



CERTIFICATE OF HEALTH (to be filled out by a physician)

NAME OF APPLICANT (in Roman block capitals)	SEX M · F	AGE	DATE OF BIRTH
DEPARTMENT / MAJOR Applied	Program Intended	Bachelor <input type="checkbox"/> Master's <input type="checkbox"/> Master's+PhD <input type="checkbox"/> PhD <input type="checkbox"/>	
PRESENT ADDRESS			

1. PHYSICAL EXAMINATION :

Blood Pressure : Systolic _____ mmHg Diastolic _____ mmHg Pulse Rate _____ /min (Regular, Irregular)
 Eye-sight : Uncorrected Rt _____ Lt _____ Corrected Rt _____, Lt _____.

2. ANAMNESIS : Please indicate with [+] or [-], whether this person had a history of diseases listed below

Tuberculosis..... Malaria..... Rheumaic Fever..... Epilepsy... Kidney Disease...
 Cardiac Diseases... Diabetes..... Allergy..... Other Communicable Diseases.

3. Present Conditions : Please indicate with +, if you find any disease or abnormality, or with -, if not.

Tonsils, Nose or Throat..... Heart or Blood Vessels... Lungs or Respiratory System
 GI or Hepatobiliary Genito-Urinary System... Venereal Disease.....
 Brain or Nervous System..... Skin..... Neurologic system.....
 Blood or Endocrine System... Bones, Joints Mental Illness.....

4. If you marked + to any of the above 2 and 3, please describe each disease in detail, and if the applicant is physically handicapped, the abnormality or impairment.

5. TB screening test (You can take one of the following tests.)

◆Tuberculin skin Test (Must be taken within 6 months of admission)

Date tested: _____ Date read: _____ Result : _____ mm

If your Tb skin test result is positive, you must take a Chest X-ray and report the result.

◆ Chest X-ray Examination: (Must be taken within 6 months of admission)

Film No. _____ Date: _____ Result: _____

◆ If there is any finding of tuberculosis, please give your comment about the possibility of transmission to others.

6. SUMMARY OF THE EXAMINING PHYSICIAN :

◆ The applicant's health and physical conditions are : (Please check)

Excellent , Good , Fair , Poor .

◆ Is the applicant physically able to go abroad for study ? (Please check)

Yes No .

NAME & TITLE OF PHYSICIAN _____

ADDRESS _____

SIGNATURE _____ Date : _____ . 20 _____

* If you already had a medical examination by a physician inside or outside of Korea within 3 months as of the starting date of semester, it is acceptable to submit the result of that examination instead of this sheet.