



韩国签证申请人肺结核检测登记表

Registration Form of TB screening for Korean Visa Applicant

姓名(Name)	性别(Sex) <input type="checkbox"/> M(男) <input type="checkbox"/> F(女)
出生日期(Date of Birth)	电话号码(Phone Number)
护照号码(Passport Number)	联系地址 (请用英文填写) (Address)

● 请如实回答下列问题，并勾选相应空格：

Please answer the questions by checking the boxes.

- 您目前是否怀孕？ Are you pregnant?
☐ 否 No ☐ 是 Yes
- 您是否曾患肺结核？ Have you ever suffered from tuberculosis?
☐ 否 No ☐ 是 Yes
- 您是否曾接受抗结核治疗？ Have you ever received anti-TB treatment?
☐ 否 No ☐ 是 Yes
- 您是否曾接触过肺结核患者？ Have you ever contacted TB patients?
☐ 否 No ☐ 是 Yes
- 您最近是否有持续低热、咳嗽、盗汗、体重减轻等症状？
Recently have you had any symptoms like persistent fever, cough, night sweat or weight loss?
☐ 否 No ☐ 是 Yes

本人已校对确认个人资料无误，并对填报的信息负责。

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

申请人/监护人签名

Signature of applicant/guardian_____

受理医生 Physician	胸片检查 X-ray	出证医生 Diagnosis	申请人确认取走证书 Acknowledge Receipt of Certificate	特殊情况备注 Remarks