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## 赴美移民人员健康检查申请表

### PHYSICAL EXAMINATION

### RECORD FOR IMMIGRANT TO US

年龄 (周岁) Age 29 签证类型 Visa Category IR 5

姓名 Full Name	王晓芳	出生日期 Birth Date	1985.01.01	性别 Gender	女
面谈日期 Interview Date	2014.10.20	护照号码 Passport No	G1111111	档案号码 Case No	GUZZ2014000000
国籍 Nationality	中国	出生地 Birth Place	上海	婚姻状况 Marital Status	已婚
现居住国 Present Country	中国	原居住国 Prior Country	中国	电话号码 Telephone	138000000000
居住地址 (英文) Present Address	Room 201, Building 3, No.15 Jinbang Rd, Shanghai, China				
邮政编码 Postal Code	200335	电子邮箱 E-mail	wangxiaofang@gmail.com		
美国地址 (英文) US Address	25201 Corlas Dee Blvd APT 777, Sacramento, CA				
在美居住城市 (英文) US City	Sacramento	在美居住州 (英文) US State	California (英文全称)	美国邮编 (英文) US Postal Code	94285-0001

1. 您是否做过赴美移民体检? (请填写“是”或“否”) 否

Have you taken the immigration health check once before? (Please answer 'Yes' or 'No') 否

2. 上次移民体检日期 Last date of immigration health check 无

3. 最近七天内您是否发热和咳嗽? (请填写“是”或“否”) 否

Do you have cough or fever within last week? (Please answer 'Yes' or 'No') 否

4. 您是否得过肺结核? (请填写“是”或“否”) 否

Do you have history of Tuberculosis? (Please answer 'Yes' or 'No') 否

**(5-6 题仅针对女性 No.5,6: Female applicants only.)**

5. 末次月经开始日期(月-日-年) 09-05-2014

Last menstrual period ( mm-dd-yyyy) 09-05-2014

6. 您现在是否怀孕? (请填写“是”或“否”) 否

Are you pregnant now? (Please answer 'Yes' or 'No') 否

7. 本人已校对确认个人资料无误，并对填报的信息负责。

**I declare that the information I have provided above is to the best of my knowledge and true.**

申请人/监护人签名 (请**打印**此表格并**亲笔签名**)

Signature of applicant/guardian 王晓芳 日期 Date 09.22.2014

# 预防接种申请单 (成年人)

## Application Form and Screening Questionnaire for Adult Immunization

[此页由申请人填写/ This page is completed by applicant]

申请人姓名/Full Name of Applicant **王晓芳**

性别/Sex  男/Male  女/Female 出生日期/Date of Birth **01** 月 **01** 日 **1985** 年 **YY**

国籍/Nationality **中国** 证件号码/Passport or ID Number **G11111111**

出生地/Birth Place **上海** 职业/Occupation **医师**

婚姻史/Have you ever married?  有Yes  无No

单位/Name of your company/school/others in China **上海国际旅行医疗保健门诊部**

通讯地址[中国] /Mailing address in China **上海市长宁区金浜路15号**

电话号码[中国] /Telephone number in China **13800000000**

前往国家或地区[需要出境的填写] Destination country or region **美国**

请如实回答下列问题, 并在相应口内打钩“√”标记, 这些问题将有助于医生决定你所需接种的疫苗。如果有不清楚的问题请向医生或护士询问。  
The following questions will help us determine which vaccines may be given in clinic today. Please answer these questions by checking the boxes.  
If the question is not clear, please ask the nurse or doctor to explain it.

	是 Yes	否 No
1. 目前是否患病? Are you sick today?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. 过去接种疫苗后是否有过严重的副反应? Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. 是否有药物、食物(鸡蛋等)或接种过敏史? Do you have allergies to medications, food(eggs ect.), or any vaccine?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. 近4周是否有过预防接种? Have you received any vaccinations in the past four weeks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. 是否患有肿瘤、白血病、艾滋病或其它免疫系统疾病? Do you, any person who lives with you, or any person you take care of, have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. 是否正在使用激素类药物、抗肿瘤药物或正接受放疗、化疗? Do you, any person who lives with you, or any person you take care of, take cortisone, prednisone, other steroids, anticancer drugs, or radiation treatments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. 近一年内是否接受输血或免疫球蛋白接种? During the past one year have you received a transfusion of blood or plasma, or been given a medicine called immune globulin?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. 是否患有癫痫或其它神经系统疾病? Do you have epilepsy or any other neuropsychical system problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. 是否随身携带了预防接种记录?(如有请向医生出示) Do you bring the vaccination record with you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. 仅对女性要求回答: 目前是否怀孕? 或在未来三个月内有怀孕计划? For women: Are you pregnant or is there a chance you could become pregnant during the next three months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. 是否患过下列疾病, 请在相应的口内打钩“√”确认 Have you had any diseases below?		
<input type="checkbox"/> 脊髓灰质炎 Polio <input type="checkbox"/> 乙肝 Hepatitis B <input type="checkbox"/> 腮腺炎 Mumps <input type="checkbox"/> 风疹 Rubella <input type="checkbox"/> 麻疹 Measles <input type="checkbox"/> 水痘 Varicella <input type="checkbox"/> 其它 Others		

若上述选项中有“是”的选项, 请详细说明 / If yes, please describe in details

青霉素皮试过敏

申请人签名/Signature of applicant **王晓芳** 日期/Date **2014.09.22**

- 完成接种后需在等候室观察20分钟方可离开。  
After vaccination, please stay in the waiting room for 20 minutes for observation.
- 接种后可能出现的反应  
Possible reactions after vaccination:  
1) 一般反应: 一周内注射部位疼痛、轻度发热或乏力不适。  
Normal reactions: Injection-site aches, slight fever or hypodynamia within one week.  
相应处理: 不需要特别处理。可对注射部位作热敷处理, 注意休息。  
Corresponding treatment: No special treatment required. You can do a hot compress at the injection site, and take more rest.
- 异常反应: 注射局部持续红肿疼痛、或化脓, 体温超过38.5℃, 身体其它部位出现皮疹、肿胀或其它异常表现并有加剧趋势。  
Abnormal reactions: Pains and tumefactions at the injection part of the body or even suppuration; body temperature over 38.5℃; skin rash, tumefaction or other abnormal reactions appearing in the other parts of the body, and the tendency for deterioration.  
处理原则: 及时就医, 建议前往社区级以上医院, 并电话通知我中心。  
Corresponding treatment: Immediate visit to hospitals, better to district ones or higher levels, and phone call to our centre  
联系电话: (周一至周五 8:00-15:30, 国定假日除外)  021-62686428  021-62686187  021-63295026  021-62685072  
Tel: (Monday to Friday 8:00-15:30, National holidays excluded)
- 接种后禁忌事项: 下列“□”中打“√”为禁忌提示。  
Post-vaccination prohibitions: □ with “√” are tips for prohibition.  
 近3天内避免过度劳累和体育锻炼, 忌饮酒或进食刺激性食物;  
In the following 3 days: Avoidance of overwork and exercise, and prohibition on alcohol and stimulating food;  
 近3个月内避免怀孕;  
In the following 3 months, better not get pregnant.  
 其它  
Others:



Record for Adult Immunization

此页医生或护士填写 / This page is completed by physician or nurse.]

体温 \_\_\_\_\_ °C

疫苗 Vaccine	产品名称 Name of product	批号 Lot	注射部位 Place of injection	备注 Remark
黄热/Yellow Fever				
霍乱/Cholera				
麻腮风/MMR				
水痘/Varicella				
流感/Influenza				
肺炎/Pneumococcal				
甲肝/Hepatitis A				
乙肝/Hepatitis B				
甲乙肝/Hepatitis A+B				
精白破/Td				
百白破/DTP				
乙脑/Japanese Encephalitis				
流脑/Meningitis				
乙型流感嗜血杆菌/Hib				
伤寒/Typhoid				
轮状病毒/Rotavirus				
脊髓灰质炎/Polio				
麻疹/Measles				
风疹/Rubella				
腮腺炎/Mumps				
狂犬病/Rabies				

精张SAMPLE

- 出国定居  
  公务人员  
  劳务人员  
  留学人员  
  交通员工  
  涉外婚姻  
  旅游探亲  
  商务人员  
 从业人员  
 回国报户口  
 美国移民  
 社会人群  
 领养儿童  
 其他

证书编号/No. of certificate \_\_\_\_\_

医师签字/Signature of physician \_\_\_\_\_

日期/Date \_\_\_\_\_

我已收到并阅读了"接种后须知"。 I have received and read the notice of post-vaccination.	申请人签名/日期 Signature of applicant/Date:
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姓名/Name of Applicant \_\_\_\_\_

编号No. \_\_\_\_\_

下列疫苗需完成加强接种, 请遵照医嘱执行。Booster should be finished. Please see the doctor's advice as below.

疫苗Vaccine	第1次加强/1st Booster	第2次加强/2nd Booster	第3次加强/3rd Booster	第4次加强/4th Booster

医师签字/Signature of physician \_\_\_\_\_

日期/Date \_\_\_\_\_

# 预防接种申请单 未成年人(<18岁)

Application Form and Screening Questionnaire for Children and Adolescents Immunization (<18years)

[此页由申请人填写/ This page is completed by applicant]

姓名/Name **张英俊**

性别/Sex  男/Male  女/Female 出生日期/Date of Birth **01** 日 DD **01** 月 MM **2011** 年 YYYY

国籍/ Nationality **中国** 证件号码/Passport or ID Number **G11111112**

出生地/Birth Place **上海** 职业/Occupation **无**

通讯地址[中国] /Mailing address in China **上海市长宁区金浜路15号**

电话号码[中国] /Telephone number in China **13811111111**

前往国家或地区[需要出境的填写] Destination country or region **美国**

请如实回答下列问题，并在相应口内打钩“√”标记，这些问题将有助于医生决定所需接种的疫苗。如果有不清楚的问题请向医生或护士询问。  
The following questions will help us determine which vaccines may be given in clinic today. Please answer these questions by checking the boxes.  
If the question is not clear ,please ask the nurse or doctor to explain it.

	是 Yes	否 No
1. 目前是否患病? Is your child sick today?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. 过去接种疫苗后是否有过严重的副反应? Has your child ever had a serious reaction after receiving a vaccination ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. 是否有药物、食物(鸡蛋等)或接种过敏史? Does the child have allergies to medications, food (eggs ect.),or any vaccine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. 近4周是否有过免疫接种? Has your child received any vaccinations in the past four weeks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. 是否患有肿瘤、白血病、艾滋病或其它免疫系统疾病? Does your child or any person who lives with or takes care of him/her, have cancer,leukemia,AIDS,or any other immune system problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. 是否正在使用激素类药物、抗肿瘤药物或正接受放疗、化疗? Is your child, or any person who lives with or takes care of him/her,taking cortisone, prednisone, other steroids, anticancer drugs, or radiation treatments ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. 近一年内是否接受输血或免疫球蛋白接种? During the past One year,has your child received a transfusion of blood or plasma,or any treatment of immunoglobulin?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. 是否患有癫痫或其它神经系统疾病? Does your child have epilepsy or any other neuropsychical system problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. 是否患过下列疾病，请在相应的口内作“√”标记。 Does your child have any of the following diseases? <input type="checkbox"/> 脊髓灰质炎 Polio <input type="checkbox"/> 乙肝 Hepatitis B <input type="checkbox"/> 腮腺炎 Mumps <input type="checkbox"/> 风疹 Rubella <input type="checkbox"/> 麻疹 Measles <input type="checkbox"/> 水痘或带状疱疹 Varicella <input type="checkbox"/> 其它 Others		
10. 是否随身带有过去曾经接种疫苗的预防接种记录? Do you bring your child's vaccination record with you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

选“是”的项目请在表格末尾详细说明。

若上述选项中有“是”的选项，请详细说明 / If yes, please describe in detail

上海市预防接种记录本

家长 / 监护人签名/Signature of parent/guardian

日期/Date **2014.09.22**

1. 完成接种后需在等候室观察20分钟方可离开。

After vaccination, please stay in the waiting room for 20 minutes for observation.

2. 接种后可能出现的反应

Possible reactions after vaccination:

1) 一般反应：一周内注射部位疼痛、轻度发热或乏力不适。

Normal reactions: Injection-site-aches, slight fever or hypodynamia within one week.

相应处理：不需要特别处理。可对注射部位作热敷处理，注意休息。

Corresponding treatment: No special treatment required. You can do a hot compress at the injection site, and take more rest.

2) 异常反应：注射局部持续红肿疼痛、或化脓，体温超过38.5℃，身体其它部位出现皮疹、肿胀或其它异常表现并有加剧趋势。

Abnormal reactions: Pains and tumefactions at the injection part of the body or even suppuration; body temperature over 38.5℃; skin rash,

tumefaction or other abnormal reactions appearing in the other parts of the body, and the tendency for deterioration.

处理原则：及时就医，建议前往区县级以上医院，并电话通知我中心。

Corresponding treatment: Immediate visit to hospitals, better to district ones or higher levels, and phone call to our centre

联系电话：(周一至周五8:00-15:30, 国家法定节假日除外)

Tel: (Monday to Friday 8:00-15:30, National holidays excluded)

021-62686428  021-62686187  021-63295026

3. 接种后禁忌事项：下列“□”中打“√”为禁忌提示。

Post-vaccination prohibitions: □ with "√" are tips for prohibition.

近3天内避免过度劳累和体育锻炼，忌饮酒或进食刺激性食物；

In the following 3 days : Avoidance of overwork and exercise, and prohibition on alcohol and stimulating food;

其它

Others:





Record for Children and Adolescents Immunization (<18years)

此页医生或护士填写 / This page is completed by physician or nurse.]

体温 \_\_\_\_\_ °C

疫苗 Vaccine	产品名称 Name of product	批号 Lot	注射部位 Place of injection	备注 Remark
黄热/Yellow Fever				
霍乱 / Cholera				
麻腮风 / MMR				
水痘 / Varicella				
流感 / Influenza				
肺炎 / Pneumococcal				
甲肝 / Hepatitis A				
乙肝 / Hepatitis B				
甲乙肝 / Hepatitis A+B				
精白破 / Td				
百白破 / DTP				
乙脑 / Japanese Encephalitis				
流脑 / Meningitis				
乙型流感嗜血杆菌 / Hib				
伤寒 / Typhoid				
轮状病毒 / Rotavirus				
脊髓灰质炎 / Polio				
麻疹 / Measles				
风疹 / Rubella				
腮腺炎 / Mumps				
狂犬病 / Rabies				

精张SAMPLE

- 出国定居  
  公务人员  
  劳务人员  
  留学人员  
  交通员工  
  涉外婚姻  
  旅游探亲  
  商务人员  
 从业人员  
 回国报户口  
 美国移民  
 社会人群  
 领养儿童  
 其他

证书编号/No. of certificate \_\_\_\_\_

医师签字/Signature of physician \_\_\_\_\_

日期/Date \_\_\_\_\_

我已收到并阅读了“接种后须知”。  
I have received and read the notice of post-vaccination.

家长 / 监护人签名/日期  
Signature of parent/guardian/Date: \_\_\_\_\_

姓名/Name of Applicant \_\_\_\_\_

编号No. \_\_\_\_\_

下列疫苗需完成加强接种，请遵照医嘱执行。Booster should be finished. Please see the doctor's advice as below.

疫苗Vaccine	第1次加强/1st Booster	第2次加强/2nd Booster	第3次加强/3rd Booster	第4次加强/4th Booster

医师签字/Signature of physician \_\_\_\_\_

日期/Date \_\_\_\_\_