

CERTIFICATE OF HEALTH(to be filled out by a physician)

NAME OF APPLICANT		SEX (M . F)	AGE (y)	DATE OF BIRTH (. .)
PRESENT ADDRESS				

1. LABORATORY FINDINGS

Serologic test	Result
AIDS(HIV Ag, Ab)	
VDRL(PRP, TPLA)	
HBsAg	
HCV Ab	

2. TUBERCULOSIS TEST(Must be taken after June 1st, 2018)

1) Chest X-ray examination

* Date : *Reading : Normal or Abnormal (*Abnormal findings:_____)

◆ If there is any finding of tuberculosis, please give your comment about the possibility of transmission to others.

3. SUMMARY OF THE EXAMINING PHYSICIAN

1) The applicant's health and physical conditions are : (Please check)

Excellent , Good , Fair , Poor

2) Is the applicant physically able to go abroad for study? (Please check)

Yes or No

4. Required Immunizations

1) Tetanus : Original series plus booster every 10 years are required.

* Date of booster : _____

2) MMR(Measles,Mumps, Rubella) : Two doses of live MMR vaccination record is required.

* Date of vaccination

Dose 1: _____ Dose 2 : _____

3) Varicella : One dose of Varicella vaccination record is required.

* Date of vaccination _____

NAME & TITLE OF PHYSICIAN

ADDRESS

SIGNATURE