

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%;"> <tr> <td>Typhus fever</td> <td>☐No ☐Yes</td> <td>Bacillary dysentery</td> <td>☐No ☐Yes</td> </tr> <tr> <td>Poliomyelitis</td> <td>☐No ☐Yes</td> <td>Brucellosis</td> <td>☐No ☐Yes</td> </tr> <tr> <td>Diphtheria</td> <td>☐No ☐Yes</td> <td>Viral hepatitis</td> <td>☐No ☐Yes</td> </tr> <tr> <td>Scarlet fever</td> <td>☐No ☐Yes</td> <td>Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>Relapsing fever</td> <td>☐No ☐Yes</td> <td></td> <td>☐No ☐Yes</td> </tr> <tr> <td colspan="2">Typhoid and paratyphoid fever</td> <td colspan="2">☐No ☐Yes</td> </tr> <tr> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td colspan="2">☐No ☐Yes</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%;"> <tr> <td>Toxicomania</td> <td>☐No ☐Yes</td> </tr> <tr> <td>Mental confusion</td> <td>☐No ☐Yes</td> </tr> <tr> <td>Psychosis:</td> <td></td> </tr> <tr> <td> Manic psychosis</td> <td>☐No ☐Yes</td> </tr> <tr> <td> Paranoid psychosis</td> <td>☐No ☐Yes</td> </tr> <tr> <td> Hallucinatory</td> <td>☐No ☐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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Development		Nourishment		Neck																														
Vision	L _____ R _____	Corrected vision	L _____ R _____	Eyes																														
Colour sense		Skin		Lymph nodes																														
Ears		Nose		Tonsils																														
Heart		Lungs		Abdomen																														

