

健康诊断书 CERTIFICATE OF HEALTH

** To be filled out by physician*

1. Information of Applicant

1-1. Name: _____
1-2. Date of Birth: ____/(Day)____/(Month)____/(Year)
1-3. Sex:_____(Male)_____(Female)

2. Please fill in the following

2-1. Height: _____cm 2-2. Weight: _____kg
2-3. Eyesight: (R)_____(L)_____ * With glasses (If worn): (R)_____(L)_____

3. Please comment on condition of applicant's lungs.

4. Please give a detailed description of any disease, including chronic ailments or physical disabilities, found.

5. Please give full details of applicant's medical history (tuberculosis, hepatitis and etc).

6. Is the general state of the applicant's health good enough for his/her to pursue the course of study contemplated in Korea?

[] Excellent health [] Adequate health [] With prudence, probably no serious problem [] Doubtful

*** I hereby certify the above diagnosis.**

- Date of Examination: _____
- Name of Physician: _____
- Name of the Clinic or Hospital: _____
- Address : _____
- Signature: _____