

HEALTH EXAMINATION FORM

1. IMPORTANT

All successful applicants who need on-campus housing are required to submit proof of an authorized health examination result (including Hepatitis Type B and tuberculosis) prior to arrival in Korea, in accordance with the requirements of the Korean Immigration Service and KU:L House regulations.

FAMILY NAME(surname)		GENDER		
FIRST NAME (given name)		DATE OF BIRTH		
MIDDLE NAME (if applicable)		NATIONALITY		
e-MAIL ADDRESS				
NAME OF HOME UNIVERSITY				
3. PERSONAL MEDICAL A	SSESSMENT			
A. Have you had any serious illness or injury that required hospitalization in Yes () No ()				
the last two years?				
B. Have you ever made repeated visit to a doctor for an illness or injury?			Yes () No ()
C. Have you ever had any of the			W /) 3 7- /)
- hepatitis or tuberculosis?			Yes (Yes () No ()) No ()
- close contact with any infectious disease?			Yes () NO ()
D. Do you have any allergies? E. Have you ever cared for by a mental clinician?			,) No ()
*if the answer to any of the above que:		usction number and specific		
if the answer to any of the above ques	stions is les, please provide the q	destion number and specify i	iii detaiis belov	v.
O salias N. salas () (Datalla				
Question Number () / Details:				
	I hereby state that information sul	omitted on this form is true.		
Signature of Student		D-4-		
		Date		
		Date		
		Date		
		Date		
4. HEALTH EXAMINATION *To be completed in English	REPORT			
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4. HEALTH EXAMINATION *To be completed in English A. Hepatitis Type B	REPORT sh by a clinician and do	one within 6 months Positive () Positive ()	before arr Neg	rival in Korea. ative () ative ()
4. HEALTH EXAMINATION *To be completed in Englis A. Hepatitis Type B Results	REPORT sh by a clinician and do HBsAg HBsAb or Anti-HBs HbcAB or Anti-HBc	Positive () Positive () Positive ()	before arr Nega Nega Nega	ative () ative () ative ()
4. HEALTH EXAMINATION *To be completed in Englis A. Hepatitis Type B Results No active or prior infection	REPORT sh by a clinician and do HBsAg HBsAb or Anti-HBs HbcAB or Anti-HBc	Positive () Positive () Positive ()	before arr Nega Nega Nega	ative () ative () ative ()
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4. HEALTH EXAMINATION *To be completed in English A. Hepatitis Type B Results No active or prior infection Description: Date of Exam: B. Tuberculosis	REPORT sh by a clinician and do HBsAg HBsAb or Anti-HBs HbcAB or Anti-HBc	Positive () Positive () Positive ()	before arr Nega Nega Nega	ative () ative () ative ()
4. HEALTH EXAMINATION *To be completed in Englis A. Hepatitis Type B Results No active or prior infection Description: Date of Exam: B. Tuberculosis a) Skin Test Result	REPORT sh by a clinician and do HBsAg HBsAb or Anti-HBs HbcAB or Anti-HBc on () Immune () New i	Positive () Positive () Positive ()	before arr Nega Nega Nega	ative () ative () ative ()
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