

报名表

INFORMATION FORM OF PARTICIPANT (学员信息表)

I. Name of the seminar/training course (研修班/培训班名称): _____

II. Personal Data (个人信息)

1. Last Name (姓): _____

First Name (名): _____

2. Sex (性别): male (男), female (女)

3. Date of Birth (出生日期): _____

4. Place of Birth (出生地): _____

5. Nationality (国籍): _____

6. Mother Tongue (母语): _____ 7. Religion (宗教): _____

8. Food abstention (饮食禁忌): _____

9. Health Condition (健康状况): _____

10. History of hypertension, cardiovascular and cerebrovascular disease or infectious disease (有无高血压、心脑血管等慢性病史及传染病史): No (无), Yes (有)

If yes, please specify (如有, 请详细说明): _____

11. Mail address (通信地址): _____

Phone (电话): _____ Fax (传真): _____

E-mail (电子邮件): _____

12. Permanent address (固定联系地址): _____

13. Person to be contacted in emergency (紧急情况联系人):

Name (姓名): _____ Address (地址): _____

Phone (电话): _____ Fax (传真): _____

E-mail (电子邮件): _____

14. Statement of present work (当前工作情况):

Name of institute (单位): _____



Position (职务): _____ Date of appointment (任职日期): _____

Brief description of duties (岗位职责): _____

15. Work experience (Starting from current position): (工作经历, 从当前工作写起)

| Date (日期) | Position (职务) | Brief description of duties (职责) |
|-----------|---------------|----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

16. Educational and/or professional qualifications (教育背景及专业职称):

| Date (时间) | Level (等级) | Awarding Institution (授予单位) |
|-----------|------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

17. Working Language Proficiency (Please tick) (工作语言熟练程度, 请标记):

Reading (读): excellent (优秀), good (好), fair (一般), poor (较差)

Listening (听): excellent (优秀), good (好), fair (一般), poor (较差)

Speaking (说): excellent (优秀), good (好), fair (一般), poor (较差)

Writing (写): excellent (优秀), good (好), fair (一般), poor (较差)

III. Personal Statement (个人声明)

I certify that I have answered the above questions truthfully and completely to the best of my knowledge. I agree to report any relevant alteration in the information given above.

I pledge to observe all the Chinese laws and regulations and will respect the local customs during my stay in China for the training course.

(我确保以上信息填写真实、完整。如有变动, 将及时通知主办方。

参加培训期间, 我保证遵守中国法律、法规, 尊重当地风俗。)

Signature (本人签字)

Both Signature and Seal (经商参处签章)

Date (日期)

Date (日期)

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

| | | | | | | |
|---|--|---|--|------------------------------|---------------------|--|
| 姓名 Name | | 性别 Sex | <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | 出生日期 Birth Day-Month-Year | | 照片 (加盖检查单位印章) Photo (stamped Official Stamp) |
| 现在通讯地址 Present mailing address | | | | | 血型 Blood type | |
| 国籍或地区 Nationality (or Area) | | 出生地址 Birth Place | | | | |
| 过去是否患有下列疾病：(每项后面请回答“是”或“否”) Have you ever had any of the following diseases? (Each item must be answered "Yes" or "No") | | | | | | |
| 斑疹伤寒 Typhus fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌痢 Bacillary dysentery | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 小儿麻痹症 Poliomyelitis | <input type="checkbox"/> No <input type="checkbox"/> Yes | 布氏杆菌病 Brucellosis | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 白喉 Diphtheria | <input type="checkbox"/> No <input type="checkbox"/> Yes | 病毒性肝炎 Viral hepatitis | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 猩红热 Searle fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 产褥期链球菌感染 Puerperal streptococcus infection | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 回归热 Relapsing fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌感染 | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 伤寒和副伤寒 Typhoid and paratyphoid fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”) Do you have any of the following diseases or diseases endangering the public order and severity? (Each item must be answered "Yes" or "No") | | | | | | |
| 毒物瘾 Toxic mania | | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 精神错乱 Mental confusion | | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 精神病 Psychosis | 躁狂型 Manic Psychosis | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | 妄想型 Paranoid Psychosis | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | 幻觉型 Hallucinatory Psychosis | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 身高 Height | 厘米 CM | 体重 Weight | 公斤 kg | 血压 Blood pressure | 毫米汞柱 mmHg | |
| 发育情况 Development | 营养情况 Nounshment | | | 颈部 Neck | | |
| 视力 Vision | 左 L 右 R | 矫正视力 Corrected vision | 左 L 右 R | 眼 Eyes | | |
| 辨色力 Color sense | 皮肤 Skin | | | 淋巴结 Lymph nodes | | |
| 耳 Ears | 鼻 Nose | | | 扁桃体 Tonsils | | |
| 心 Heart | 肺 Lungs | | | 腹部 Abdomen | | |

| | | | | | |
|---|--|-------------------|------------|------------------------|--|
| 脊柱 Spine | | 四肢 Extremities | | 神经系统 Nervous system | |
| 其它所见 Other abnormal findings | | | | | |
| 胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (Attached Chest X-ray report) | | | 心电图 ECG | | |
| 化验室检查 (包括艾滋病、梅毒等血清 学检查) Laboratory exam (Attached test report of AIDS, Syphilis etc) | | | | | |
| <p>未发现患有下列检疫传染病和危害公共健康的疾病: None of the following diseases of disorders found during the present examination:</p> <p>霍乱 Cholera 性 病 Venereal Disease 黄热病 Yellow fever 肺结核 Lung tuberculosis 鼠 疫 Plague 艾滋病 AIDS 麻 风 Leprosy 精神病 Psychosis</p> | | | | | |
| <p>意见 Suggestion 检查单位盖章 Official Stamp</p> | | | | | |
| <p>医师签字 Signature of physician 日期 Date</p> | | | | | |