知情同意书　　　　　BJZ4 047

申请人姓名　　　　　　　　　　　证件号码

　　根据《中华人民共和国国境卫生检疫法》及其实施细则、《外国人入境出境管理法实施细则》以及卫生部、公安部相关文件的规定，申请来华定居，或任职、就业、学习在华居留一年或一年以上的外国人（包括港澳台居民和海外定居的中国公民）属于法定健康检查对象；经批准出国劳务、留学、探亲、定居及其他出境一年以上的中国公民为法定的健康检查对象；国际通行交通工具上的中国籍员工为法定的健康检查对象。

　　您在本中心接受体检的项目包括：临床检查（含内外科、五官科、放射科、心电图、超声等）、体液检查（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、其他由质检总局、卫生行政部门根据疫情变化所要求的检测项目等）。

　　体检结果涉及个人隐私，在收到体检报告后，请务必**亲启并妥善保管**。

　　本人已阅读以上内容，接受上述体检项目，并支付相关费用，同时申请健康检查证明。

申请人签名：　　　　　　　　　日期：

Consent Form

BJZ4 047

Applicant's Full Name   Passport or ID No.

According to <The Frontier Health And Quarantine Law Of P.R.C.>, <Specific Rules For Enforcing The Frontier Health And Quarantine Law Of P.R.C.>, <Specific Rules For Enforcing Law Of The People's Republic Of China On Control Of The Entry And Exit Of Aliens> and related documents issued by the Ministry of Health and the Ministry of Public Security of China, any foreigners (Including Hong Kong and Macao residents, Chinese citizens from Taiwan Province, Chinese mainland citizens settling overseas) applying to settle down, work or study in China for one or more than one year are required to receive health examination, any Chinese citizens approved to work in, study in, visit or immigrate into another country for more than one year are required to receive health examination.

You are supposed to receive physical examinations, 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, any others tests according to outbreak of infectious diseases requested by General Administration of Quality supervision, Inspection and Quarantine and the Health Ministry of China etc.) or urine tests.

Citing privacy and confidential information, please unseal the report **in person and keep it properly** when you receive the health report.

I have read and understood the above statement. I hereby consent to undergo the health examination and will pay the cost. Meanwhile，I apply for the certificate of health examination.

Signature：   **Date：**