

外国人体格检查记录

PHYSICAL EXAMINATION RECORD FOR FOREIGNER

验证证明

CERTIFICATE OF VERIFICATION

姓名	_____	性别	_____
Name	_____	Sex	_____
国籍	_____	出生日期	_____
Nationality	_____	Date of birth	_____
发证日期	_____	护照号码	_____
Issued date	_____	Passport number	_____
现在通讯地址	_____		
Present address	_____		

兹证明上列人员所持外国人体格检查记录，

This is to certify that the bearer physical examination record 经过验证，符合
合要求。

for foreigner, accord with requirement.

医师签字

验证单位盖章

Signature of physician.....Official stamp

日期

Date.....