



**Confidential Physician's Report**

**To be completed by applicant:**

Name of Applicant \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Institution \_\_\_\_\_

**To the examining physician:** This applicant has applied to the ACC-CIH(Hanban) Summer Chinese Language Teachers Institute. Please complete this form and return it to the applicant as soon as possible. The applicant needs to submit the completed application (including this report) by January 15, 2009.

Sound physical and emotional health is a highly important factor when studying abroad. Therefore, we request your careful and complete evaluation of the applicant's health.

Applicant's general state of health: \_\_\_\_\_Excellent \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor

If the answer to any of the following questions is yes, please give specific details in the space provided. Please print as clearly as possible.

1. Does the applicant have any dietary restrictions?  Yes  No (If yes, please explain.)

2. Does the applicant have any allergies?  Yes  No

3. Does the applicant need any special prescription or medication?  Yes  No

4. Other comments:

Name of Physician \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_



医生证明

格内资料由申请者填写：

申请者姓名_____
申请者签名 _____日期_____
学校或任职公司_____

此申请者欲申请为在职中小学汉语教师提供的孔子学院总部 — ACC中学汉语教师培训班。请将此表格填妥后放入信封袋中且在信笺封口上签名，然后直接交还申请者，以便连同其它申请资料一同上报。

检查医生请注意：健康的身体及心理状态是两项非常重要的海外学习条件，请根据申请者的实际健康情况慎重加以填写。

申请者总体健康状态：\_\_\_\_\_良好 \_\_\_\_\_好 \_\_\_\_\_一般 \_\_\_\_\_差

如您对以下的任何问题 回答“是”请以正楷书写方式对该项加以说明：

1. 申请者是否有任何饮食的限制？ 是 否（如果回答“是”，请简短说明。）\_\_\_\_\_

\_\_\_\_\_

2. 申请者是否有任何过敏症？ 是 否（如果回答“是”，请简短说明。）\_\_\_\_\_

\_\_\_\_\_

3. 申请者是否需要服用任何由医生指定的药物？ 是 否（如果回答“是”，请注明药物名称。）\_\_\_\_\_

\_\_\_\_\_

4. 其他的健康问题：\_\_\_\_\_

\_\_\_\_\_

医生姓名（请以正楷填写）\_\_\_\_\_

医生签名 \_\_\_\_\_日期\_\_\_\_\_

地址\_\_\_\_\_

电话\_\_\_\_\_