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 as well as stay in the dormitory and will be subject to strict confidentiality policies. This form must be filled in and signed by your Health Care Provider. Please return this form to the Office of International Affairs along with your dormitory application at http://eureka.ewha.ac.kr/eureka/hs/hs/sd/businessLogin.do?category=A

Student Information								
Marea			Date of Birth			Sex	() Male	
Name							() Female	
Tuberculosis Screening (within 6 months at the time of writing)								
Tuberculosis skin Test		Date:	/ / Results: () negativemm		() positive			
(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								
Signa	ture							
Da	te							
Address								
Pho	ne							
Em	ail							
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

Student's Name: _____ (Signature) Date: _____

doesn't abide by Ewha Womans University's Health policy to leave the dormitory.

I agree that above information is true and Ewha Womans University reserves the right to ask anyone who