and the second se	A ORGANIZA CHARMAN	L EXAMINATION FOR	M
姓名 Name	性别 □ 男 Ma Sex □ 女 For	ule 出生日期	照片 (加盖检查单位印章)
现在通讯地址		en e	
Present mailing addr	ess		Photo
国籍或地区	出生地	血型	(Stamped Official
Nationality	Birth	Blood type	Stamp)
(or Area)	place		
ين ال	t去是否患有下列疾病: (每项后面请回答"否"或	" <u>,</u> ")
		y of the following diseases?	
	(Each item must be	answered "Yes" or "No")	· · · · · · · · · · · · · · · · · · ·
班疹 伤寒 Typhus fe	ever □No □Yes	菌 痢 Bacillary dy	vsentery □No □Yes
		布氏杆菌病 Brucellosis	
白 喉 Diphtheri		病毒性肝炎 Viral hepati	
猩红热 Scarlet fe		产褥期链球 Puerperal st	reptococcus infection
回 归 热 Relapsing	; fever 🗆 No 🗆 Yes	菌 感 染	□No □Yes
	phoid and paratyphoid feve	r □No □Yes	
流行性脑脊髓膜炎 El	videmic cerebrospinal menir	ngitis □No □Yes	
是否患有开	列危及公共秩序和安全的	的病症:(每项后面请回答'	"否"
Do you have any o	f the following diseases or o	disorders endangering the pu	日 残 Æ) hlic order and security?
(Each item must be a	nswered "Yes" or "No")		
毒物瘾	Toxicomania		······□No □Yes
精神错乱	Mental confusion		······□No □Yes
精神病 Psychosis:	躁狂型 Manic psycho	sis	······□No 🗆 Yes
	妄想型 Paranoid psyc	hosis*******	······DNo DYes
a	幻觉型 Hallucinatory	*************************	·······□No □Yes
} 高	厘米 体重	公斤 血压	毫米汞柱
leight	CM Weight	Kg Blood	pressure mmHg
文育情况	营养情况	·····································	n o ann an tao an tao an tao an tao an tao an tao ann a T
vevelopment	Nourishment	Neck	
见力 左 L	矫正视力		999 Mary
ision 右 R	1	右R Eyes	
祚 色力	皮肤	淋巴望	
olour sense	Skin	Lymph	
а — терду _ становурских полонираний, чока - ту учуст павлений - формала - ф А	And the second sec	扁桃体	
ars	Nose	me 476.14 Tonsils	
	肺		ng Pangagan i Sugar addig tyologi - ran anna pantanan ang interpreta native native na sa sa s
eart	Lungs	腹部 Abdom	!

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t e par	脊柱 Spine		四肢 Extremities			神经系统 Nervous system	4-9 1	
		他所见 ormal findings	······			· · · · · · · · · · · · · · · · · · ·		
	检 (附检: Chest)	部X线 查结果 查报告单) ζ-ray exam chest X-ray			心电图 ECG	•	station of an	
	re	port)			· · ·			
	(包括) 梅毒等血 Laborat (attached t	室检查 艾滋病、 1清学检查) fory exam rest report of /philis etc)						and a second
		5 None of the fo 霍乱 黄热病 鼠疫 麻风	长发现患有下列检疫传到 llowing diseases of disor Cholera Yellow fever Plague Leprosy	k病和危害公 ders found du 性病 肺结核 艾滋病 精神病	ving the pro Venere Lung to AIDS	esent examination. al Disease uberculosis		and a first state of the second s
۲ S	意 见 uggestion		ala anna an Anna A		检查单位盖 Official Sta		Not eneral alements	



United Nations Educational, Scientific and Cultural Organization

7, place de Fontenoy, 75352 Paris 07 SP telephone: (33.1) 45.68.10.00

APPLICATION FOR FELLOWSHIP

CERTIFICATE OF LANGUAGE KNOWLEDGE

Name of	f candidate	Language
Address	of candidate	
(1)	ABILITY TO UNDERSTAND	
	 (a) Understands without difficulty when addressed at normal rate (b) Understands almost everything, if addressed slowly and carefully (c) Requires frequent repetition and/or translation of words and phrait (d) Does not understand spoken language 	,
(2)	ABILITY TO SPEAK	
	 (a) Speaks fluently and accurately and is easily intelligible (b) Speaks intelligibly, but is not fluent or altogether accurate (c) Speaks haltingly, and is often at a loss for words and phrases 	
(3)	ABILITY TO WRITE	
	 (a) Writes with ease and accurately (b) Writes slowly and/or with only a moderate degree of accuracy (c) Writes with difficulty and makes frequent mistakes 	
(4)	READING ABILITY AND COMPREHENSION	
	 (a) Reads fluently, with full comprehension	mary
(5)	TECHNICAL LANGUAGE	
	Certain fellowships require a particular knowledge of specialized or tec please evaluate candidate's ability with reference to paras. 1, 2, and 4	hnical language. In such cases, above.
(6)	Please indicate any further facts about candidate's language knowledge development of his programme:	e which may be of value in the
LANGUAG	E TEST HAS BEEN MADE BY Address:	
Name:		
Title:		
COMMEN	Date:	1

	外国人体。 REIGNER PHYSICAL	格检查表 EXAMINATION FORM	
姓名 Name	性别 □ 男 Male Sex □ 女 Femal	出生日期	照片 (加盖检查单位印章)
現在通讯地址 Present mailing address			Photo
国籍或地区 Nationality (or Area)	出生地 Birth place	血型 Blood type	(Stamped Official Stamp)
斑疹 伤寒 Typhus fever 小儿麻痹症 Poliomyelitis 白 喉 Diphtheria 猩 红 热 Scarlet fever 回 归 热 Relapsing feve 伤寒和付伤寒 Typhoia 流行性脑脊髓膜炎 Epidem 是否患有下列危 Do you have any of the (Each item must be answer 毒物瘾 Tor 精神错乱 Me 精神病 Psychosis: 躁狂	Have you ever had any o (Each item must be ans □No □Yes 菌 □No □Yes 布I □No □Yes 亦 □No □Yes 亦 r □No □Yes 菌 d and paratyphoid fever ic cerebrospinal meningiti 反公共秩序和安全的病 following diseases or disor ed "Yes" or "No") dicomania multiconfusion tal confusion 1 Manic psychosis 型 Manic psychosis 型 Hallucinatory	wered "Yes" or "No") 痢 Bacillary dysen 私杆菌病 Brucellosis 季性肝炎 Viral hepatitis 辱期链球 Puerperal strept 感 染 □No □Yes s □No □Yes c : (每项后面请回答"否" rders endangering the public	tery □No □Yes □No □Yes □No □Yes ococccus infection □No □Yes 或"是") order and security? …□No □Yes …□No □Yes …□No □Yes …□No □Yes …□No □Yes
Height CM	Weight	公斤 血压 Kg Blood pres	毫米汞柱 sure mmHg
之育情况 Development	营养情况 Nourishment	颈部 Neck	
L方 左 Lision 右 R	矫正视力 左 Corrected vision 右	L 眼 R Eyes	
绝力 plour sense	皮肤 Skin	淋巴结 Lymph node	es
IIS ,	鼻 Nose	扁桃体 Tonsils	
art	肺 Lungs	腹部 Abdomen	

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脊柱 Spine	四肢 Extremities		神经系统 Nervous system	
其他所见 Other abnormal findings				
胸部 X 线 检查结果 (附检查报告单)			电图 CG	
Chest X-ray exam (attached chest X-ray report)				
化验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)				
None of the	未发现患有下列检疫传 following diseases of diso	染病和危害公共	健康的疾病: g the present examination.	
霍乱	Cholera	性病	Venereal Disease	
黄热病		肺结核	Lung tuberculosis	
鼠疫麻风	Plague Leprosy	艾滋病 精神病	AIDS Psychosis	
意 见 Suggestion	检查单位盖章 Official Stamp			
医师签字 ignature of physician		日; Da		