FOREIGNER PHYSICAL EXAMINATION FORM

				Male					
Name		Sex		Female	Date of	birth		Photo	
Present mailing address									
Nationality		Birth Place			Blood	type			
Have you ever had any of the following disease? Each item must be answered "Yes" or "No" Typhus fever Typhoid and paratyphoid fever									
Do you have any of the following disease or disorders endangering the public order and security?									
Each item must be answered "Yes" or "No" Toxicomania Psychosis Manic psychosis									
Height	cm	W	eight		Kg	Blood	pressure	mmHg	
Development		No	Nourishment			Neck			
-	L R		rrected		L R	Eyes			
Color sense		Sk	in			Lymp	h nodes		
Ears		No	ose			Tonsi	ls		
Heart		Lu	ngs			Abdo	men		
Spine		Ex	Extremities				Nervous system		

Other abnormal findings