

British Medical Examination Registration Form

Affix Photo

*Given Name:HUI

*Family Name:BAI

*Gender: Male Female

*Date of Birth:30/01/2000

*Nationality:CHINA

*Passport No. :EE123456

*Full residential address:

SHANGHAI

Province SHANGHAI

City

Address ROOM 102, LANE11, BUILDING 8.SHUI HUAYUAN, HUAI HAI LU, JING AN DISTRICT

Address in the UK: 116LEE STREET,1ACT

City LIVERPOOL

Postcode L11HD

Email address: CN.SCV.HEALTHCHECK@PARKWAYPANTAL.COM

Visa category: T4

*Cell phone No.: 13800000000

Medical history

1. Has the applicant (or their child) had any of the following symptoms in the last three months: Cough, Fever, Haemoptysis, Night sweats, Weight loss YES NO

2. • Is there any history of previous TB? YES NO

• Has anyone in the household been diagnosed with TB in the last 2 years? YES NO

• Is there any history of recent contact with a case of active pulmonary TB (shared the same enclosed air space or household or other enclosed environment for a prolonged period for days or weeks)? YES NO

3. Have you ever had thoracic surgery, including heart, lungs, breasts, spine and chest wall, neck or upper belly surgery? YES NO

If yes, what' s surgery: _____

4. For women only: Are you pregnant? YES NO

Are you currently on your menstruation period? YES NO

5. For children only: YES NO

Is there any history of the following; any chronic respiratory disease, such as cystic fibrosis, previously thoracic surgery ,cyanosis, respiratory insufficiency that limits activity.

Please sign to confirm the medical history (The signature of the applicant under the age of 16 or the incapacitated person shall be signed by the guardian.)

Guardian-applicant relationship: _____

.....After you submitted the form, the part below the line needs to be printed and handwritten.....

Signature: _____

Date: _____

Print

*It is recommended to print beforehand to limit waiting time.

*If it is inconvenient to print, please click the button of submit

*If the content is incorrect, please click return to modify.