Soongsil University

Health 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 and Stamp Date

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