

编号或条码/No. or Bar code

告知书 Consent Form

申请人姓名/Applicant's Full Name 性别/Sex 国籍/Nationality

出生日期/Date of Birth 证件号码/Passport or ID No.

根据《中华人民共和国国境卫生检疫法》及其实施细则，您在本中心接受传染病监测体检的项目包括：临床检查（含内外科、五官科、放射科、心电图、超声等）、血液检查（含乙型肝炎表面抗原、丙型肝炎抗体、人免疫缺陷病毒抗体、梅毒螺旋抗体特异抗体等）。

由于体检结果涉及个人健康隐私，在收到体检报告后请确认封口是否完整，并务必亲启并妥善保管。

In accordance with the Frontier Health and Quarantine Law of the People's Republic of China and its Implementation Rules, you are supposed to receive physical examinations for surveillance of communicable diseases, including clinical examination (exams in medicine and surgery, ENT, X-ray, EKG and ultrasound) and blood tests (HBsAg, anti-HCV, anti-HIV and treponemal specific antibody, etc.).

Citing privacy and confidential information, please check to see if the seal is intact when you receive the health report. Unseal the report **in person and keep it properly.**

本人已阅读以上内容，接受出入境传染病监测体检，并支付相关费用。

I have read and understood the above statement. I hereby consent to undergo the health examination and will pay the cost.

申请人签名/Signature

日期/Date