



**4. Past history (病史) :** Please indicate with + or – and fill in the date of recovery

(请用+或-表示, 并填写恢复日期)

1.Tuberculosis			2.Malaria			3.Other communicable		
4.Epilepsy			5.Kidney Disease			6.Heart Diseases		
7.Diabetes			8 Drug Allergy			9.Psychosis		

(1.肺结核、2.疟疾、3.其他传染病、4.癫痫、5.肾脏疾病、6.心脏病、7.糖尿病、8.药物过敏、9.精神病)

**5. Laboratory tests (化实验室检查)**

Urinalysis (尿液分析) : glucose (葡萄糖) ( ) Protein (蛋白质) ( ) Occult blood (潜血) ( )

ESR (电子自旋共振) : \_\_\_\_\_mm/Hr. WBC count (白细胞计数) : \_\_\_\_\_cmm anemia (贫血) \_\_\_\_\_

Hemoglobin (血红蛋白) : \_\_\_\_\_gm GPT (谷丙转氨酶) : \_\_\_\_\_

**6. Is the person examined medically free from the acquired immune deficiency syndrome (AIDS)?**

(接受医学检查的人是否有获得性免疫缺陷综合症 (AIDS) ? )

**7. Is the person examined physically and mentally able to carry on intensive study away from his home?** 被检查者的身体和精神是否能够继续离开家进行集中学习?

**8. Does the person examined have any condition or defect which might require treatment during his fellowship?** 受检者是否有任何状况或缺陷, 需要在他的学习期间接受治疗?

**9. In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Mongolia.** (鉴于申请人的病史和上述调查结果, 您认为他/她的健康状况是否足以在蒙古国学习。)

Yes (是) \_\_\_\_\_ No (否) \_\_\_\_\_

Date (日期) : \_\_\_\_\_ Signature (签字) : \_\_\_\_\_

Physician's Name in Print (医生姓名) : \_\_\_\_\_

Department Office (科室办公室) : \_\_\_\_\_

Address (地址) : \_\_\_\_\_

Phone No (电话号码) : \_\_\_\_\_