigration Regulation, the applicant should be classified as follows: *(Encircle the appropriate class)*
 依菲律宾外来移民相关规定, 申请人分为以下几类(圈适合的类型)

CLASS A A 类	CLASS B B 类	CLASS C C 类
DANGEROUS AND CONTAGIOUS DISEASE 危险性传染疾病 Chancroid, Gonorrhea, Granuloma Inguinale, 软性下疳, 淋病, 肉肿瘤, 麻疯 Leprosy (Infectious), Lymphogranuloma Venereum, (有传染性的), 淋巴肉芽肿, 梅毒 Syphilis (Infectious Stage), and Tuberculosis (Active) (传染阶段), 肺结核(活性)	PHYSICAL DEFECTS AND DISORDER 非 A 类 Physical defects, disease or disability serious in degree or permanent in nature that impairs the ability to earn a living as to make them likely to be a public charge 有身体缺陷, 疾病或有较严重或较长期的天生不足导致谋生能力弱以至于需要接受政府救济的人	MINOR CONDITIONS 其它轻微情形
SERIOUS MENTAL DISORDER 严重精神紊乱 Mental Retardation (Mental Deficiency), Insanity, 迟钝(弱智), 精神错乱, Previous Occurrence of one or more attacks of Insanity, 有过一次或多次精神错乱发作史, Anti-Social Personality, Mental Defects, Epilepsy, 厌世, 心智缺陷, 癫痫症, 有性别 Sexual Deviation, Narcotic Drug Addiction, 差异, 有毒瘾, 慢性酒精中毒; Chronic Alcoholism		

MEDICAL RECORD 身体检查记录

- Pertinent Medical History: 相关体格检查史;
- Significant Physical Examination: 重要的身体检查
- Chest X-ray report: (for ages 11 years & above) Present recent x-ray film (14x17 inches) 胸部X光报告 (11岁及以上年龄) 提供近期的x光照片 (14 X 17英寸)
- Laboratory examination: (attach laboratory reports) 化验检查 (附化验报告)
 - Blood Serology: RPR/VDRL (Ages: 15 yrs. And above) 血清; RPR/VDRL (15岁及以上年龄)
 - Urinalysis: (Age: 1 yr. and above) 验尿; (1岁及以上年龄)
 - Stool (Ova and Parasite): (Ages: 1 yr. and above) 大便; (1岁及以上年龄)
 - Other examination(s), if necessary 必要时, 其他检查
 () Not physically and mentally defective or diseased 无身体上或精神上的缺陷或疾病;

EXAMINING PHYSICIAN / License No.: 检查医师 (执照号) _____	SIGNATURE 签名 _____	DATE 日期 _____
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NAME OF CLINIC OR HOSPITAL: 门诊或医院名 _____	ADDRESS: 地址 _____
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MEDICAL CERTIFICATE FOR SRRV APPLICANTS