**Medical History Form for International Students**

***1. Personal Information***

Name of Applicant (English): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Vernacular): \_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: □ Male □ Female

Blood Type: □ Type A □ Type B □ Type O □ Type AB Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

***This Form below should be written by your university’s physician (recommended) or your private doctor and should be accompanied by physician’s signature or an official stamp.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***2. Medical History***

Does the applicant have a past history of (check all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Anemia | □ Asthma | □ Cancer | □ Depression | □ Diabetes |
| □ Disability | □ Hepatitis | □ Intestinal | □ Mononucleosis | □ Pneumonia |
| □ Tuberculosis | □ None |  |  |  |

***3. General Health Information***

Apart from diseases or symptoms mentioned above, does the applicant have any health (or medical) condition(s) which would restrict his/her participation in college/classroom activities?

□ Yes □ No (if yes, please state further details : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

***4. Additional Information***

Is there any additional health information that would be helpful for the student's study in Korea?

(If yes, please state further details:

Name of Physician: Phone Number:

Name of Hospital:

Hospital Address:

Signature or Official Stamp of Physician: Date :