

# Health & Medical Clearance Form

Check all items that apply, past or present, to your health history. The information you provide will be used to assist with your health care while you are enrolled as a student and will be subject to strict confidentiality policies. It is mandatory for every exchange and visiting student to submit health & medical clearance form regardless of staying on or off campus.

This form must be filled in and signed by your Health Care Provider. Please return this form to the Office of International Affairs at

<http://cms.ewha.ac.kr/user/indexSub.action?codyMenuSeq=11275&siteId=oga&menuUIType=sub>

## Student Information

Name		Date of Birth		Sex	<input type="checkbox"/> Male
					<input type="checkbox"/> Female

## Tuberculosis Screening (within 6 months at the time of writing)

Tuberculosis skin Test      Date:    /    /      Results: (  ) negative    (  ) positive    \_\_\_\_\_ mm

(if tuberculosis skin test positive)    Chest X-ray

Date of Chest X-ray :        /        /

Results of Chest X-ray :

## Medical History

Main Present Illness	
Physically Handicapped	
Others (allergies, medication etc.)	

## Verification From Health Care Provider

Physician's Name	
Signature	
Date	
Address	
Phone	
Email	

1. *Dormitory admission should be rejected for those who have health problems unsuitable for dormitory residence.*
2. *You shall be asked for further health check up and appropriate treatment if needed*

I agree that above information is true and Ewha Womans University reserves the right to ask anyone who doesn't abide by Ewha Womans University's Health policy to leave the dormitory.

Student's Name: \_\_\_\_\_ (Signature)    Date: \_\_\_\_\_