KAIST

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

NAME OF APPLICANT (in Roman block capitals)		SEX (M · F)	AGE (y)	DATE OF BIRTH (. .)

1. TB screening test (Must be taken within 3 months of admission)

Tuberculin skin test(TST) – If no history of BCG	TB blood test – Recommended if history of BCG
Date placed: ___/___/___ (YY MM DD) Date read: ___/___/___ (YY MM DD) Result : ☐ Negative ☐ Positive Result : _____ mm induration. (IF POSITIVE, PROCEED TO – CHEST X-RAY)	▶ If not available, may do a TST or Chest X-ray. Quantiferon-TB Gold in-Tube, T-SPOT.TB(IGRA) Date Obtained: ___/___/___ (YY MM DD) Result : ☐ Negative ☐ Positive (IF POSITIVE, PROCEED TO – CHEST X-RAY)

Chest X-ray (Required if TST or Quantiferon/IGRA is positive)

*Date: ___/___/___ (YY MM DD) *Result: ☐ Normal ☐ Abnormal (*Abnormal findings: _____.)

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

(_____)

2. Required Immunizations

(◈ If you do not have records to verify that you have been vaccinated, please submit an antibody test result.)

* **MMR (Measles, Mumps, Rubella)** – Two doses of live MMR vaccination record is required.

  Date of vaccination Dose 1 : _____ Dose 2: _____

* **Tetanus** – Original series plus booster every 10 years are required.

  Date of last booster : _____

* **Varicella** – One dose of Varicella vaccination record is required.

  Date of vaccination : _____

3. Others (Has he/she suffered any major illnesses or injury in the past of which we should be aware?)

(_____)

4. Summary of the examining physician(Please check)

◈ The applicant's health and physical conditions are : Excellent ☐, Good ☐, Fair ☐, Poor ☐.

◈ Is the applicant physically able to go abroad for study? : Yes ☐, No ☐.

NAME & TITLE OF PHYSICIAN .....

ADDRESS .....

SIGNATURE ..... Date : . . 20 .....