# 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td>First name</td>
</tr>
</tbody>
</table>

Sex:  □ Male □ Female

## 2. Physical Information

<table>
<thead>
<tr>
<th>Eyesight</th>
<th>Hearing</th>
<th>Speech</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Normal</td>
<td>□ Normal</td>
<td>□ Normal</td>
</tr>
</tbody>
</table>

□ Impaired (Please specify: )  □ Impaired (Please specify: )  □ 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?

- □ Tuberculosis
- □ Diabetes
- □ Heart disease
- □ Hepatitis A/B/C
- □ Asthma
- □ Psychosis
- □ Digestive tract disease
- □ Communicable disease
- □ Epilepsy
- □ Others:

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: ____________________________