

PHYSICAL EXAMINATION RECORD FOR FOREIGN TEACHER

Name _____

Sex _____ Birth Date _____
 Male Day-Month-Year
 Female

Photo

Present Mailing Address _____ Blood Type _____

Nationality _____ Birth Place _____

Have you ever had any of the following diseases? (Each item must be answered "Yes" or "No".)

Typhus Fever	No	Yes	Bacillary Dysentery	No	Yes
Poliomyelitis	No	Yes	Brucellosis	No	Yes
Diphtheria	No	Yes	Viral Hepatitis	No	Yes
Scarlet Fever	No	Yes	Puerperal Streptococcus Infection	No	Yes
Rheumatic Fever	No	Yes			
Typhoid and Paratyphoid Fever	No	Yes			
Epidemic Cerebrospinal Meningitis	No	Yes			

Do you have any of the following diseases or disorders endangering the public order and security?
 (Each item must be answered "Yes" or "No".)

Toxicomania	.....	No	Yes
Mental Confusion	.....	No	Yes
Psychosis	.....	No	Yes
Manic Psychosis	.....	No	Yes
Paranoid Psychosis	.....	No	Yes
Hallucinatory Psychosis	.....	No	Yes

Height _____ cm	Weight _____ kg	Blood Pressure
Development	Nourishment	Neck
Vision L _____ R _____	Corrected Vision L _____ R _____	Eyes
Colour Vision	Skin	Lymph Nodes
Ears	Nose	Tonsils
Heart	Lungs	Abdomen
Spine	Extremities	Nervous System

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other abnormal findings.

Chest XRay

ECG

Laboratory Exam
(Serodiagnosis, HIV, Syphilis)

NONE of the following diseases or disorders found during the present examination.

Cholera
Yellow Fever
Plague
Leprosy

Venereal Disease
Lung Tuberculosis
AIDS
Psychosis

Suggestion

Official Stamp

Signature of Physician

Date _____