

附件 2

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### 学生开展网上报名的操作说明

## Instructions for students' online application for studying in China under Chinese Government Scholarship

**Step 1:** Log on <http://laihua.csc.edu.cn>.

The applicants should register for username and password before logging.

**Step 2:** After logging on the system, please read the "ONLINE APPLICATION GUIDANCE" and follow the steps.

**Step 3:** Click the button "NEXT" and select the scholarship you want to apply.

(Please select the Chinese Government Scholarship, unless you are applying for the Distinguished International Students Scholarship, Chinese Culture Research Fellowship, Short-term Scholarship for Foreign Teachers of Chinese Language, and Cooperation Program Scholarship.)

**Step 4:** Please note that the "AGENCY NO." is one of the most crucial part of your online application. It is listed in the first blank under the "PERSONAL DATA". Please make sure that you fill it in correctly otherwise you will not be able to continue your online application.

Your "AGENCY NO." is 7881.

**Step 5:** Please fill in the online application form truly, correctly and completely following the steps listed on the left of the page.

The applicants are required to select the disciplines before choosing their majors. Any inquiry about the disciplines and majors please refer to the Disciplines Index, which could be downloaded from Help.

**Step 6:** Preview the application form after finishing it and submit it online.

**Step 7:** Please download the finished application form by clicking the button "DOWNLOAD APPLICATION" and print it out for two copies.

**Step 8:** Please prepare other supporting documents as required and send the full package of application documents to the dispatching authorities in duplicate.

- **Internet Explorer (6.0 or 7.0) is strongly recommended, otherwise inconvenience may be caused by other browsers.**
- **Only Chinese and English are accepted for the online application.**

脊 柱 Spine		四 肢 Extremities		神经系统 Nervous system									
其它所见 Other abnormal findings													
胸部 X 线 检查结果 (附检查报告单) Chest X - ray exam (attached chest X - ray report)			心电图 ECG										
化实验室检查 (包括艾滋病、梅毒等血清学检查) Laboratory exam (Attached test report of AIDS, Syphilis etc)													
<p>未发现患有下列检疫传染病和危害公共健康的疾病： None of the following diseases of disorders found during the present examination.</p> <table border="0"> <tr> <td>霍 乱 Cholera</td> <td>性 病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>肺结核 Lung tuberculosis</td> </tr> <tr> <td>鼠 疫 Plague</td> <td>艾滋病 AIDS</td> </tr> <tr> <td>麻 风 Leprosy</td> <td>精神病 Psychosis</td> </tr> </table>						霍 乱 Cholera	性 病 Venereal Disease	黄热病 Yellow fever	肺结核 Lung tuberculosis	鼠 疫 Plague	艾滋病 AIDS	麻 风 Leprosy	精神病 Psychosis
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意 见 Suggestion		检查单位盖章 Official Stamp											
医师签字 Signature of physician		日期 Date											

# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day - Month - Year		照 片 (加盖检查 单位印章  Photo (stamped Official Stamp)	
现在通讯地址 Present mailing address					血型 Blood type		
国籍或地区 Nationality (or Area)		出生地址 Birth Place					
过去是否患有下列疾病:(每项后面请回答“否”或“是”) Have you ever had any of the following diseases? (Each item must be answered "yes" or "No")							
斑疹伤寒 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	小儿麻痹症 Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes
白 喉 Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	猩 红 热 Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球 Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes
回 归 热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染	<input type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒 Typhoid and paratphoid fever	<input type="checkbox"/> No <input type="checkbox"/> Yes		
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes						
是否患有下列危及公共秩序和安全的病症:(每项后面请回答“否”或“是”) Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered "yes" or "No")							
毒物瘾 Toxicomania	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神错乱 Mental confusion	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神病 Psychosis: 躁狂型 Manic Psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes		
		妄想型 Paranoid psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	幻觉型 Hallucinatory psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes		
身高 Height	厘米 CM	体重 Weight	公斤 kg	血压 Blood pressure	毫米汞柱 mmHg		
发育情况 Development		营养情况 Nourishment		颈部 Neck			
视力 Vision	左 L _____ 右 R _____	矫正视力 Corrected vision	左 L _____ 右 R _____	眼 Eyes			
辨色力 Colour senses		皮肤 Skin		淋巴结 Lymph nodes			
耳 Ears		鼻 Nose		扁桃体 Tonsils			
心 Heart		肺 Lungs		腹部 Abdomen			