

Health Certificate

All exchange/visiting students are required to complete this form and submit it within the application period. Those who do not submit the form will not be accepted to Korea University. This form must be completed by a physician/doctor only.

* Only the examination taken in August to October for spring semester and February to April for fall semester is acceptable.
 (Date of the examination must be within 2 months from the start of the application period)

1. Student Information

Name: _____ Date of Birth: _____
Family name First name Middle name YYYYY/ MM/ DD

Sex: Male Female

2. Physical Information

Eyesight	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired (Please specify: _____)
Hearing	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired (Please specify: _____)
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired (Please specify: _____)

Does the applicant have any allergies? (Medication, Foods, Environmental) Yes No

If yes, please specify. This should be completed by a physician.

Is the applicant currently under medical treatment? Yes No

If yes, please specify. This should be completed by a physician.

Is the applicant currently taking any medication? Yes No

If yes, please specify. This should be completed by a physician.

Has the applicant ever suffered from any of the following?

<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Hepatitis A/B/C	<input type="checkbox"/> Digestive tract disease	<input type="checkbox"/> Others :
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Communicable disease	
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Epilepsy	

If any parts of above is marked, please specify. This should be completed by a physician. No remarkable history

Is there any symptom or condition that you would like to inform us other (any extra physical/psychological/other conditions) than the mentioned above? Yes No

If yes, please specify. This should be completed by a physician.

In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies (within one year) in Korea? Yes No

If no, please specify. This should be completed by a physician.

3. Medical Physician Information (Must be filled in by a physician)

Physician's Name in Print: _____

Authorized Signature: _____

Date of Examination: _____/____/____ (YYYY/MM/DD)

Medical Office Official Stamp: _____