



知情同意书

申请人姓名

证件号码

根据《中华人民共和国国境卫生检疫法》及其实施细则、《外国人入境出境管理法》及其实施细则，及相关法律法规的规定，申请来华定居，或任职、就业、学习在华居留一年或一年以上的外国人（包括港澳台居民和海外定居的中国公民）属于法定健康检查对象；经批准出国劳务、留学、探亲、定居及其他出境一年以上的中国公民为法定的健康检查对象；国际通行交通工具上的中国籍员工为法定的健康检查对象。

您在本中心接受体检的项目包括：临床检查（含内外科、五官科、放射科、心电图、超声等）、体液检查（含乙型肝炎表面抗原、丙型肝炎抗体、人免疫缺陷病毒抗体、梅毒螺旋抗体特异抗体、其他由海关总署、卫生行政部门根据疫情变化所要求的检测项目等）。

体检结果涉及个人隐私，在收到体检报告后，请务必亲启并妥善保管。

本人已阅读以上内容，接受上述体检项目，并支付相关费用，同时申请健康检查证明。

申请人签名：

日期：



Consent Form

Applicant's Full Name

Passport or ID No.

According to <The Frontier Health And Quarantine Law of P.R.C.> and its implementation rules, <Law of the people's Republic of China on the administration of exit and entry of P.R.C.> and its implementation rules, and related laws and regulations, foreigners (Including Hong Kong, Macao and Taiwan Province residents and overseas Chinese citizens) who apply for residence in China, or hold a post, employment or study in China for one or more years are required to receive the statutory health examination.

The health examination in our center includes the following items: clinical examination (exams in medicine and surgery, ENT, X-ray, EKG and ultrasound), blood tests (HBsAg, anti-HCV, anti-HIV, anti-TP, and other items required according to the change of epidemic situation by the General Administration of Customs and the Administrative Department of Health of P.R.C.).

In consideration of the results of health examination involve personal privacy, after receiving the report, please be sure to **open it in person and keep it properly.**

I have read and understood the above statement. I hereby consent to undergo the health examination and will pay the cost. Meanwhile, I apply for the certificate of health examination.

Signature:

Date: