

Name		Sex	☐ Male ☐ Female	Birthday		(Photo (Stamped Official Stamp))																																										
Present mailing address																																																
Nationality (or Area)		Birth place		Blood type																																												
“ ” “ ” Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Typhus fever</td> <td style="width: 10%;">☐No</td> <td style="width: 10%;">☐Yes</td> <td style="width: 50%;">Bacillary dysentery</td> <td style="width: 10%;">☐No</td> <td style="width: 10%;">☐Yes</td> </tr> <tr> <td>Poliomyelitis</td> <td>☐No</td> <td>☐Yes</td> <td>Brucellosis</td> <td>☐No</td> <td>☐Yes</td> </tr> <tr> <td>Diphtheria</td> <td>☐No</td> <td>☐Yes</td> <td>Viral hepatitis</td> <td>☐No</td> <td>☐Yes</td> </tr> <tr> <td>Scarlet fever</td> <td>☐No</td> <td>☐Yes</td> <td>Puerperal streptococcus infection</td> <td></td> <td></td> </tr> <tr> <td>Relapsing fever</td> <td>☐No</td> <td>☐Yes</td> <td></td> <td>☐No</td> <td>☐Yes</td> </tr> <tr> <td colspan="3">Typhoid and paratyphoid fever</td> <td>☐No</td> <td>☐Yes</td> <td></td> </tr> <tr> <td colspan="3">Epidemic cerebrospinal meningitis</td> <td>☐No</td> <td>☐Yes</td> <td></td> </tr> </table>							Typhus fever	☐ No	☐ Yes	Bacillary dysentery	☐ No	☐ Yes	Poliomyelitis	☐ No	☐ Yes	Brucellosis	☐ No	☐ Yes	Diphtheria	☐ No	☐ Yes	Viral hepatitis	☐ No	☐ Yes	Scarlet fever	☐ No	☐ Yes	Puerperal streptococcus infection			Relapsing fever	☐ No	☐ Yes		☐ No	☐ Yes	Typhoid and paratyphoid fever			☐ No	☐ Yes		Epidemic cerebrospinal meningitis			☐ No	☐ Yes	
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(“ ” “ ”) Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes” or “No”) <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Toxicomania.....</td> <td style="width: 10%;">☐No</td> <td style="width: 10%;">☐Yes</td> </tr> <tr> <td>Mental confusion.....</td> <td>☐No</td> <td>☐Yes</td> </tr> <tr> <td>Psychosis: Manic psychosis.....</td> <td>☐No</td> <td>☐Yes</td> </tr> <tr> <td> Paranoid psychosis.....</td> <td>☐No</td> <td>☐Yes</td> </tr> <tr> <td> Hallucinatory.....</td> <td>☐No</td> <td>☐Yes</td> </tr> </table>							Toxicomania.....	☐ No	☐ Yes	Mental confusion.....	☐ No	☐ Yes	Psychosis: Manic psychosis.....	☐ No	☐ Yes	Paranoid psychosis.....	☐ No	☐ Yes	Hallucinatory.....	☐ No	☐ Yes																											
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Vision	L_____	Corrected vision	L_____	Eyes																																												
	R_____		R_____																																													
Colour sense		Skin		Lymph nodes																																												
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