



东岭圣经学院

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健康证本

申请者注意：本院规定所有外国学生必须呈交此健康证书，此健康证书必须由你的医师以英文填写及亲自签署并且警快寄回本院。你可将有关已填妥并经你的医师签署/证实之表格邮寄至 admin@tungling.org.sg，或传真至 (65) 6345 4639，到校时须交上此健康证书之正本。谢谢你的合作。

Applicant: This Health Certificate is a requirement for all foreign students. This is to be submitted in English, hand-signed and certified by your physician, on this Tung Ling Bible School official form only and must be received as soon as possible. Kindly email the completed form, dated and signed/certified by your physician to admin@tungling.org.sg or fax to (65) 6345 4639 and bring the original with you to the school. Thank you for your co-operation.

事奉学校 年份
School of Ministry Year _____

甲-个人资料 Section A - Personal Information

_____ Date of Birth _____/_____/_____ Gender: M F
英文姓名 Name (如护照 as in the passport) 生日日期 日/月/年 性别 男 女
Day / Month / Year

_____ 英文地址 Address _____ 国家 Country

只供女性申请者 For Women Applicants Only

你目前是否怀孕
State whether you are pregnant No 不是 Yes 是

(若申请者在抵新之前发现有孕，有关申请将被展延。)
(Should you become pregnant before your scheduled arrival date, your application will be deferred.)

体格检验-由医生填写 Physical Examination - To be completed by a Medical Doctor

身高 _____ 体重 _____ 血压: _____ 心缩压 _____ 心舒压 _____
Height: _____ Weight: _____ Blood Pressure: Systolic _____ Diastolic _____

请注明申请者是否患有以下病症 (请打✓)

Please indicate (mark with ✓) if the applicant has suffered any of the following:

- | | | | |
|---|--|--|--|
| 哮喘 Asthma <input type="checkbox"/> | 霍乱 Malaria <input type="checkbox"/> | 皮肤病 Skin Disease <input type="checkbox"/> | 过渡紧张 Hypertension <input type="checkbox"/> |
| 糖尿病 Diabetes <input type="checkbox"/> | 癫痫症 Epilepsy <input type="checkbox"/> | 心脏病 Heart Disease <input type="checkbox"/> | 肺结核 Tuberculosis <input type="checkbox"/> |
| 痛风 Gout <input type="checkbox"/> | 血液病 Blood Disorder <input type="checkbox"/> | 胃病 Gastric disorder <input type="checkbox"/> | 睡眠失调 Sleep Disorder <input type="checkbox"/> |
| 癌症/肿瘤 Cancer/Tumour <input type="checkbox"/> | | | |
| 爱滋病毒阳性/爱滋病 HIV+/AIDS <input type="checkbox"/> | | | |
| 精神病 Mental Disorder <input type="checkbox"/> | (例如忧郁症, 精神分裂症 Eg. depression, schizophrenia) | | |

若是，请解释有关病症并说明目前状况及治疗情形。

If yes, please explain the medical disease and state the present condition and treatment:

听觉 正常 异常 详细说明

Hearing: Normal Abnormal Explain _____

视觉 正常 配戴眼镜 配戴隐形眼镜 详细说明

Vision: Normal Glasses Contact Lenses Explain _____

身体上的残疾 Physical Disabilities/Deformities

饮食限制 Diet Restrictions

手术（若有）并注明手术日期 Surgery (if any) and Date of Surgery

服用药物名单 List Medications or Drugs Required

其他说明 Any further comments _____

医生声明 Physician's Declaration

我已经为申请者：_____ 作过健康检查并确定在体质上他/她可到新加坡参与三个月的事奉学校培训。

I certify that I have examined the candidate _____ and certify that he/she is medically fit to travel and attend the 3-month School of Ministry /School of Leadership * course in Singapore.

医生姓名及资格 Name of Doctor and Qualifications

正式盖章 Official Stamp

地址 Address

邮区，国家 Postal Code, Country

电话 Telephone

医生签署 Doctors Signature _____

日期 Date _____

*删去不适用者 delete where applicable