

## Student Exchange Program (SEP) & Visiting Student Program (VSP) Health Certificate

All exchange/visiting students are required to complete this form and submit it within the application period. Those who do not submit the form will not be accepted to Korea University. This form must be completed by a licensed physician only.

Only examinations taken *between August and October* for the **Spring** semester and *between February and April* for the **Fall** semester are acceptable. The date of the examination must be within two months of the start of the application period.

### 1. Student Information

Full Name of Student		Email Address	
Home University Name		Program to be Attended	<input type="checkbox"/> Student Exchange Program (SEP) <input type="checkbox"/> Visiting Student Program (VSP)
Date of Birth (YYYY/MM/DD)		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

### 2. Physical Information

\*All fields in this section must be completed by a licensed physician.

<b>Eyesight</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired (Please specify: _____)
<b>Hearing</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired (Please specify: _____)
<b>Speech</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired (Please specify: _____)

<b>Is the applicant allergic to any medications, foods or environmental factors?</b>			
<input type="checkbox"/> <b>Yes</b> If Yes, please specify.		<input type="checkbox"/> <b>No</b>	
<b>Is the applicant currently undergoing medical treatment?</b>			
<input type="checkbox"/> <b>Yes</b> If Yes, please specify.		<input type="checkbox"/> <b>No</b>	
<b>Is the applicant currently taking any medications?</b>			
<input type="checkbox"/> <b>Yes</b> If Yes, please specify.		<input type="checkbox"/> <b>No</b>	
<b>Has the applicant ever experienced any of the following conditions? (Please check all that apply)</b>			
<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hepatitis A/B/C <input type="checkbox"/> Asthma <input type="checkbox"/> Psychosis	<input type="checkbox"/> Digestive Tract Disease <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Epilepsy	<input type="checkbox"/> Others: _____
If any of the above are marked, please specify.			
<b>Are there any symptoms or conditions not listed above that you would like to inform us about, including any additional physical, psychological or other health issues?</b>			
<input type="checkbox"/> <b>Yes</b> If Yes, please specify.		<input type="checkbox"/> <b>No</b>	

### THIS IS A REQUIRED FIELD AND MUST BE COMPLETED BY A LICENSED PHYSICIAN.

Based on the applicant's history and the findings provided above, is it your observation that **his/her health status is sufficient to pursue studies in Korea within one year?**

**Yes, the applicant is in good health and is medically fit to pursue studies in Korea.**

No, the applicant's current health condition is not adequate for studying in Korea.

\*If "No" is selected, please note that this may result in the rejection of the applicant's admission.

Physician's Name (Printed)	Date of Examination (YYYY/MM/DD)
Authorized Signature	Official Stamp/Seal of the Medical Office
*If the official stamp/seal cannot be provided, please attach the examination receipt or reservation details including the hospital's official business name and contact information.	