

# Visa Checklist

Use the following checklist to make sure that you have completed the item listed. Some of the items you already have, but may use to ensure that you have it with you for the interview.

Item	Description
<input type="checkbox"/>	1. Beneficiary's birth certificate and certified English translation.
<input type="checkbox"/>	2. Child's birth certificate and certified English translation.
<input type="checkbox"/>	3. Beneficiary's and child over 16 Police report and certified English translation.
<input type="checkbox"/>	4. Divorce / death certificate and certified English translation as required.
<input type="checkbox"/>	5. Passport photos of all.
<input type="checkbox"/>	6. Notarized copy of I-134—Affidavit of Support.
<input type="checkbox"/>	7. Petitioner's W2 Tax forms to match tax returns.
<input type="checkbox"/>	8. Previous two years tax returns.
<input type="checkbox"/>	9. Notarized letter from Petitioner's Employer on Company letterhead.
<input type="checkbox"/>	10. Copy Petitioner's passport showing all pages including blank ones.
<input type="checkbox"/>	11. Photos depicting beneficiary, petitioner, and any children together.
<input type="checkbox"/>	12. Copies of telephone records from calling card companies etc., to prove conversation.
<input type="checkbox"/>	13. P4 paperwork—K1 Appointment Letter in English (Figure 1).
<input type="checkbox"/>	14. P4 paperwork—K1 Appointment Packet 4 Letter in Chinese and English <sup>1</sup> (Figure 2 and Figure 3).
<input type="checkbox"/>	15. P4 paperwork—GNI-2—Supplemental Form (Figure 4 and Figure 5).
<input type="checkbox"/>	16. P4 paperwork—Certification of Intent to marry me (Figure 6).
<input type="checkbox"/>	17. P4 paperwork—GIV-24—Family Composition Sheet (Figure 7 through Figure 10).
<input type="checkbox"/>	18. P4 paperwork—GIV-8—Medical Examination Instructions (English—Figure 11, Chinese—Figure 12).
<input type="checkbox"/>	19. P4 paperwork—DS-2053—Medical Examination for Immigrant or Refugee Applicant (Figure 13 and Figure 14).

<sup>1</sup> Replaces old OF-171

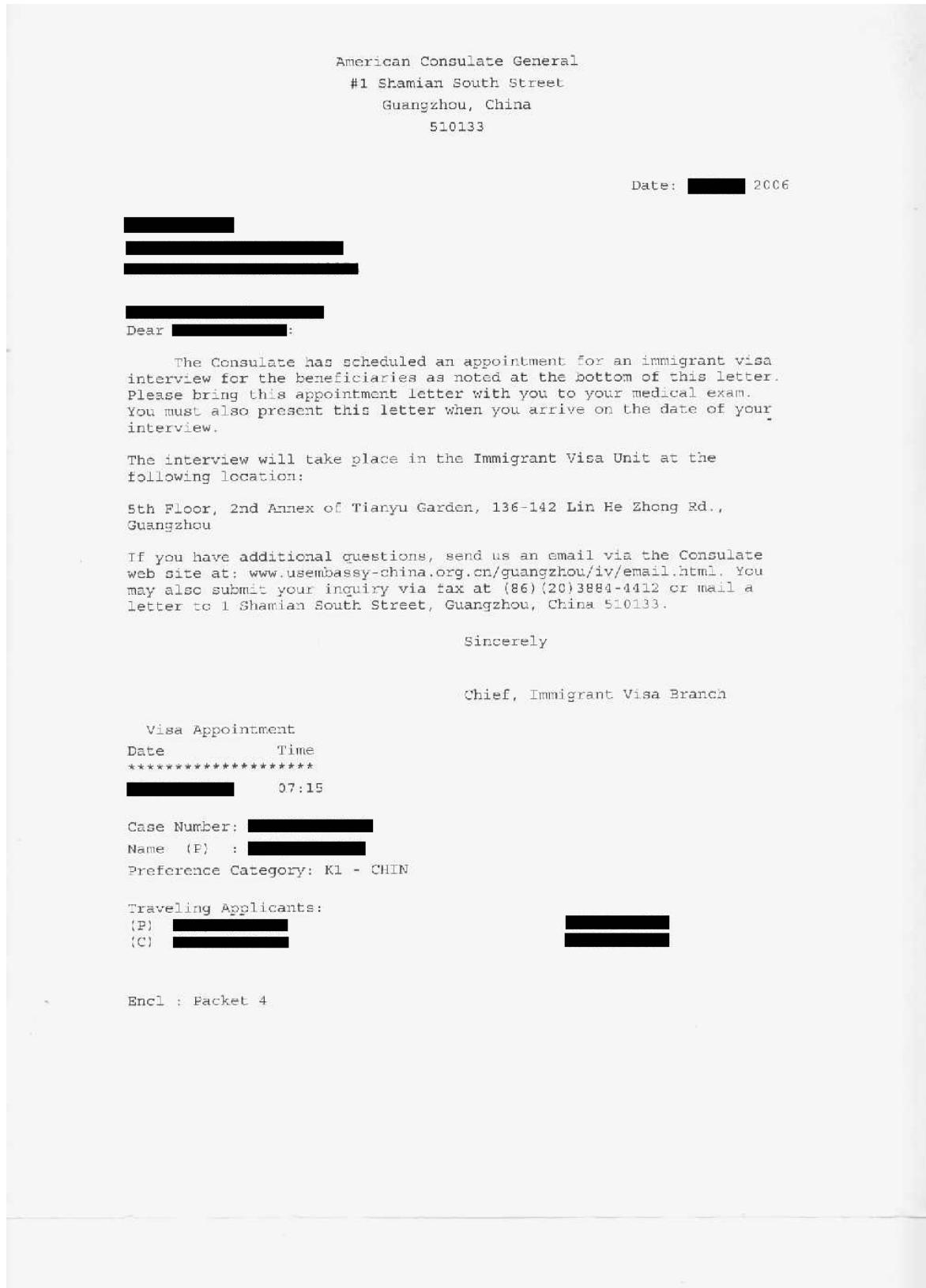
Item	Description
<input type="checkbox"/> 20.	P4 paperwork—DS-3024—Chest X-Ray and Classification Worksheet (Figure 15 and Figure 16).
<input type="checkbox"/> 21.	P4 paperwork—DS-3025—Vaccination Documentation Worksheet (Figure 17 and Figure 18).
<input type="checkbox"/> 22.	P4 paperwork—DS-3026—Medical History and Physical Examination Worksheet (Figure 19 and Figure 20).
<input type="checkbox"/> 23.	P4 paperwork—DS-156—Non-Immigrant Visa Application in Chinese (Figure 21 and Figure 22).
<input type="checkbox"/> 24.	P4 paperwork—DS-156—Non-Immigrant Visa Application in English (Figure 23 and Figure 24).
<input type="checkbox"/> 25.	P4 paperwork—DS-157—Supplemental Non-Immigrant Visa Application in Chinese (Figure 25).
<input type="checkbox"/> 26.	P4 paperwork—DS-157—Supplemental Non-Immigrant Visa Application in English (Figure 26).
<input type="checkbox"/> 27.	P4 paperwork—DS-156K—Non-Immigrant Visa Application (Figure 27).
<input type="checkbox"/> 28.	P3 paperwork—OF-169-Instructions for Immigrant Visa Applicants in English. This is the checklist that you completed and sent to the US consulate. You must have everything listed on it also.*You may not need this, but should have it with you.
<input type="checkbox"/> 29.	P3 paperwork—OF-169-Instructions for Immigrant Visa Applicants in Chinese. This is the checklist that you completed and sent to the US consulate. You must have everything listed on it also. *You may not need this, but should have it with you.
<input type="checkbox"/> 30.	P3 paperwork—Cover Letter that informs you that the Consulate is pleased to inform you that it can begin processing of your case. Also has your case number and traveling companions (children).
<input type="checkbox"/> 31.	P3 paperwork—OF-167-Evidence Which May be Presented to Meet the Public Charge Provisions of the Law. *You may not need this, but should have it with you.
<input type="checkbox"/> 32.	P3 paperwork—Copy of the Supplemental Information Sheet and the answers you completed for it (e.g., GUZ case number, Visa category, etc.).
<input type="checkbox"/> 33.	P3 paperwork—DS-230 Part 1—two pages for the form, and any attachments for question 22-previous employers, and 23-list of educational institutions attended. *You may not need this, but should have it with you.
<b>Other Items That May Not be Requested but that You Should Bring</b>	
<input type="checkbox"/> 34.	Copies of Petitioner's divorce certificates from previous marriage(s).
<input type="checkbox"/> 35.	Copies of a few emails exchanged together.
<input type="checkbox"/> 36.	I-797, Notice of Action—NOA2—Petition Approval.
<input type="checkbox"/> 37.	
<input type="checkbox"/> 38.	

Item	Description
<input type="checkbox"/>	39.
<input type="checkbox"/>	40.
<input type="checkbox"/>	41.
<input type="checkbox"/>	42.
<input type="checkbox"/>	43.
<input type="checkbox"/>	44.
<input type="checkbox"/>	45.
<input type="checkbox"/>	46.
<input type="checkbox"/>	47.
<input type="checkbox"/>	48.

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**Figure 1. Appointment Letter in English**

## LETTER TO K1/K2 APPLICANT

Dear Applicant,

An appointment has been made for you to have a visa interview with a consular officer. Please read the instructions carefully and prepare the following required documents for your visa:

- Fill out all the forms in the K1 Appointment Packet:  
Two DS-156/157 Application Forms (please provide Chinese name and telegraphic code on Form DS-156), with 4 visa photos attached  
Form CNI-2  
Certification of Legal Capacity and Intend to Marry  
Form DS-156K  
Family Composition Sheet (GIV-24)
- Valid Passport. You must have a passport which will be valid for at least 8 months beyond the date on which a visa is issued to you.
- Notarial Birth Certification
- Unmarried Certificate. If you were married previously, obtain one Notarial Marriage Certificate and Divorce/Death Certificates to prove dissolution of the marriage.
- Notarial Police Certificate. Each applicant aged 16 or over must submit a police certificate. Police certificates are valid for one year.
- Medical Exam Report (DS-2053 and associated worksheets). No vaccinating required.
- Evidence of Support: obtain I-134 (Recommended) and a copy of the most recent year tax return from the petitioner
- Proof of Relationship
- NIV Application Fee Receipt

NOTE THAT NO ADVANCE ASSURANCE CAN BE GIVEN THAT A VISA WILL ACTUALLY BE ISSUED. YOU ARE STRONGLY ADVISED AGAINST GIVING UP YOUR JOB, DISPOSING OF PROPERTY, OR BUYING PLANE TICKETS UNTIL YOU ACTUALLY RECEIVE YOUR VISA.

SHOULD A VISA BE APPROVED ON THE DATE OF THE INTERVIEW, IT WILL BE HANDED OUT ON THE FOLLOWING BUSINESS DAY, BARRING ANY UNFORESEEN CIRCUMSTANCES.

Immigrant Visa Unit  
U. S. Consulate Guangzhou

**Figure 2. K1 Appointment Packet 4 Letter in English**

## K1/K2 签证申请人须知

亲爱的申请人：

本馆已经为您安排了与领事会见的时间。请仔细阅读此说明并准备以下签证必需的材料：

- 请填好所有附在面谈通知里的表格  
两份 DS-156/157 申请表(请同时在表中提供中文姓名及电码), 贴上四张签证相片。  
GIN-2 表  
结婚资格证书  
DS-156K 表  
家庭履历表(GIV-24)
- 有效的护照。从你签证之日起, 护照的有效期不得少于八个月。
- 出生公证书
- 未婚公证书。如有既往婚史, 请提供一份以前婚姻的离婚公证书或配偶死亡公证书。
- 无犯罪记录公证书。每一位十六岁以上的申请人必须提供一份警方公证书。警方公证书的有效期为一年。
- 体检报告(即 DS-2053 表及其相关表格)。不要求预防接种。
- 生活担保证据。请提供 I-134 经济担保书(建议使用)及美国申请人最近一年的税单。
- 你与美国申请人关系的证明材料
- 非移民签证申请费的收据

注意：本馆不事先许诺您的签证能否被批准。本馆尤其建议您，在未获得签证前，不要办理离职、财产处理、购买机票等手续。

如果面试当日签证被批准, 签证将在第二个工作日发出, 不可预知的情况除外。

美国驻广州总领事馆移民签证部

**Figure 3. K1 Appointment Packet 4 Letter in Chinese**

## SUPPLEMENTAL FORM GNI-2

The following questions must all be answered, in English, by any alien seeking a K-1 fiance (e) visa.

1. Name of visa applicant: \_\_\_\_\_.
2. Applicant's date and place of birth: \_\_\_\_\_.
3. Applicant's father's name: \_\_\_\_\_. Mother's name: \_\_\_\_\_.
4. Have you ever been married? \_\_\_\_\_. If the answer is yes, how many times? \_\_\_\_\_.
5. Do you have any unmarried minor children? \_\_\_\_\_. If yes, how many? \_\_\_\_\_.
6. List all places of residence for 6 months or more since your sixteenth birthday:  
City/Town      Province      Country      Dates (From-To)      Occupation
7. List all organizations or political parties you are now or have been a member of or affiliated with since your sixteenth birthday. Include professional, vocational, social, and political organizations;  
Name of Organization      Dates of Membership      Type of Membership/Leadership Positions
8. List all languages, including your own, that you now can speak, read, or write:  
Language      Speak      Read      Write
9. Have you ever been to the United States? If yes, for how long and on what type of visa?
10. Have you ever been treated in a hospital, institution, or elsewhere for a mental disorder, drug addiction, or alcoholism? If the answer is yes, please explain the dates and circumstances.
11. Have you ever been arrested, convicted or confined in a prison, or have you ever been placed in a poorhouse or other charitable institution? If the answer is yes, please explain.
12. Have you ever been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? If the answer is yes, please explain.
13. Have you ever applied for a visa to enter the United States? If the answer is yes, please explain which kind of visa you applied for, and whether the visa was granted or refused.
14. Have you been refused admission to the United States during the last twelve months? If yes, please explain.
15. Have you ever registered with a draft board under United States Selective Service Laws?
16. Have you ever applied for relief from training and service in the United States Armed Forces or departed from or remained outside the United States to avoid or evade military service? If yes, please explain.
17. United States law governing the issuance of visas requires each applicant to state whether or not he/she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below. You should read carefully the following paragraphs. Your understanding of their content and the answers you give to the questions that follow will assist the consular officer in reaching a decision on your eligibility to receive a visa.

EXCEPT AS OTHER WISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE INELIGIBLE TO RECEIVE A VISA:

(A) Aliens who are mentally retarded, insane, or who have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, a mental defect, narcotic drug addiction, chronic alcoholism or any other dangerous or contagious disease; aliens who have a physical defect, disease, or disability affecting their ability to earn a living; aliens who are paupers, professional beggars, or vagrants; aliens convicted of a crime involving moral turpitude or who admit committing the essential elements of such a crime, or who have been sentenced to confinement for at least five years in the aggregate for conviction of two or more crimes; aliens who are polygamists, or who practice or advocate polygamy; aliens who are prostitutes, or who have engaged in, benefited financially from, procured or imported persons for the purpose of prostitution, or who seek entry to the United States to engage in prostitution

**Figure 4. GNI-2—Supplemental Form (page 1)**

-2-

or other commercialized vice or any immoral sexual act; and aliens likely to become a public charge in the United States.

DO ANY OF THE FOREGOING CLASSES APPLY TO YOU? YES \_\_\_\_\_ NO \_\_\_\_\_

(B) Aliens who seek reentry within one year of their exclusion from the United States, or who have been arrested and deported from the United States, or removed at Government expense in lieu of deportation, or removed as an alien enemy; aliens who procure or attempt to procure a visa or other documentation by fraud or willful misrepresentation; aliens who are not eligible to acquire United States citizenship and who have departed from or remained outside the United States to avoid United States military service in time of war or national emergency; aliens who have been convicted for violating or for conspiring to violate certain laws or regulations relating to narcotic drugs and marihuana, or who are known or believed to be, or to have been, an illicit trafficker in narcotic drugs; aliens seeking entry from foreign contiguous territory or adjacent islands within two years of their arrival therein on a non-signatory carrier, aliens who are unable to read and understand some language or dialect; aliens who, knowingly and for gain, have encouraged or assisted any other alien to enter or attempt to enter the United States in violation of law; and aliens who are former exchange visitors who have not yet fulfilled the two-year foreign residence requirement. DO ANY OF THESE CLASSES APPLY TO YOU? YES \_\_\_\_\_ NO \_\_\_\_\_

(C) Aliens who are, or at any time have been, anarohists, or members of or affiliated with any totalitarian party, including any subdivision or affiliate thereof; aliens who advocate or teach, or who have advocated or taught, either by personal utterance or by means of any written or printed matter, or through affiliation with an organization, (1) opposition to organized government, (2) the overthrow of government by force and violence, (3) the assaulting or killing of government officials because of their official character, (4) the unlawful destruction of property, (5) sabotage, (6) establishment of a totalitarian dictatorship in the United States; aliens who seek to enter the United States to engage in prejudicial activities or unlawful activities of a subversive nature; and aliens who during the period of March 23, 1933 to May 8, 1945, under the direction of the Nazi Government of Germany ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion. DO ANY OF THESE CLASSES APPLY TO YOU? YES \_\_\_\_\_ NO \_\_\_\_\_

18. Were you assisted in completing this application? If yes, who assisted you? \_\_\_\_\_  
.....

DO NOT WRITE BELOW THE FOLLOWING LINE  
.....

I claim to be exempt from ineligibility to receive a visa and exclusion under item \_\_\_\_\_ in part \_\_\_\_\_ for the following reasons:

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found inadmissible under the immigration laws.

I understand that any willfully false or misleading statements or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I do solemnly swear and affirm that all statements which appear in this application have been made by me and are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me on \_\_\_\_\_ in Guangzhou, China.

GNI-2 (9/90)

\_\_\_\_\_  
Consul of the United States of America

**Figure 5. GNI-2—Supplemental Form (page 2)**

CERTIFICATION OF LEGAL CAPACITY AND INTENT TO MARRY

**结 婚 资 格 证 书**

I hereby certify that I am legally free to marry and intend  
本人证明在进入美国后九十天内本人是法律上有自由并拟与美国公民

to marry \_\_\_\_\_, an American citizen-  
结婚。

within 90 days of my admission into the United States

\_\_\_\_\_  
Signature of Applicant  
申请人签字

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
二〇 年 月 日当我面前签名同意及宣誓

\_\_\_\_\_  
Consul of the United States of America

at \_\_\_\_\_  
美国领事

**Figure 6. Certification of Legal Capacity and Intent to Marry)**

**AMERICAN CONSULATE GENERAL, GUANGZHOU**  
**美国驻广州总领事馆**  
**FAMILY COMPOSITION SHEET**

**家庭履历表**

1. My name is  
本人姓名\_\_\_\_\_

Chinese Name and  
Standard Telegraphic Code No.  
本人中文姓名和标准电码\_\_\_\_\_

2. Mailing Address 通讯地址\_\_\_\_\_

All persons 16 years or older must complete this form.  
Please answer all questions on all sides. Use extra sheets if needed. If answer is "no", please state.  
凡年满十六岁的申请人均需用中文和英文填写本表。  
请填写本表各页的所有项目。如果空格不够,可另纸填写并注明所属项目的号码。如果回答是“无”,  
亦应注明。

3. Employment  
工作经历

Company Name 单位名称	City 城市	Occupation 职业	From/To 起止日期
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Marriage-List all past/present marriages  
婚姻史——请写上现在/过去的各次婚姻

Spouse Name 配偶姓名	Marriage Date/Place 结婚日期和地点	Date/Place/Reason Marriage Ended 婚姻结束的日期、地点和原因
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Petitioner; When/how did petitioner enter U.S.? Type of Visa? "A" Number?  
美国申请人何时/如何进入美国? 其签证类别? "A"号码?

GIV-24(REV 3/96)

**Figure 7. GIV-24—Family Composition Sheet (page 1)**

**Figure 8. GIV-24—Family Composition Sheet (page 2)**

cluding all half, step or adoptive relationships – and yourself. Give mother's maiden name. If your parent or  
ionship. If deceased, give date of death.  
(同父异母或同母异父、继、收养)兄弟姐妹;请填写母亲婚前姓名;如果父/母、配偶以前曾结婚或纳妾,请注

<input checked="" type="checkbox"/> Present Address 现住址	US Entry Date/Type of Visa 进入美国的日期/签证类别	Occupation 职业
<hr/>		
here are no others. There are no omissions. ers/sisters listed above. There are no others. There are no omissions.		
弟姐妹。 _____	Signature 签名 _____	Date 日期 _____

**Figure 9. GIV-24—Family Composition Sheet (page 3)**

**Figure 10. GIV-24—Family Composition Sheet (page 4)**

**CONSULATE GENERAL OF THE UNITED STATES OF AMERICA**  
Guangzhou, People's Republic of China

**Medical Examination Instructions**

Now that you have obtained the various documents required in connection with your immigrant visa application, you should make arrangements for your medical examination. All members of your family who intend to apply for their immigrant visas at this time must have a medical examination. This includes all children, regardless of age.

You should arrange to undergo your medical examination at the hospital indicated below. Medical examinations conducted at other hospitals will not be accepted. You must go to the hospital to have your examination earlier than your visa interview appointment date. Each person who is examined must bring passport and four photographs of himself to give to the examining physician.

You must have a medical clearance at the time of the interview, we strongly suggest you go to the hospital at least 4 days before the appointment date, as some test can take up to 3 days.

In order to speed up the document checking process when you come to the Consulate for your interview, the panel physician facilities will be checking your materials for completeness and putting the documents in the proper order for interview.

At the time of your medical exam, please bring all the documents listed on Form OF-171, "Appointment Letter for Immigrant Visa Applicants" (K/V applicants please refer to "Letter to K/V Applicants") with you to the designated clinic or hospital. The staff there will help to put these materials in order, and then return them to you in a sealed envelope which is to be opened only by the Consulate staff at the time of interview. Your signature will be required to indicate your participation in the process.

NAME	ADDRESS, TEL#, PRICE
Beijing International SOS Clinic	Building C, BITIC Leasing Center, No. 1 North Road Xing Fu San Cun, Chao Yang District, Beijing Tel: (010) 64629112 Price: US \$ 130 for adult, US \$ 110 for child
International Medical Center- Beijing Tongren Hospital	RM. 107 Office Building, Beijing Lufthansa Center, Beijing Tel: (010) 64622097, 64622079 Price: US \$ 130 for adult, US \$ 110 for child
Fujian Provincial Hospital	#134 Dongjie, Fuzhou, Fujian Tel: (0591) 7557768-8065 (for appointment) Price: RMB 1000 for adult, RMB 800 for child
First Hospital of Guangzhou Medical College	#151 Yan Jiang Xi Road, Guangzhou Tel: (020) 83337750 - 7098 Price: RMB 600 for adult, RMB 300 for child
Health Care Center of Guangdong International Travel	#33 Shamian North Street, Shamian Island, Guangzhou Tel: (020) 81219500, 81219513 Price: RMB800 for adult, RMB500 for child
Shanghai First People's Hospital	#585 Jiu Long Road, Hong Kou District, Shanghai Tel: (021) 63240090 Price: RMB 900 for adult, RMB 600 for child
Taishan People's Hospital	#80 Huan Bei Da Dao, Taishan, Guangdong Tel: (0750) 5522299 Price: RMB 750 for adult, RMB 500 for child

GIV-8 (REV. 8/04)

**Figure 11. GIV-8—Medical Examination Instructions (English)**

# 美国驻广州总领事馆

## 体检说明

鉴于你已准备好申请移民签证所需要的证件，你应该就体检作出安排。你的家庭中准备现在申请移民签证的所有成员，包括儿童，不论其年龄大小，均应进行体检。

你可到下列的指定医院接受体检。我们不接受非指定医院的体检报告。你必须在本馆安排你签证问话的日期前去医院体检。每一接受体检者需携带护照及四张照片。

你必须在问话时持有体检结果。我们极力建议你在约见日期前至少四天内到指定的医院体检，因为有些体检项目至少需要 3 天时间。

为了加快您在领事馆面谈时的资料审查程序，我们将通过指定医院的工作人员检查您所提供的移民材料是否完备，并将所有的资料按相应的顺序整理好以便面谈之用。

请您到指定的诊所或医院体检时，带齐所有列明在 OF-171 表即“移民签证申请人约见说明”(K/V 签证申请人请参照“K/V 签证申请人须知”)上的资料。医院的工作人员会把所有的资料按顺序整理好，并用信封装好并封口，然后交还给您。该包裹只能由领事馆的工作人员在您面谈时拆开。您将被要求签名以证明您参与了该资料检查过程。

北京国际 (SOS) 救援中心

地址：北京朝阳区幸福二村北街 1 号

北信租赁中心 C 座

电话：(010) 64629112

体检费用：成人 130 美元或等值人民币

儿童 110 美元或等值人民币

北京国际医疗中心——北京同仁医院

地址：北京市亮马桥路 50 号燕莎写字楼 107 室

电话：(010) 64622097, 64622079

体检费用：成人 130 美元或等值人民币

儿童 110 美元或等值人民币

福建省立医院

地址：福州市东街 134 号

电话：(0591) 7557768-8065 (需预约)

体检费用：成人 1000 元人民币

儿童 800 元人民币

广东国际旅行卫生保健中心

地址：广州市沙面北街 33 号

电话：(020) 81219500/81219513

体检费用：成人 800 元人民币

儿童 500 元人民币

广州医学院第一附属医院

地址：广州市沿江西路 151 号

电话：(020) 83337750-7098

体检费用：成人 600 元人民币

儿童 300 元人民币

上海第一人民医院国际保健中心

地址：上海市虹口区九龙路 585 号

电话：(021) 63240090

体检费用：成人 900 元人民币

儿童 600 元人民币

台山市人民医院

地址：广东省台山市环北大道 80 号

电话：(0750) 5522299

体检费用：成人 750 元人民币

儿童 500 元人民币

GIV-8 (2004 年 8 月修订)

**Figure 12. GIV-8—Medical Examination Instructions (Chinese)**

	U. S. Department of State 美国国务院 <b>MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT</b> 移民或难民医学检查		OMB No 1405-0113 EXPIRATION DATE: 05/31/2007 表格有效期至: 2007年5月31日 ESTIMATED BURDEN: 10 minutes 完成表格估计耗时: 10分钟 (See Page 2-Back of Form) (见第二页)	
<b>Photo</b>  	Name (Last, First, MI) 姓名(姓,名) Birth Date (mm-dd-yyyy) 出生日期(月-日-年) Birthplace (City/County) 出生地(城市/国家) Present Country of Residence 现居住国 U. S. Consul (City/Country) 美领所在地(城市/国家) Passport Number 护照号码			SEX: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Prior Country 原居住国 Alien (Case) Number 档案号码
Date (mm-dd-yyyy) of Medical Exam 医学检查的日期(月-日-年) Date Exam Expires (6months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) 体检结果有效截止日期(从体检之日起12个月,若申请人属A级或结核患者,为6个月)(月-日-年) Exam Place (City/Country) 体检地点(城市/国家) Radiologist Services (name) 影像检查机构(名称) Lab (name for HIV/syphilis/TB) 实验室名称(人类免疫缺陷病毒/梅毒/结核)		Date (mm-dd-yyyy) of Prior Exam, if any 如曾检查过,注明上次检查日期(月-日-年) Panel Physician (name) 主检医生(姓名) Screening Site (name) 体检医院(名称)		
<p>(1) Classification (check all boxes that apply):          分类(在相应方格内打勾)</p> <p><input type="checkbox"/> No apparent defect, disease, or disability (see Worksheets DS-3024, DS-3025 and DS-3026)          无明显损害、疾病或残废(见DS-3024, DS-3025和DS-3026表)</p> <p><input type="checkbox"/> Class A Conditions (From Past Medical History and Physical Examination Worksheets)          A级病症(根据过去史和体检表的内容判断)</p> <p><input type="checkbox"/> TB, active, infectious (Class A from Chest X-Ray Worksheet)          活动性结核,具传染性(根据胸部X光检查情况定为A级)</p> <p><input type="checkbox"/> Syphilis, untreated          梅毒,未治疗</p> <p><input type="checkbox"/> Chancroid, untreated          软下疳,未治疗</p> <p><input type="checkbox"/> Gonorrhea, untreated          淋病,未治疗</p> <p><input type="checkbox"/> Granuloma inguinale, untreated          腹股沟肉芽肿,未治疗</p> <p><input type="checkbox"/> Lymphogranuloma venereum, untreated          淋巴内肉芽肿,未治疗</p> <p><input type="checkbox"/> Human immunodeficiency virus (HIV)          人类免疫缺陷病毒</p> <p><input type="checkbox"/> Hansen's disease, lepromatous or multibacillary          麻风病,瘤型或多菌型</p> <p><input type="checkbox"/> Addiction or abuse of specific * substance without harmful behavior          对某些特殊*物质成瘾或滥用,但无伤害行为</p> <p><input type="checkbox"/> Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur          任何生理或精神异常(包括与其它物质相关的异常)并且有伤害行为或历史上曾有伤害行为,现在有可能复发</p> <p>* amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phenocyldines, sedative-hypnotics, and anxiolytics          * 安非它明,大麻,可卡因,致幻剂,吸入剂,鸦片类,循环苯吡啶,镇静-催眠药和抗焦虑药</p> <p><input type="checkbox"/> Class B Conditions (From Past Medical History and Physical Examination Worksheets)          B级病症(根据过去史和体检表的内容判断)</p> <p><input type="checkbox"/> TB, active, noninfectious (Class B1 from Chest X-Ray Worksheet)          结核,活动性,无传染性(根据胸部X光检查情况定为B1级)</p> <p>Treatment: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Completed          治疗: 未治疗 部分完成 完成治疗</p> <p><input type="checkbox"/> TB, inactive (Class B2 from Chest X-Ray Worksheet)          结核,非活动性,(根据胸部X光检查情况定为B2级)</p> <p>Treatment: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Completed          治疗: 未治疗 部分完成 完成治疗</p> <p>See Section #4 on page 2 for TB treatment details          见第2页第4部份的结核治疗详情</p> <p><input type="checkbox"/> Syphilis (with residual deficit), treated within the last year          梅毒(有残留的病征),一年内曾治疗过</p> <p><input type="checkbox"/> Other sexually transmitted infections, treated within last year          其他的性传播疾病,一年内曾治疗过</p> <p><input type="checkbox"/> Current pregnancy, number of weeks pregnant _____          目前正怀孕,妊娠周数</p> <p><input type="checkbox"/> Other (specify or give details on checked conditions from worksheets)          其它(详细说明或对体检表中打勾的项目具体说明)</p> <p>Hansen's disease, prior treatment          麻风病,以前治疗过</p> <p><input type="checkbox"/> Hansen's disease, tuberculous, borderline, or paucibacillary          麻风病,结核样型,中间界线类,或少量排菌型</p> <p><input type="checkbox"/> Sustained, full remission of addiction or abuse of specific * substances          曾持续使用某些特殊*物质,但现已停用</p> <p><input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific * substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur          任何生理或精神异常(不包括对特殊*物质的成瘾或滥用,但存在与其它物质相关的异常)、无伤害行为或历史上曾有伤害行为,但不会再发作。</p> <p>* amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phenocyldines, sedative-hypnotics, and anxiolytics          * 安非它明,大麻,可卡因,致幻剂,吸入剂,鸦片类,循环苯吡啶,镇静-催眠药和抗焦虑药</p>				
<small>DS-2053 (Formerly OF-157 以前的 OF-157 表)            05-2004</small>				
<small>Page 1 of 2            第一页</small>				

**Figure 13. DS-2053—Medical Exam for Immigrant or Refugee Applicant (page 1)**

<b>(2) Laboratory Findings (check all boxes that apply):</b> 检验室检查发现(在相应的方格内打勾) Syphilis: <input type="checkbox"/> Not done 梅毒: 未做						
Screening 筛查	Test name 检验项目名称	Date(s) run (mm-dd-yyyy) 检验日期(月-日-年)	Negative 阴性	Positive 阳性	Titer 1 滴度 1	Notes 备注
			<input type="checkbox"/>	<input type="checkbox"/>		
Confirmatory 确认	<b>Treated</b> 治疗过 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			<b>If treated, therapy:</b> 如接受过治疗, 所用疗法 <input type="checkbox"/> Benzathine penicillin, 2,4 MU IM 半星青霉素 240 万单位, 肌注 <input type="checkbox"/> Other (therapy, does); E 其他(疗法, 剂量); E		
				<b>Date(s) treatment given (3 doses for penicillin)</b> 给予治疗的日期(3 次治疗剂量青霉素)		
HIV: 人类免疫缺陷病毒:	Test name 检验项目名称	Date(s) run (mm-dd-yyyy) 检验日期(月-日-年)	Negative 阴性	Positive 阳性	Indeterminate 不确定	Notes 备注
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(3) Immunizations (See Vaccination Form, check all boxes that apply) Not required for refugee applicants.</b> 预防接种(参见预防接种记录表, 在相应方格内打勾), 难民不要求填写此栏目。 <input type="checkbox"/> Vaccine history complete <input type="checkbox"/> Vaccine history incomplete, requesting waiver (indicate type below) 过去已完成接种      过去未完成接种, 符合豁免要求(在以下勾出相应类型) <input type="checkbox"/> Incomplete vaccine history, no waiver requested <input type="checkbox"/> Blanket waiver <input type="checkbox"/> Individual waiver 过去未完成接种, 不符合豁免要求      表中所指豁免项目      个人原因需豁免项目						
<b>I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed.</b> 我证明我了解该医学检查的目的并且授权医生完成所要求的检测。						
Applicant Signature 申请人签名	Panel Physician Signature 主检医生签名	Date (mm-dd-yyyy) 日期(月-日-年)				
<b>(4) Tuberculosis Treatment Regimen</b> 结核治疗方案 <small>(Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark "unknown")</small> <small>(如果申请人曾经或正在服用治疗结核的药物, 请填写以下内容。如果不知道或不能提供药物的剂量或治疗日期, 标注“不知道”)</small>						
<input type="checkbox"/> Check if therapy currently prescribed (if current, don't mark "End Date") 如果目前正按规定治疗请打勾(如正在治疗不用注明“结束日期”)						
Medication 药物	Dose/Interval (i.e. mg/day) 剂量/间隔(例如: 毫克/日)	Start Date (mm-dd-yyyy) 开始治疗的日期(月-日-年)	End Date (mm-dd-yyyy) 结束治疗的日期(月-日-年)			
<input type="checkbox"/> Isoniazid (INH) 异烟肼						
<input type="checkbox"/> Rifampin 利福平						
<input type="checkbox"/> Pyrazinamide 毗嗪酰胺						
<input type="checkbox"/> Ethambutol 乙胺丁醇						
<input type="checkbox"/> Streptomycin 链霉素						
<input type="checkbox"/> Other, specify 其它, 详细说明						
Applicant's weight (kg) 申请人的体重(公斤)						
Remarks 备注:						

**Figure 14. DS-2053—Medical Exam for Immigrant or Refugee Applicant (page 2)**

<p style="margin: 0;">U. S. Department of State 美国国务院</p> <p style="margin: 0;"><b>CHEST X-RAY AND CLASSIFICATION WORKSHEET</b></p> <p style="margin: 0;">胸部 X 光检查和疾病分类表</p> <p style="margin: 0;">For Use with DS-2053      Complete Sections 1 through 5, As Applicable 与 DS-2053 表同时使用      根据需要完成第 1 至 5 部分</p>	<small>OMB No. 1405-0113 EXPIRATION DATE: 05/31/2007 表格有效期至: 2007 年 5 月 31 日 ESTIMATED BURDEN: 10 minutes 完成表格估计耗时: 10 分钟 (See Page 2-Back of Form) (见第二页)</small>																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Name (<i>Last, First, MI</i>) 姓名(姓, 名)</td> <td style="width: 30%;">Age 年龄</td> </tr> <tr> <td>Birth Date (<i>mm-dd-yyyy</i>) 出生日期(月-日-年)</td> <td>Passport Number 护照号码</td> </tr> <tr> <td></td> <td>Alien (Case) Number 档案号</td> </tr> </table>		Name ( <i>Last, First, MI</i> ) 姓名(姓, 名)	Age 年龄	Birth Date ( <i>mm-dd-yyyy</i> ) 出生日期(月-日-年)	Passport Number 护照号码		Alien (Case) Number 档案号																																							
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<p><b>1. Chest X-Ray Needed (mark all that apply)</b> 以下情况需进行胸部 X 光检查(在方格内标注)</p> <p><input type="checkbox"/> History of tuberculosis (TB) disease 结核病史</p> <p><input type="checkbox"/> Contact with person with TB 曾与结核病人接触</p> <p style="margin-left: 200px;">(If child does not have any of the above, stop here) (若未成年申请人没有上述病史可不填写以下内容)</p> <p><b>2. Chest X-Ray Findings</b>      Date Chest X-Ray taken (<i>mm-dd-yyyy</i>) 胸部 X 光检查结果      胸部 X 光检查日期 (月-日-年) _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Normal findings 结果正常                 </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> TB signs or symptoms 结核的体征或症状                 </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Adult (with or without any of the other) 成年人(有或没有其它伴发症状)                 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <input type="checkbox"/> Abnormal finding (indicate findings and interpretation, checking all that apply, and any other in table below) 结果异常 (在下面异常情况栏目相对应的方格内打勾并作出解释)                 </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Can suggest ACTIVE TB (Need smears) 考虑为活动性结核 (需做痰涂片检查)                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Can suggest INACTIVE TB (Need smears if symptomatic) 考虑为非活动性结核 (若有症状需做痰涂片)                 </td> <td style="padding: 5px;"> <input type="checkbox"/> OTHER X-ray findings 其它 X 光所见                 </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Infiltrate or consolidation 渗出或实变                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Discrete fibrotic scar or linear opacity 散在的纤维化病灶或条索状混浊影                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Follow-up needed 需要随访                 </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Any cavitary lesion 任何空洞样病损                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Discrete nodule(s) without calcification 散在的无钙化结节                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Musculoskeletal 肌肉骨疾病                 </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Nodule with poorly defined margins 边界不清的结节 (Such as tuberculoma) (如结核球)                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction 散在的纤维化病灶并肺容量大量丧失                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Cardiac 心血管疾病                 </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Pleural effusion 胸腔积液                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Discrete nodule(s) with volume loss or retraction 散在的结节样病灶并肺容量大量丧失                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Pulmonary 肺部疾病                 </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Hilar/Mediastinal adenopathy 肺门和纵隔淋巴结病变                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Other (such as bronchiectasis) 其它(如支气管扩张)                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Other 其它                 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <input type="checkbox"/> No follow-up needed for 不需要随访 Pleural thickening diaphragmatic tenting, blunting costophrenic angle, solitary calcified nodule or gran-uloma or minor musculoskeletal or cardiac finding 胸膜增厚, 横膈幕状粘连, 肋膈角变钝, 单纯的钙化结节或肉芽肿或轻微的肌肉骨骼病变更或心血管改变。                 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>Remarks</b> 备注 _____                 </td> </tr> <tr> <td colspan="3" style="padding: 10px;"> <p><b>3. Sputum Smears</b> 痰涂片</p> <p><input type="checkbox"/> No, applicant has no signs or symptoms of TB and; 不需痰涂片。申请人没有结核的症状和体征,而且:</p> <p><input type="checkbox"/> Yes, applicant has (mark all that apply): 需痰涂片检查,申请人有(在方格内做标注):</p> <p><input type="checkbox"/> Signs or symptoms of TB present, See Section 1 有结核的症状或体征,见第一部分</p> <p><input type="checkbox"/> X-ray suggests ACTIVE TB, See Section 2 据 X 光所见考虑为活动性结核,见第二部分</p> <p style="text-align: center; margin-top: 10px;">and smear results are: 痰涂片检查发现:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Positive 阳性</td> <td style="width: 33%;">Negative 阴性</td> <td style="width: 33%;">Dates obtained (mm/dd/yyyy) 取痰时间(月/日/年)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table> </td> </tr> </table>		<input type="checkbox"/> Normal findings 结果正常	<input type="checkbox"/> TB signs or symptoms 结核的体征或症状	<input type="checkbox"/> Adult (with or without any of the other) 成年人(有或没有其它伴发症状)	<input type="checkbox"/> Abnormal finding (indicate findings and interpretation, checking all that apply, and any other in table below) 结果异常 (在下面异常情况栏目相对应的方格内打勾并作出解释)			<input type="checkbox"/> Can suggest ACTIVE TB (Need smears) 考虑为活动性结核 (需做痰涂片检查)	<input type="checkbox"/> Can suggest INACTIVE TB (Need smears if symptomatic) 考虑为非活动性结核 (若有症状需做痰涂片)	<input type="checkbox"/> OTHER X-ray findings 其它 X 光所见	<input type="checkbox"/> Infiltrate or consolidation 渗出或实变	<input type="checkbox"/> Discrete fibrotic scar or linear opacity 散在的纤维化病灶或条索状混浊影	<input type="checkbox"/> Follow-up needed 需要随访	<input type="checkbox"/> Any cavitary lesion 任何空洞样病损	<input type="checkbox"/> Discrete nodule(s) without calcification 散在的无钙化结节	<input type="checkbox"/> Musculoskeletal 肌肉骨疾病	<input type="checkbox"/> Nodule with poorly defined margins 边界不清的结节 (Such as tuberculoma) (如结核球)	<input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction 散在的纤维化病灶并肺容量大量丧失	<input type="checkbox"/> Cardiac 心血管疾病	<input type="checkbox"/> Pleural effusion 胸腔积液	<input type="checkbox"/> Discrete nodule(s) with volume loss or retraction 散在的结节样病灶并肺容量大量丧失	<input type="checkbox"/> Pulmonary 肺部疾病	<input type="checkbox"/> Hilar/Mediastinal adenopathy 肺门和纵隔淋巴结病变	<input type="checkbox"/> Other (such as bronchiectasis) 其它(如支气管扩张)	<input type="checkbox"/> Other 其它	<input type="checkbox"/> No follow-up needed for 不需要随访 Pleural thickening diaphragmatic tenting, blunting costophrenic angle, solitary calcified nodule or gran-uloma or minor musculoskeletal or cardiac finding 胸膜增厚, 横膈幕状粘连, 肋膈角变钝, 单纯的钙化结节或肉芽肿或轻微的肌肉骨骼病变更或心血管改变。			<b>Remarks</b> 备注 _____			<p><b>3. 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<input type="checkbox"/> Normal findings 结果正常	<input type="checkbox"/> TB signs or symptoms 结核的体征或症状	<input type="checkbox"/> Adult (with or without any of the other) 成年人(有或没有其它伴发症状)																																												
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<input type="checkbox"/> Infiltrate or consolidation 渗出或实变	<input type="checkbox"/> Discrete fibrotic scar or linear opacity 散在的纤维化病灶或条索状混浊影	<input type="checkbox"/> Follow-up needed 需要随访																																												
<input type="checkbox"/> Any cavitary lesion 任何空洞样病损	<input type="checkbox"/> Discrete nodule(s) without calcification 散在的无钙化结节	<input type="checkbox"/> Musculoskeletal 肌肉骨疾病																																												
<input type="checkbox"/> Nodule with poorly defined margins 边界不清的结节 (Such as tuberculoma) (如结核球)	<input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction 散在的纤维化病灶并肺容量大量丧失	<input type="checkbox"/> Cardiac 心血管疾病																																												
<input type="checkbox"/> Pleural effusion 胸腔积液	<input type="checkbox"/> Discrete nodule(s) with volume loss or retraction 散在的结节样病灶并肺容量大量丧失	<input type="checkbox"/> Pulmonary 肺部疾病																																												
<input type="checkbox"/> Hilar/Mediastinal adenopathy 肺门和纵隔淋巴结病变	<input type="checkbox"/> Other (such as bronchiectasis) 其它(如支气管扩张)	<input type="checkbox"/> Other 其它																																												
<input type="checkbox"/> No follow-up needed for 不需要随访 Pleural thickening diaphragmatic tenting, blunting costophrenic angle, solitary calcified nodule or gran-uloma or minor musculoskeletal or cardiac finding 胸膜增厚, 横膈幕状粘连, 肋膈角变钝, 单纯的钙化结节或肉芽肿或轻微的肌肉骨骼病变更或心血管改变。																																														
<b>Remarks</b> 备注 _____																																														
<p><b>3. Sputum Smears</b> 痰涂片</p> <p><input type="checkbox"/> No, applicant has no signs or symptoms of TB and; 不需痰涂片。申请人没有结核的症状和体征,而且:</p> <p><input type="checkbox"/> Yes, applicant has (mark all that apply): 需痰涂片检查,申请人有(在方格内做标注):</p> <p><input type="checkbox"/> Signs or symptoms of TB present, See Section 1 有结核的症状或体征,见第一部分</p> <p><input type="checkbox"/> X-ray suggests ACTIVE TB, See Section 2 据 X 光所见考虑为活动性结核,见第二部分</p> <p style="text-align: center; margin-top: 10px;">and smear results are: 痰涂片检查发现:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Positive 阳性</td> <td style="width: 33%;">Negative 阴性</td> <td style="width: 33%;">Dates obtained (mm/dd/yyyy) 取痰时间(月/日/年)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>			Positive 阳性	Negative 阴性	Dates obtained (mm/dd/yyyy) 取痰时间(月/日/年)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																																
Positive 阳性	Negative 阴性	Dates obtained (mm/dd/yyyy) 取痰时间(月/日/年)																																												
<input type="checkbox"/>	<input type="checkbox"/>	_____																																												
<input type="checkbox"/>	<input type="checkbox"/>	_____																																												
<input type="checkbox"/>	<input type="checkbox"/>	_____																																												
<small>DS-3024 12-2003</small>		<small>Page 1 of 2 第一页</small>																																												

**Figure 15. Chest X-Ray and Classification Worksheet (page 1)**

<p><b>Sputum smear results and X-ray findings:</b> 痰涂片结果及 X 光检查结果: <b>At least one smear result POSITIVE and</b> 至少一次痰涂片结果呈阳性并有  <input type="checkbox"/> <b>Any chest X-ray finding, this is Class A/TB</b> 任何的胸部 X 光发现, 属 A 级结核 (Normal or Abnormal findings) (正常或异常发现)</p>	<p><b>Three smear results NEGATIVE and</b> 三次痰涂片结果呈阴性并有  <input type="checkbox"/> <b>X-ray Normal with</b> X 光未见异常, 且  <input type="checkbox"/> Signs of symptoms resolved, this is No Class 症状消失, 无级别  <input type="checkbox"/> Signs or symptoms suggest follow-up needed after arrival, this is B Other 有体征或症状, 建议到美国后随访, 属 B 级其它类  <input type="checkbox"/> <b>X-ray suggests ACTIVE or INACTIVE TB, this is Class B1/TB</b> X 光所见考虑活动性或非活动性结核, 属 B1 级结核  <input type="checkbox"/> <b>OTHER X-ray findings suggest follow-up needed after arrival, this is Class B Other</b> 根据其它 X 光所见, 建议到美国后随访, 属 B 级其它类</p>
<p>4. <input type="checkbox"/> No Class    <input type="checkbox"/> Class A/TB    <input type="checkbox"/> Class B1/TB    <input type="checkbox"/> Class B2/TB    <input type="checkbox"/> Class B Other, follow-up needed 无级别                  A 级结核                  B1 级结核                  B2 级结核                  B 级其它类, 需随访</p> <p>5. Follow-up Needed After Arrival    <input type="checkbox"/> No    <input type="checkbox"/> Yes    If Yes, for    <input type="checkbox"/> Not TB condition    <input type="checkbox"/> TB condition 到美国后需要随访                  否                  是                  随访是针对                  非结核病症                  结核病症 (If yes, specify condition below and on DS-2053; include additional tests, and therapy used with start and stop dates and any changes) (如果是, 请在下面和 DS-2053 表中详细说明, 包括注明额外的检查、所需治疗的起止日期和变化情况)</p>	
<p><b>Remarks</b> 备注</p>	

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**PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES**

文字报告缩减法和个人隐私法之相关通告

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: The U. S. Department of State (A/RPS/DIR) Washington, DC20520.

针对表中的要求对资料进行搜集并根据所得资料完成此表, 估计每份平均需要 10 分钟。若持表人所提交的表上无美国预算和管理局给予的号码, 这类人无需向您提供表中的相关信息。若您对于完成表格所需时间的估计和表格内容的精简有更好的建议, 可告知: 华盛顿特区, 美国国务院所属机构 (A/RPS/DIR), 邮编: 20520。

We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to Department of Homeland Security (DHS) for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).

我们要求移民签证申请人或难民提供表格所要求的信息, 以便于我们确定申请人是否符合移民法第 212 (a) 和 221 (d) 或 412 (b) (4) 和 (5) 条中的医学要求。如果移民签证或难民身份获得批准, 这份表格将提交到美国国土安全部以便将你的情况向疾病预防控制中心和美国卫生部通报。若不按照要求提供个人资料, 你的申请程序将被延迟或受阻。若移民签证或难民身份未获批准, 你的表格将依照移民法第 222 (f) 条的要求作为密件处理。

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Page 2 of 2  
第二页**Figure 16. Chest X-Ray and Classification Worksheet (page 2)**

<p style="margin: 0;">U. S. Department of State 美国国务院</p> <p style="margin: 0;"><b>VACCINATION DOCUMENTATION WORKSHEET</b></p> <p style="margin: 0;">预防接种记录表</p> <p style="margin: 0;">For Use with DS-2053      To Be Completed by Panel Physician Only 与 DS-2053 表一同使用 只能由主检医生完成</p>									
Name( <i>Last, First, MI</i> ) 姓名(姓,名)					Exam Date ( <i>mm-dd-yyyy</i> ) 检查日期(月-日-年)			MB NO. 1405-0113 EXPIRATION DATE:05/31/2007 表格有效期至:2007年5月31日 ESTIMATED BURDEN:20 Minutes 完成表格估计耗时:20分钟 (See Page 2-Back of Form) (见第二页)	
Birth Date ( <i>mm-dd-yyyy</i> ) 出生日期(月-日-年)		Passport Number 护照号码		Alien (Case) Number 档案号			<b>REQUIRED FOR U. S. IMMIGRANT VISA APPLICANTS</b> 赴美移民签证申请人要求完成此表 <b>NOT REQUIRED FOR REFUGEE APPLICANTS</b> 难民不要求完成此表 <b>NOTE FOR PANEL PHYSICIANS:</b> 主检医生请注意:  For refugee applicants, please complete only if reliable vaccination documents are available 若申请人是难民,只有当申请人出示有效的预防接种文件时医生才填写此表 <b>Blanket Waiver(s) To Be Requested if Vaccination Not Medically Appropriate. Check Suitable Box(es) Below</b> 若不能对申请人实施所要求接种的疫苗,请在下列提供的相应项目中打勾注明		
<b>1. Immunization Record</b> 预防接种记录  <b>Vaccine History Transferred From a Written Record</b> <i>(List chronologically from left to right)</i> 将书面记录的预防接种史转载到下栏中 (按时间顺序从左到右)					Completed Series ( <input checked="" type="checkbox"/> if completed, write "VH" if varicella history, or write date of lab test if immune) 完成了系列接种(若完成了接种,在格内打"√";若申请人患有水痘的病史,则注明"VH"或写下实验室检测确认已获得免疫力的日期)			No age appropriate 年龄不适合  Insufficient time interval 时间间隔不当  Contra-indicated 有禁忌症  Not routinely available 无疫苗常规供应  Not fall (flu) season 非接种季节	
Vaccine 疫苗	Date receive ( <i>mm-dd-yyyy</i> ) 接种时间 (月-日-年)	Date received ( <i>mm-dd-yyyy</i> ) 接种时间 (月-日-年)	Date received ( <i>mm-dd-yyyy</i> ) 接种时间 (月-日-年)	Date received ( <i>mm-dd-yyyy</i> ) 接种时间 (月-日-年)	Vaccine Given by Panel Physician ( <i>mm-dd-yyyy</i> ) 主检医生所实施的 接种时间(月-日-年)				
DT/DTP/DTaP 百白破									
Td 成人白破									
Polio (OPV/IPV) 脊髓灰质炎									
Measles (or MR or MMR) 麻疹(或MR或麻腮风)									
Mumps (or MMR) 腮腺炎(或麻腮风)									
Rubella (or MR or MMR) 风疹(或MR或麻腮风)									
Hib ( <i>Haemophilus influenzae type b</i> ) 流感嗜血杆菌 B 型									
Hepatitis B 乙型肝炎									
Varicella 水痘									
Pneumococcal 肺炎双球菌									

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第一页**Figure 17. DS-3025—Vaccination Documentation Worksheet (page 1)**

Influenza 流行性感冒											

**2. Results 结论**

Vaccine history incomplete  
 过去未完成接种

Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as indicated above).  
 申请人因医学原因不适宜接种(见上)

Applicant will request an individual waiver based on religious or moral convictions.  
 申请人因宗教或道德观念等原因要求不接种

Vaccine history complete for each vaccine, all requirements met (documented above).  
 申请人完成了所有接种要求(见上)

Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.  
 申请人未完成所有接种要求(因无豁免理由, 申请人仍需接种一种或多种疫苗)

**3. Panel Physician (name)**  
 主检医生(姓名) \_\_\_\_\_  
**Panel Physician (signature)**  
 主检医生(签名) \_\_\_\_\_  
**Date (mm-dd-yyyy)**  
 日期(月-日-年) \_\_\_\_\_

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Give copy to applicant 将复印件交申请人

**PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES**  
 文字报告缩减法和个人隐私法之相关通告

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: the U. S. Department of State (A/RPS/DIR) Washington, DC 20520.

针对表中的要求对资料进行搜集并根据所得资料完成此表，估计每份平均需要 20 分钟。若持表人所提交的表上无美国预算和管理局给予的号码，这类人无需向您提供表中的相关信息。若您对于完成表格所需时间的估计和表格内容的精简有更好的建议，可告知：华盛顿特区，美国国务院所属机构(A/RPS/DIR)，邮编：20520。

We ask for information on this form in the case of applicants for immigrant visas to determine medical eligibility under INA Sections 212(a) and 221(d) and as required by INA Section 212(g)(2). If an immigrant visa is issued, you will convey this form to the Department of Homeland Security (DHS) for disclosure to the Center for Disease Control and the Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If your Immigrant visa is not issued, this form will be treated as confidential under INA Section 222(f).

我们要求移民签证申请人提供表格所要求的信息，以便于我们确定申请人是否符合移民法第 212(a)、221(d) 和 212(g)(2) 的医学要求。如果移民签证获得批准，这份表格将提交到国土安全部，以便将你的情况向疾病控制中心和美国卫生部通报。如果你不按照要求提供个人资料，你的申请程序将被延迟或受阻。若你的移民签证未获批准，你的表格将依照移民法第 222(f) 条的要求作为密件进行处理。

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**Figure 18. DS-3025—Vaccination Documentation Worksheet (page 2)**

U. S. Department of State 美国国务院		OMB No. 1405-0013 EXPIRATION DATE: 05/31/2007 表格有效期至 2007 年 5 月 31 日 ESTIMATED BURDEN: 35 minutes 完成表格估计耗时: 35 分钟 (See Page 2-Back of form) (见第二页)	
<b>MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET</b> 医学病史和身体检查表 For use with DS-2053 与 DS-2053 表一同使用			
<b>Name (Last, First, MI)</b> 姓名(姓,名)		<b>Exam Date (mm-dd-yyyy)</b> 检查日期(月-日-年)	
<b>Birth Date (mm-dd-yyyy)</b> 出生日期(月-日-年)		<b>Passport Number</b> 护照号码	
<b>1. Past Medical History</b> (indicate conditions requiring medication or treatment after resettlement and give details in Remarks) 过去病史 (若存在定居后需要药物或其它治疗的病症应标明并在备注栏内给出详细说明) <p>Note: The following history has been reported, has not been verified by a physician, and should not be deemed medically definitive.  注:以下病史由申请人陈述,尚未经医生所证实,不应作为医学结论</p>			
<b>No</b> <input type="checkbox"/> 是 <input type="checkbox"/> 否	<b>General</b> 一般情况 <input type="checkbox"/> <input type="checkbox"/> Illness or injury requiring hospitalization (including psychiatric) 需要住院治疗的疾病或外伤(含精神疾病) <b>Cardiology</b> 心脏疾病 <input type="checkbox"/> <input type="checkbox"/> Angina pectoris 心绞痛 <input type="checkbox"/> <input type="checkbox"/> Hypertension (high blood pressure) 高血压 <input type="checkbox"/> <input type="checkbox"/> Cardiac arrhythmia 心律不齐 <input type="checkbox"/> <input type="checkbox"/> Congenital heart disease 先天性心脏病 <b>Pulmonology</b> 肺部疾病 <input type="checkbox"/> <input type="checkbox"/> History of tobacco use 吸烟史 Current use <input type="checkbox"/> Yes <input type="checkbox"/> No 现仍吸烟    是    否 <input type="checkbox"/> <input type="checkbox"/> Asthma 哮喘 <input type="checkbox"/> <input type="checkbox"/> Chronic obstructive pulmonary disease (emphysema) 慢性阻塞性肺部疾病(肺气肿) <input type="checkbox"/> <input type="checkbox"/> History of tuberculosis (TB) disease 结核病史 Treated <input type="checkbox"/> Yes <input type="checkbox"/> No 治疗过    是    否 Current TB symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No 目前有结核症状    是    否 <b>Neurology and Psychiatry</b> 神经和精神病 <input type="checkbox"/> <input type="checkbox"/> History of stroke, with current impairment 中风史,现有后遗症 <input type="checkbox"/> <input type="checkbox"/> Seizure disorder 癫痫 <input type="checkbox"/> <input type="checkbox"/> Major impairment in learning, intelligence, self care, memory or communication 在学习、智力、自理能力、记忆力或社交方面存在严重缺陷 <input type="checkbox"/> <input type="checkbox"/> Major mental disorder (including major depression, bipolar disorder, schizophrenia, mental retardation) 精神障碍(包括重型抑郁症,双相情感障碍,精神分裂症,智力缺陷) <input type="checkbox"/> <input type="checkbox"/> Use of drugs other than those required for medical reasons 非医疗原因使用药物 <input type="checkbox"/> <input type="checkbox"/> Addiction or abuse of specific * substance (drug) 对特殊*物质(药物)成瘾或滥用 * amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics * 安非它明,大麻,可卡因,致幻剂,吸入剂,鸦片类,循环苯呢啶,镇静—催眠药和抗焦虑药 <input type="checkbox"/> <input type="checkbox"/> Other substance-related disorders (including alcohol addiction or abuse) 与其它物质有关的异常(包括酒精依赖或酗酒) <input type="checkbox"/> <input type="checkbox"/> Ever taken action to end your life 曾经有自杀行为	<b>No</b> <input type="checkbox"/> 是 <input type="checkbox"/> 否	Ever caused SERIOUS injury to others, caused MAJOR property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs. 因受到患病、精神障碍、酒精或药物等因素影响,曾导致他人重伤,造成严重财产损失或触犯法律
<b>Obstetrics and Sexually Transmitted Diseases</b> 产科状况及性病 <input type="checkbox"/> <input type="checkbox"/> Pregnancy    Fundal height _____ cm 妊娠    宫底高度 <input type="checkbox"/> <input type="checkbox"/> Last menstrual period Date (mm-dd-yyyy) 末次月经时间:(月-日-年) <input type="checkbox"/> <input type="checkbox"/> Sexually transmitted diseases, specify 性传播疾病,详细说明			
<b>Endocrinology and Hematology</b> 内分泌疾病和血液系统疾病 <input type="checkbox"/> <input type="checkbox"/> Diabetes mellitus 糖尿病 <input type="checkbox"/> <input type="checkbox"/> Thyroid disease 甲状腺疾病 <input type="checkbox"/> <input type="checkbox"/> History of malaria 疟疾病史 <b>Other</b> 其它 <input type="checkbox"/> <input type="checkbox"/> Malignancy, specify 恶性病,详细说明 <input type="checkbox"/> <input type="checkbox"/> Chronic renal disease 慢性肾脏疾病 <input type="checkbox"/> <input type="checkbox"/> Chronic hepatitis or other chronic liver disease 慢性肝炎或其他慢性肝脏疾病 <input type="checkbox"/> <input type="checkbox"/> Hansen's Disease 麻风病 <input type="checkbox"/> <input type="checkbox"/> Tuberculoid <input type="checkbox"/> Borderline <input type="checkbox"/> Lepromatous 结核样型    中间界线类    痢型 OR <input type="checkbox"/> Paucibacillary <input type="checkbox"/> Multibacillary 排菌量少    多种杆菌感染 Treated <input type="checkbox"/> Yes <input type="checkbox"/> No 治疗过    是    否 <input type="checkbox"/> <input type="checkbox"/> Visible disabilities (including loss of arms or legs) 可见残障(包括上肢或下肢缺失) Specify 详细说明 <input type="checkbox"/> <input type="checkbox"/> Other requiring treatment, specify 其它需要治疗的状况,详细说明			
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Page 1 of 2 第一页			

**Figure 19. DS-3026—Medical History and Physical Exam Worksheet (page 1)**

<p><b>2. Physical Examination (indicate findings and give details in Remarks)</b></p> <p>身体检查 (注明体检所见并于备注内详细说明)</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes    Applicant appears to be providing unreliable or false information, specify 否       是      申请人的临床表现与其所提供的资料不吻合或其所提供的资料有误, 详细说明</p> <hr/> <p>Height                  Weight                  Visual Acuity at 20 feet: 身高 _____ cm      体重 _____ kg      20 英尺处视力:      Uncorrected      L 20/ _____      R 20/ _____ BP                  ( mmHg )      Heart rate                  /min      Respiratory rate                  /min      Corrected      L 20/ _____      R 20/ _____ 血压 _____ / _____ 毫米汞柱      心率 _____ /分      呼吸频率 _____ /分      纠正视力      左 20/ _____      右 20/ _____</p> <p style="text-align: center;">* N, normal; A, abnormal; ND, not done 正常      不正常      未做</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      N *</td> <td style="width: 33%;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      A *</td> <td style="width: 33%;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      ND *</td> </tr> <tr> <td colspan="3" style="text-align: center;">General appearance and nutritional status 外观特征及营养状况</td> </tr> <tr> <td colspan="3" style="text-align: center;">Hearing and ears 听力及双耳</td> </tr> <tr> <td colspan="3" style="text-align: center;">Eyes 双眼</td> </tr> <tr> <td colspan="3" style="text-align: center;">Nose, Mouth, and throat (include dental) 鼻、口腔和咽喉(包括牙齿)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Heart (S1, S2, murmur, rub) 心脏(第1心音、第2心音、杂音、摩擦音)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Breast 乳腺</td> </tr> <tr> <td colspan="3" style="text-align: center;">Lungs 肺</td> </tr> <tr> <td colspan="3" style="text-align: center;">Abdomen (including liver, spleen) 腹部(包括肝、脾)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Genitalia (including circumcision, infection(s)) 生殖器(包括包皮或阴蒂环切术, 传染病)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Inguinal region (including adenopathy) 腹股沟区(含腺体病变情况)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Extremities (including pulses, edema) 肢体(含脉搏和水肿情况)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Musculoskeletal system (including gait) 肌肉骨骼系统(含步态)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Skin (including hypopigmentation, anesthesia, findings consistent with self-inflicted injury or infections) 皮肤(含色素沉着不足、感觉缺失、自伤或自行注射的痕迹)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Lymph nodes 淋巴结</td> </tr> <tr> <td colspan="3" style="text-align: center;">Nervous system (including nerve enlargement) 神经系统(含神经束肿大表现)</td> </tr> <tr> <td colspan="3" style="text-align: center;">Mental status (including mood, intelligence, perception, thought processes, and behavior during examination) 精神状况(含检查期间的情绪、智力、知觉、思维逻辑和行为)</td> </tr> </table>								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N *	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A *	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ND *	General appearance and nutritional status 外观特征及营养状况			Hearing and ears 听力及双耳			Eyes 双眼			Nose, Mouth, and throat (include dental) 鼻、口腔和咽喉(包括牙齿)			Heart (S1, S2, murmur, rub) 心脏(第1心音、第2心音、杂音、摩擦音)			Breast 乳腺			Lungs 肺			Abdomen (including liver, spleen) 腹部(包括肝、脾)			Genitalia (including circumcision, infection(s)) 生殖器(包括包皮或阴蒂环切术, 传染病)			Inguinal region (including adenopathy) 腹股沟区(含腺体病变情况)			Extremities (including pulses, edema) 肢体(含脉搏和水肿情况)			Musculoskeletal system (including gait) 肌肉骨骼系统(含步态)			Skin (including hypopigmentation, anesthesia, findings consistent with self-inflicted injury or infections) 皮肤(含色素沉着不足、感觉缺失、自伤或自行注射的痕迹)			Lymph nodes 淋巴结			Nervous system (including nerve enlargement) 神经系统(含神经束肿大表现)			Mental status (including mood, intelligence, perception, thought processes, and behavior during examination) 精神状况(含检查期间的情绪、智力、知觉、思维逻辑和行为)		
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<p><b>3. Additional Testing Needed Prior to Approving Medical Clearance</b></p> <p>出国前需要加做检查以便确诊</p> <p>No    Yes 否      是</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical examination or laboratory results contradict medical history 体检或实验室检测结果与病史矛盾</p> <p><input type="checkbox"/> <input type="checkbox"/> Referral prior to departure if yes, provide results 如果在出国前接受了会诊, 结论是: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Referral prior to departure if Yes, provide results 如果在出国前接受了会诊, 结论是: _____</p>																																																										
<p><b>4. Follow-up needed after arrival</b></p> <p>到美国后需要随访</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes, within 1 week      <input type="checkbox"/> Yes, within 1 month      <input type="checkbox"/> Yes, within 6 months 否       是, 1 周内      是, 1 个月内      是, 6 个月内</p> <p><input type="checkbox"/> For continuing medication, list type, dose, and frequency 需继续药物治疗, 列出药物的类别、剂量和服用次数 _____</p> <p><input type="checkbox"/> For continuing other treatment, specify _____ 需继续其它治疗, 详细说明 _____</p>																																																										
<p><b>5. Remarks (describe any abnormal history, abnormal findings, and resulting interventions)</b></p> <p>备注(描述过去病史、体检中异常发现和结论)</p>																																																										

**Figure 20. DS-3026—Medical History and Physical Exam Worksheet (page 2)**

 <p style="margin: 0;">美国国务院 非移民签证申请表</p>				Approved OMB 1405-0018 Expires 9/30/2007	
请在空格内用正楷填写					
1. 护照号码		2. 护照签发地 城市      国家      省份		请勿填写此处	
3. 颁发您护照的国家名称		4. 护照签发日期(月日年)		5. 护照有效期至(月日年)	
6. 姓(与护照所示一致)		中文电码		B-1/B-2 Max B-1 Max B-2 Max Other _____ Max Visa Classification	
7. 名(与护照所示一致)		中文电码		Mult. or _____ Number of Applications Issued/Refused	
8. 其他姓氏(未婚时称呼、宗教用称呼、工作用称呼、化名)				On _____ By _____ Under SEC. 214(b) 221(g) Other _____ INA Reviewed by _____	
9. 其他名字		10. 出生日期(月日年)			
11. 出生地 城市      国家      省份		12. 国籍			
13. 性别 <input type="checkbox"/> 男 <input type="checkbox"/> 女	14. 身份证号码	15. 家庭住址(包括国家、邮政编码、省、市、街道、单元号等)			
16. 住宅电话 住宅传真		工作电话 工作传真	移动电话 寻呼机		
17. 婚姻状况 <input type="checkbox"/> 已婚 <input type="checkbox"/> 单身(未婚) <input type="checkbox"/> 丧偶 <input type="checkbox"/> 离异 <input type="checkbox"/> 分居		18. 配偶姓名(若离异或分居也应填写此项。配偶姓名包括其未婚时姓名)		19. 配偶出生日期(月日年)	
20. 就职单位或就读学校名称和地址 单位/学校名称      地址					
21. 现时职业 (如已退休, 请填写“退休”; 学生请填写“学生”)		22. 拟抵美日期(如已知具体日期请填写具体日期)		23. 电子邮箱地址	
24. 在美期间生计					
25. 在美国的被访问者的姓名及联系方式 姓名      住宅电话 工作电话      移动电话					
26. 拟在美停留时间		27. 此行目的			
28. 此行费用由谁负担		29. 您是否去过美国? <input type="checkbox"/> 是 <input type="checkbox"/> 否 何时? _____ 停留了多久? _____			
<b>Barcode</b> <hr style="border-top: 1px solid black; margin-bottom: 5px;"/> 50mm × 50mm 照片 请用胶水或书钉将照片附于此处					
DS-156      Previous editions obsolete			09-2004		

**Figure 21. DS-156—Non-Immigrant Visa Application in Chinese (page 1)**

<p>30 您是否曾获得过美国签证? <input type="checkbox"/> 是 <input type="checkbox"/> 否 何时? _____ 何地? _____ 哪种签证? _____</p>	<p>31. 您是否有被拒签过的经历? <input type="checkbox"/> 是 <input type="checkbox"/> 否 何时? _____ 何地? _____ 哪种签证? _____</p>
<p>32 您是否有意在美国就业? <input type="checkbox"/> 是 <input type="checkbox"/> 否 如有意就业,请写出美国雇佣公司的名称和地址。</p>	
<p>33. 您是否有意在美国就读? <input type="checkbox"/> 是 <input type="checkbox"/> 否 如有意就读,请写出美国学校的名称和地址。</p>	
<p>34. 赴美同行人姓名、与您的关系</p>	
<p>35. 您的美国签证是否被吊销过? <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>	<p>36. 是否有人为您申请过美国移民签证? <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>
<p>37. 下列亲属中是否有已在美居留者? 他们是美国合法永久居民还是美国公民? 请注明“在美国”或“不在美国”。如选择“在美国”,请注明其在美国的身份(即是美国合法永久居民还是美国公民,是否正在美国访问、留学、工作等)。  <input type="checkbox"/> 在美国    <input type="checkbox"/> 不在美国    夫妻 _____    <input type="checkbox"/> 在美国    <input type="checkbox"/> 不在美国    未婚夫/未婚妻 _____  <input type="checkbox"/> 在美国    <input type="checkbox"/> 不在美国    父母 _____    <input type="checkbox"/> 在美国    <input type="checkbox"/> 不在美国    儿子/女儿 _____  <input type="checkbox"/> 在美国    <input type="checkbox"/> 不在美国    兄弟/姐妹 _____     </p>	
<p>38. 请注意:每位申请人必须通读并回答下列所有问题。      有关法律把几类人界定为不准进入美国的人,故不得向这些人签发签证(但事先得到酌情免除者除外)。下列各项是否适用于您?</p> <ul style="list-style-type: none"> <li>• 您是否由于犯有任何罪行而曾经被逮捕或被判有罪——即使后来得到了宽恕、赦免或受益于其他类似措施;您是否曾非法分发或出售过受控物品(毒品)?您是否曾从事谋杀劫持或曾为卖淫者拉客? <input type="checkbox"/> 是 <input type="checkbox"/> 否</li> <li>• 您是否曾经被美国拒绝入境或成为递解出境听证的对象?您是否曾以欺骗或故意作假及其他手段企图自己得到或帮助他人得到美国签证或任何其他移民福利,企图自己或帮助他人进入美国?您是否曾在1996年11月30日以后以学生身份到美国公立小学或公立中学就读而未向学校补缴费用? <input type="checkbox"/> 是 <input type="checkbox"/> 否</li> <li>• 您是否申请进入美国是否是为了从事违反出口控制的活动,为了从事颠覆或恐怖主义活动?是否有其他非法目的?您是否是目前被美国国务院认定的恐怖主义组织的成员或代表?您是否曾参加过德国纳粹政府指使下进行的迫害?您是否参加过旨在种族灭绝的屠杀? <input type="checkbox"/> 是 <input type="checkbox"/> 否</li> <li>• 您是否曾违反美国签证的有关规定?是否曾非法进入美国或曾被美国驱逐出境? <input type="checkbox"/> 是 <input type="checkbox"/> 否</li> <li>• 您是否曾拒绝把身为美国公民自身身处美国境外的子女的监护权移交给美国法庭享有监护权的人?您是否曾违反法规在美国投票或为达到逃避税务的目的而放弃美国国籍? <input type="checkbox"/> 是 <input type="checkbox"/> 否</li> <li>• 您是否曾感染对公共健康有影响的传染病或患有成危健康体质病或精神病?您是否滥用毒品或药物?您是否瘾君子? <input type="checkbox"/> 是 <input type="checkbox"/> 否</li> </ul> <p>对上述任何问题的肯定回答并不自动意味着您无资格获得签证,但您的回答中如有任何一项是肯定的,您本人要到签证处当面说明。</p>	
<p>39. 本申请表是否由他人代为填写? <input type="checkbox"/> 是 <input type="checkbox"/> 否 (如由他人代填,请代笔人填写第40项)</p>	
<p>40. 本申请表填?写人:      姓名: _____ 与申请人关系: _____      住址: _____      代笔人签名: _____ 日期(月、日、年): _____</p>	
<p>41. 我特此确认,本申请表中所列问题本人均已通读领会,日本人在本口头上所做之回答即本人所知均属实无误。本人确认,任何错误或误导将被拒签或永远不得进入美国。本人确认,签证持有人如被认定为不许入境者,则不得因持有签证而自动享受抵达入境口岸即可进入美国的权利。</p>	
<p>申请人签名: _____ 日期(月、日、年): _____</p>	
<p style="text-align: center;">《隐私权法》及《减少文书档案法》节录      《移民归化法》第222条(条款规定,签证之签发及拒签的有关资料必须作为保密资料对待,只能用于美国《移民法》、《国籍法》及其他法律的执行。在有关法庭确认其审理的案件需要签证卷宗所含资料时,则经确认的签证卷宗副本可以提供给该法庭。      本类索取信息的表格对公众的负担总计平均为每份表格一小时,这包含查阅现有资料、收录必要资料、提供表格所需资料以及审核表格最后填写情况的时长。您不必提供没有标明有效OMB号码的任何表格所索取的信息。本估计是准确的,您建议如何减轻填表负担?敬请赐教。来函请寄:U. S. Department of State, A/RUS/DIR, Washington, DC 20520。</p>	

Figure 22. DS-156—Non-Immigrant Visa Application in Chinese (page 2)

 <p style="margin: 0;">U. S. Department of State</p> <p style="margin: 0;">NONIMMIGRANT VISA APPLICATION</p>		Approved OMB 1405-0018 Expires 09/30/2007 Estimated Burden 1 hour See Page 2			
<b>PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM</b>					
1. Passport Number		2. Place of Issuance: City      Country      State/Province		DO NOT WRITE IN THIS SPACE B-1/B-2 MAX    B-1 MAX    B-2 MAX Other _____ MAX	
3. Issuing Country		4. Issuance Date (dd-mm-yy) _____		5. Expiration Date (dd-mm-yy) _____	
6. Surnames (As in Passport)				Visa Classification Muh. or _____ Number of Applications Months _____ Validity	
7. First and Middle Names (As in Passport)				Issued/Refused On _____ By _____	
8. Other Surnames Used (Maiden, Religious, Professional, Aliases)				Under SEC. 214(i)    221(g) Other _____ INA Reviewed By _____	
9. Other First and Middle Names Used		10. Date of Birth (dd-mm-yy)			
11. Place of Birth: City      Country      State/Province		12. Nationality			
13. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	14. National Identification Number (if applicable)	15. Home Address (Include apartment number, street, city, state or province, postal zone and country)			
16. Home Telephone Number		Business Phone Number		Mobile/Cell Number	
Fax Number		Business Fax Number		Pager Number	
17. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		18. Spouse's Full Name (Even if divorced or separated, include maiden name)		19. Spouse's DOB (dd-mm-yy)	
20. Name and Address of Present Employer or School Name: _____ Address: _____					
21. Present Occupation (If retired, write "retired". If student, write "student".)		22. When Do You Intend To Arrive In The U. S.? (Provide specific date if known)		23. E-Mail Address	
24. At What Address Will You Stay in The U. S.?				<b>BARCODE</b>	
25. Name and Telephone Numbers of Person in U. S. Who You Will Be Staying With or Visiting for Tourism or Business Name: _____ Home Phone: _____ Business Phone: _____ Cell Phone: _____				DO NOT WRITE IN THIS SPACE	
26. How Long Do You Intend To Stay in The U. S.?		27. What is The Purpose of Your Trip?		50mm x 50mm PHOTO staple or glue photo here	
28. Who Will Pay For Your Trip?		29. Have You Ever Been in The U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN? _____ FOR HOW LONG? _____		PREVIOUS EDITIONS OBSOLETE	
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**Figure 23. DS-156—Non-Immigrant Visa Application in English (page 1)**

30. Have You Ever Been Issued a U. S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN? _____ WHERE? _____ WHAT TYPE OF VISA? _____		31. Have You Ever Been Refused a U. S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN? _____ WHERE? _____ WHAT TYPE OF VISA? _____	
32. Do You Intend To Work In The U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No ( If YES, give the name and complete address of U. S. employer. )		33. Do You Intend To Study In The U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No ( If YES, give the name and complete address of the school. )	
34. Names and Relationships of Persons Traveling With You         			
35. Has Your U. S. Visa Ever Been Canceled or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		36. Has Anyone Ever Filed an Immigrant Visa Petition on Your Behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who?	
37. Are Any of The Following Persons in The U. S. or Do They Have U. S. Legal Permanent Residence or U. S. Citizenship? Mark YES or NO and indicate that person's status in the U. S. (i.e., U. S. legal permanent resident; U. S. citizen, visiting, studying, working, etc.).			
<input type="checkbox"/> YES <input type="checkbox"/> NO Husband/ wife _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Father/ Mother _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Son/ Daughter _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Brother/ Sister _____
38. IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE APPROPRIATE BOX FOR EACH ITEM. A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Is any of the following applicable to you?			
<ul style="list-style-type: none"> <li>● Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>● Have you ever been refused admission to the U. S., or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into the U. S., or any other U. S. immigration benefit, by fraud or willful misrepresentation or other unlawful means? Have you attended a U. S. public elementary school on student (F) status or a public secondary school after November 30, 1998 without reimbursing the school? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>● Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the U. S. Secretary of State? Have you ever participated in persecutions directed by the Nazi government of Germany; or have you ever participated in genocide? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>● Have you ever violated the terms of a U. S. visa, or been unlawfully present, in, or deported from, the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>● Have you ever withheld custody of a U. S. citizen child outside the United States from a person granted legal custody by a U. S. court, acted in the United States in violation of any law or regulation, or renounced U. S. citizenship for the purpose of avoiding taxation? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>● Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>			
While a YES answer does not automatically signify ineligibility for a visa, if you answered YES you may be required to personally appear before a consular officer.			
39. Was This Application Prepared by Another Person On Your Behalf? ( If answer is YES, then have that person complete item 40. ) <input type="checkbox"/> Yes <input type="checkbox"/> No			
40. Application Prepared By: NAME: _____ Relationship to Applicant: _____ ADDRESS: _____			
Signature of Person Filing Form: _____ DATE ( dd-mm-yyyy ) _____			
41. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct, to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States. I understand that possession of a visa does not automatically entitle the bearer to enter the United States of America upon arrival at a port of entry. If he or she is found inadmissible:			
APPLICANT'S SIGNATURE: _____ DATE ( dd-mm-yyyy ) _____			
Privacy Act and Paperwork Reduction Act Statement: INA Section 222 (1) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.			
Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to U. S. Department of State, A-RPS/DIR, Washington, DC 20520.			

**Figure 24. DS-156—Non-Immigrant Visa Application in English (page 2)**

年龄在 16 岁或以上的申请人需填写此表  
U.S. Department of State

**非移民签证申请补充信息表**

请用中文正楷填写,若有需要请另附纸填写		
1. 姓(按照拼音填写)	2. 名(按照拼音填写)	3. 姓名(按照汉字填写)
4. 其他名字(若存在其他名字)		5. 配偶姓名(若已婚)
6. 父亲的姓名		7. 母亲的姓名
8. 在美国联系人的姓名或者组织的名字和地址(包括电话号码)		
9. 列出在过去十年与你普进入的所有国家(包括每次访问的年份)	10. 列出所有曾经授予你护照的国家	11. 你的护照是否曾经遗失或者被盗? 是 <input type="checkbox"/> 否 <input type="checkbox"/>
12. 列出上两任雇主(除了现任雇主外) <u>主管名字</u> <u>雇佣日期</u>		姓名      地址      电话号码      职务
13. 列出所有你现在和曾经所属/帮助/工作过的职业协会,社会团体和慈善机构。		14. 你是否具有枪械,爆炸,核装置,生物或化学方面的经验,特殊技能或者受过培训? 是 <input type="checkbox"/> 否 <input type="checkbox"/> 如答是,请给予解释。
15. 你是否曾经参军? 是 <input type="checkbox"/> 否 <input type="checkbox"/> 如答是,则列出服役的国家,军种,军衔,军事特长以及服役日期。		
16. 你是否经历过武装冲突,无论是参与者还是受害者? 是 <input type="checkbox"/> 否 <input type="checkbox"/> 如答是,请给予解释。		
17. 列出所有你曾经和目前就读的学校。包括职校,但不包括初级学校。 <u>学校名称</u> <u>地址/电话号码</u> <u>课程</u> <u>就读日期</u>		
18. 你是否有具体的旅行安排? 是 <input type="checkbox"/> 否 <input type="checkbox"/> 若答是,请提供一份完整的旅行计划,包括到达和离开日期,航班信息,将访问的具体地点和上述各地的联系人。		

DS-157

**Figure 25. DS-157—Supplemental Non-Immigrant Visa Application in Chinese**

 U. S. Department of State SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION		Approved OMB 1405-0134 Expires 07/31/2005 Estimated Burden 1 Hour	
PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS			
1. Last Name(s) ( <i>List all Spellings</i> )		2. First Name(s) ( <i>List all Spellings</i> )	
3. Full Name ( <i>In Native Alphabet</i> )			
4. Clan or Tribe Name ( <i>If Applicable</i> )		5. Spouse's Full Name ( <i>If Married</i> )	
6. Father's Full Name		7. Mother's Full Name	
8. Full Name and Address of Contact Person or Organization in the United States ( <i>Include Telephone Number</i> )   			
9. List All Countries You have Entered in the Last Ten Years ( <i>Give the Year of Each Visit</i> )		10. List All Countries That Have Ever Issued You a Passport	
		11. Have You Ever Lost a Passport or Had One Stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Not Including Current Employer, List Your Last Two Employers Name _____ Address _____ Telephone No. _____ Job Title _____ Supervisor's Name _____ Dates of Employment _____			
13. List all Professional, Social and Charitable Organizations to Which You Belong ( <i>Belonged</i> ) or Contribute ( <i>Contributed</i> ) or with Which You Work ( <i>Have Worked</i> ).  		14. Do You Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No   If YES, please explain.	
15. Have You Ever Performed Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of Service.   			
16. Have You Ever Been in an Armed Conflict, Either as a Participant or Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No   If YES, please explain.   			
17. List All Educational Institutions You Attend or Have Attended. Include Vocational Institutions But Not Elementary Schools. Name of Institution _____ Address/Telephone No. _____ Course of Study _____ Dates of Attendance _____			
18. Have You Made Specific Travel Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No   If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact at each location.   			
<b>Paperwork Reduction Act Statement</b> * Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U. S. Department of State, A/RPS/DIR, Washington, DC 20520.			
DS-157 07-2002			

**Figure 26. DS-157—Supplemental Non-Immigrant Visa Application in English**



**U. S. Department of State  
NONIMMIGRANT FIANCÉ (E) VISA APPLICATION  
USE WITH FORM DS-156**

OMB APPROVAL NO. 1405-0086  
EXPIRES: 07/31/2007  
ESTIMATED BURDEN: 1 HOUR \*

The following questions must be answered by all applicants for visas to enter the United States as the fiancé or fiancé of a U. S. citizen in order that a determination may be made as to visa eligibility.

This form, together with Form DS-156, Nonimmigrant Visa Application, completed in duplicate, constitutes the complete application for a "K" Fiancé(e) Nonimmigrant Visa authorized under Section 222(c) of the Immigration and Nationality Act.

1. FAMILY NAME	FIRST NAME	MIDDLE NAME
2. DATE OF BIRTH (mm-dd-yyyy)	3. PLACE OF BIRTH (City, Province, Country)	
4. MARITAL STATUS If you are now married or were previously married, answer the following:		
a. Name of spouse:		
b. Date (mm-dd-yyyy) and place of marriage:		
c. How and when was marriage terminated:		
d. If presently married, how will you marry your U. S. citizen fiancé(e)? Explain: *		
* NOTE: If presently married to anyone, you are not eligible for a fiancé(e) visa.		
5. LIST NAME, DATE AND PLACE OF BIRTH OF ALL UNMARRIED CHILDREN UNDER 21 YEARS OF AGE		
NAME	BIRTH DATE (mm-dd-yyyy)	BIRTH PLACE
		WILL ACCOMPANY WILL FOLLOW YOU YES <input type="checkbox"/> NO <input type="checkbox"/> YOU YES <input type="checkbox"/> NO <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
THE FOLLOWING DOCUMENTS MUST BE ATTACHED IN ORDER TO APPLY FOR A FIANCÉ (E) NONIMMIGRANT VISA		
<ul style="list-style-type: none"> <li><input type="radio"/> Your birth certificate</li> <li><input type="radio"/> Marriage certificate (if any)</li> <li><input type="radio"/> Evidence of engagement to your fiancé(e)</li> <li><input type="radio"/> Birth certificates of all children listed in No. 5</li> <li><input type="radio"/> Divorce decree (if any)</li> <li><input type="radio"/> Evidence of financial support</li> <li><input type="radio"/> Death certificate of spouse (if any)</li> <li><input type="radio"/> Police certificates</li> </ul>		
NOTE: All of the above documents will also be required by U. S. Citizenship and Immigration Services (USCIS) when you apply for adjustment of status to lawful permanent resident. The USCIS will accept these documents for that purpose.		
DO NOT WRITE BELOW THIS LINE		
The consular officer will assist you in answering this part.		
I understand that I am required to submit my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws. I further understand that my adjustment of status to permanent resident alien is dependent upon marriage to a U. S. citizen and upon meeting all of the requirements of the U. S. Department of Homeland Security.		
I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.		
I hereby certify that I am legally free to marry and intend to marry a U. S. citizen, within 90 days of my admission into the United States.		
I do solemnly swear or affirm that all statements which appear in this application have been made by me and are true and complete to the best of my knowledge and belief.		
_____ Signature of Applicant		
SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____ at: _____		
_____ United States Consular Officer		

\* Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320.6(b), persons are not required to respond to the collection of information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to U. S. Department of State (A-RPS/DIR) Washington, DC 20520.

DS-156K  
07-2004

PREVIOUS EDITIONS OBSOLETE

**Figure 27. DS-156K—Non-Immigrant Fiancé(e) Visa Application**

**What documents should I bring to the visa interview?**

The applicant should bring the following original documents:

- Forms in the appointment packet
- Chinese passport
- Two visa photos
- Notarial birth certificate
- Notarial marital status certificate. If divorced before, previous divorce certificates for each marriage are required. If any child from previous marriage will also apply for visa, a divorce decree showing the child's custody is needed.
- Notarial police certificates are required from each visa applicant aged 16 or over issued by his/her local municipal notary office where he/she has resided for at least six months since attaining the age of sixteen. Police certificates are also required from all other countries where the applicant has resided for at least one year.
- Medical report
- Affidavit of Support - I-134 and copies of the three most recent years' tax returns if not already submitted to NVC.
- Relationship evidence including family photos, correspondence and household registration to prove the claimed relationship.
- Translations: Police certificates from other countries not in English, or in the official language of the country must be accompanied by certified English translations. Translations must be certified by a competent translator and sworn to before a notary public.