

MYONGJI UNIVERSITY EXCHANGE STUDENT

HEALTH REPORT FORM

SUBMIT THIS FORM WITH THE APPLICATION FORM!

Please read all instructions and details thoroughly. CHECK YOUR EMAIL frequently to not miss important information. Any disadvantages due to students' failure to check given information are solely YOUR responsibility.

BASIC INFORMATION

Full Name	/ /		
	FIRST / MIDDLE / LAST (FAMILY)	EXACTLY as shown on passport	
Gender	Male / Female	Nationality	
Birthday (YY/MM/DD)	/ /	Your Mobile Phone	
Home Institution			
Email Address	The one you check most frequently (at least once a week)		

PHYSICAL EXAMINATION

Height (cm)				Weight (kg)			Blood Type		
Distant Vision	Uncorrected	Right		Left		Color Vision		YES	
	Corrected	Right		Left				NO	
Blood Pressure	Systolic				(m.mHg)	Diabetics		YES	
	Diastolic				(m.mHg)			NO	
Infectious Diseases									

HEALTH RECORD

1. Are you currently taking any medications? (Indicate regular use of any medications, herbs, or supplements)
2. Are you presently under treatment for any physical or mental condition?
3. Have you ever been treated or currently under treatment for any heart conditions?
4. Have you ever had surgery?
5. Any other health concerns or dietary/meal restrictions?
6. Have you ever had drinking problems or currently have drinking problems?

※ Please include proof of tuberculosis and hepatitis vaccinations if available.

Also provide printed copies of the proof to the dormitory once you check-in.

Negative test results in Tuberculosis and Hepatitis are required in entering on-campus housing.

Medical Doctor's Name:

Medical Doctor's Institution:

Medical Doctor's Signature:

※ Doctors may *handwrite*.

Date (YYYY/MM/DD): / /