

## Checklist for Medical Attendant Visa applications

### 就医陪同签证申请审核表

Name: _____ (姓名)		Purpose of Visit: _____ (访问目的)		
Passport Number: _____ (护照号)		Group No. if relevant: _____ (团号, 如有)		
		Yes/ 有?	No/ If not, why not? 没有? 如没有, 注明原因	For official use: documents present
1.	Completed and signed application form? (Signature on application form and passport should be the same.) 填写完整并在申请表上签名? (护照与申请表需签名一致)			
2.	One copy of the passport (the first and last page with signature)/residence permit and work permit (in case of foreign nationals)? (Signature on the Passport should be in ink and not with pencil.) 护照首页和带签名的尾页、居留许可和工作许可(外籍申请人)复印件? (须使用墨水笔在护照上签名, 不可用铅笔)			
3.	Correct fee? 费用正确?			
4.	Appropriate photo? (Photo should be clear with a blue backdrop. Scanned Photo will not be accepted.) 照片合格? (蓝色背景照片, 不接受使用扫描或不清晰的照片)			
5.	Request from the patient/Doctor to accompany him/her? 病人/医生要求陪同的请求?			
6.	Justification for need of an Attendant? 需要陪同的理由?			
7.	Copy of the Medical Visa of the patient. 病人就医签证的复印件。			
8.	Copy of the Chinese ID card. 正反面身份证复印件			

Inquiry Officer to delete as appropriate (资料审核员根据适用情况选择)

1. The applicant has confirmed that s/he has no other documents to submit OR  
申请人已经确认她/他不提交其他文件 或者
2. The applicant has submitted the supporting documents above. I have advised him / her that failure to submit all necessary documents may result in the application taking more than normal processing time or being refused, but s/he has chosen to proceed with the application  
申请人已经递交了上述文件，我已通知其不提交所有必要文件会导致被拒签，但其选择继续提交请。

VISA Fee (签证费)		NAME OF TRAVEL AGENT 代理名称:	
Service Fee (服务费)		ADDRESS 地址	
Courier Fee(If any) 快递费 (如选)			
Other Fees (其他费用)		TEL 电话	

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Name & Signature of Inquiry Officer (资料审核员签名)

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Date/日期:

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Applicant's Signature (申请人签名)

IO	
SO	
DO	
PRO	
SCAN	
DC	
DC IO	