

Recipient Couple Health Examination and Assessment Form

Recipient woman	Recipient man
<p>I. Basic information</p> <p>1. Name: _____</p> <p>2. Date of birth: _____(y/m/d)</p> <p>3. National ID card number: □□□□□□□□□□</p> <p>4. Alien resident certificate ID number^(Note): □□□□□□□□□□</p> <p>5. Foreigner passport number: □□□□□□□□□□</p> <p>II. Skin color _____, Hair color _____</p> <p>Height: _____cm, Weight: _____kg</p> <p>Blood type: ABO blood type Results: _____</p> <p>III. General psychological conditions:</p> <p>Mental illness: □ 0.No □ 1.Yes, condition: _____</p> <p>IV. General physiological conditions:</p> <p>Systemic disease: □ 0.No □ 1.Yes, disease: _____</p> <p>V. Family disease history:</p> <p>□ 0.No □ 1.Yes, disease: _____</p> <p>VI. Hereditary disease history of recipient and relatives within the fourth degree of kinship:</p> <p>□ 0.No □ 1.Yes, disease: _____</p> <p style="text-align: right;">Relationship: _____</p> <p>VII. Infectious disease test results:</p> <p>1. Syphilis □ 0.No □ 1.Yes</p> <p>2. AIDS: □ 0.No □ 1.Yes</p> <p>3. Other infectious disease history: □ 0.No □ 1.Yes, disease: _____</p>	<p>I. Basic information</p> <p>1. Name: _____</p> <p>2. Date of birth: _____(y/m/d)</p> <p>3. National ID card number: □□□□□□□□□□</p> <p>4. Alien resident certificate ID number^(Note): □□□□□□□□□□</p> <p>5. Foreigner passport number: □□□□□□□□□□</p> <p>II. Skin color _____, Hair color _____</p> <p>Height: _____cm, Weight: _____kg</p> <p>Blood type: ABO blood type Results: _____</p> <p>III. General psychological conditions:</p> <p>Mental illness: □ 0.No □ 1.Yes, condition: _____</p> <p>IV. General physiological conditions:</p> <p>Systemic disease: □ 0.No □ 1.Yes, disease: _____</p> <p>V. Family disease history:</p> <p>□ 0.No □ 1.Yes, disease: _____</p> <p>VI. Hereditary disease history of recipient and relatives within the fourth degree of kinship:</p> <p>□ 0.No □ 1.Yes, disease: _____</p> <p style="text-align: right;">Relationship: _____</p> <p>VII. Infectious disease test results:</p> <p>1. Syphilis □ 0.No □ 1.Yes</p> <p>2. AIDS: □ 0.No □ 1.Yes</p> <p>3. Other infectious disease history: □ 0.No □ 1.Yes, disease: _____</p>

Note: Foreigners who do not have a national ID card shall fill out items 4 and 5; foreigners with no alien resident certificate ID may submit equivalent identification documents from their country of origin, and fill in the serial number on those documents.