



# 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 Skin Test

◆ 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:

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.