

## Medical Certificate

(to be completed by the examining physician)

### Student Information

Name \_\_\_\_\_ Gender  Male  Female  
 Date of Birth (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_

### Medical Information

#### a. Disease Treated at Present

	Yes	No		Yes	No
Tuberculosis			Diabetes		
Hepatitis A			Heart Problem		
Hepatitis B			Epilepsy		
Asthma			Psychosis		
If any other disease, give details (i.e. AIDS, STDs)					

#### b. Immunization Information

	Yes	No		Yes	No
MMR			Diphtheria and Tetanus Toxoids		
Hepatitis A			Meningitis		
Hepatitis B			Polio		
Varicella			Others:		

*The above-mentioned immunizations are strongly recommended.*

#### c. If the applicant has an allergy, please indicate below.

- Life Threatening                       Food:  
 Medication:                               Other:

#### d. Does the applicant have any handicap, which may interfere with his/her studies? Yes No

If so, please explain. \_\_\_\_\_

#### e. After examining the applicant, do you find his/her health status adequate to pursue studies in Korea?

- Yes                       No

Physician's Name in Print \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please note this form is not valid without the doctor's signature and stamp.*