



**MEDICAL
CLINIC**

Full Name:

Passport Number:

Date:

EMGS CHECKLIST FOR MEDICAL EXAMINATION

Please remark with a ✓ that you have completed/brought all of the following documents on this checklist **prior to** setting your health appointment at Laurent Bleu Medical Clinic.

DOCUMENTS


Item	Complete (✓)
1. Complete and bring a printed copy of the Health Declaration Form	
2. Complete Section 1 (Part A & B) and Section 5	
3. Download the EMGS app and register. Note: app is incompatible with Honor/Huawei phones.	



EMGS Mobile App
Education
Designed for iPhone. Not verified for macOS.



HEALTH HISTORY/VACCINATION

Item	Yes	No	Remarks
4. Dates of COVID Vaccination			1
			2
			3
5. Are you coming from a high-risk yellow fever country? Scan QR code for list of yellow fever countries 			**If yes, bring your yellow fever vaccination certificate.
6. Do you have any known/diagnosed medical conditions?			If yes, bring your most recent diagnoses report. The report must be in English.
7. Do you have any issues or concerns with colored vision?			If yes, bring a clarification/approval letter from your professor that it is okay to proceed with your application.
8. Females only: What is the date of your last menstrual period?			
9. Females only: Are you currently pregnant?			If yes, bring your medical record to show LMP and EDD

BRING THE FOLLOWING

Item	Complete (✓)
10. Original passport	
11. One passport photo	

WHAT TO EXPECT

-Urine Test
-Lab Blood Test (you do not need to fast prior to lab blood test)
-X-Ray
-Physical Exam, including vision test
**If yes to question 5 and you do not have a yellow fever certificate, you may either provide a resident card to a non-yellow fever country or take the yellow fever vaccine at an approved clinic



**MEDICAL
CLINIC**

姓名:
护照号码:
日期:


EMGS 体检检查清单

在 Laurent Bleu Medical Clinic 进行健康预约之前, 请用 ✓ 注明您已填写/携带此清单上的所有文件。

所需文件

项目	已完成 (✓)
1. 填写并携带打印版健康状况声明书	
2. 完成部分 1A 和 B 以及部分 5	
3. 下载EMGS 应用程序并注册。 注意: Honor/Huawei 手机无法响应该应用程序。	
 EMGS Mobile App Education <small>Designed for iPhone. Not verified for macOS.</small>    	

健康史/疫苗接种

项目	是	否	备注
4. 新冠病毒疫苗接种的日期			1
			2
			3
5. 您是否来自黄热病高发风险国家? 扫描二维码查看黄热病国家名单 			**如是, 请携带您的黄热病疫苗接种证书。
6. 您有任何已知/已确诊的疾病吗?			如是, 请携带您最新的诊断报告。该报告需为英文。
7. 您是否色盲?			如是, 请携带您教授的澄清/批准信, 表明可以继续您的申请。
8. 仅限女性: 您最近一次月经的日期是哪一天?			
9. 仅限女性: 您是否正在妊娠?			如是, 请携带您的体检记录以证明您的最后一次经期以及预产期。

请携带以下物品

项目	已完成 (✓)
10. 护照原件	
11. 一张护照照片	

我们将进行以下检查

-尿检
-血液检查 (检查前, 您无需禁食)
-X-Ray
-体检, 包括视力测试
** 若问题 5 的答案为"是",
且您没有黄热病疫苗接种证书, 您可以提供非黄热病国家的居留卡, 或在正规的诊所接种该疫苗。