



# Health Examination Form for All Dormitory Applicants

Hankuk University of Foreign Studies

※ Important: All successful applicants who need our university housing are required to submit proof of an authorized health exam result(including Hepatitis Type B and tuberculosis) prior to arrival in Korea, in accordance with the requirements of the Korean Immigration Service and our dormitory regulation.

## Please check your housing type

### I. Personal Information

1. ON-CAMPUS HOUSING: Globee Dorm ☐

2. OFF-CAMPUS HOUSING: International House ☐

Family Name(姓): \_\_\_\_\_ First Name(名): \_\_\_\_\_

Date of Birth(dd/mm/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: Male( ☐ ) Female( ☐ )

### II. Personal Medical Assessment

1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes ( ☐ ) No ( ☐ )
2. Have you ever made repeated visits to a doctor for an illness or injury? Yes ( ☐ ) No ( ☐ )
3. Have you ever had any of the followings?
- hepatitis or tuberculosis? Yes ( ☐ ) No ( ☐ )
  - close contact with any infectious disease? Yes ( ☐ ) No ( ☐ )
4. Do you have any allergies? Yes ( ☐ ) No ( ☐ )
5. Have you ever cared for by a mental clinician? Yes ( ☐ ) No ( ☐ )

If the answer to any of above questions is Yes, please provide the question number and specify in details below

**I hereby state that information submitted on this form is true**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### III. Health Examination Report (This form is VALID only if completed and signed by a clinician)

#### 1. Hepatitis Type B

Results:	HBsAg	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
	HBsAb or Anti-HBs	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
	HBcAB or Anti-HBc	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>

No Active or prior infection ( ☐ ) Immune ( ☐ ) New infection or chronic carrier ( ☐ ) Unclear ( ☐ )

Date of exam: \_\_\_\_\_

(Describe)

#### 2. Tuberculosis

a. Skin Test Result: \_\_\_\_\_ Date of exam: \_\_\_\_\_

(Describe)

If the tuberculosis skin test is **positive (9.9mm or over)** you must complete and submit b:

#### b. Chest X-Ray

Date: \_\_\_\_\_ Normal ☐ Abnormal ☐ \_\_\_\_\_

(Describe)

☐ Clinician's Signature

MD/NP/PA Name (Please Print)

Signature

Date

Address

Country

Telephone Number