



# Health Examination Form for International Students

## Hankuk University of Foreign Studies

※ Important: All successful applicants who need on-campus housing(Globeedom) are required to take a medical exam in Korea (including Hepatitis Type B and tuberculosis), or submit a proof of authorized health exam result in accordance with the requirements of the Korean Immigration Service and our dormitory regulation.

**Please check the appropriate box below**

|  |                                       |
|--|---------------------------------------|
|  | Please complete                       |
| 1. I have applied for on-campus housing and agree to take a medical exam at HUFS -----     | <input type="checkbox"/> (I. II)      |
| 2. I have applied for on-campus housing and I submit this form signed by a clinician ----- | <input type="checkbox"/> (I. II. III) |
| 3. I will stay off campus throughout my exchange period -----                              | <input type="checkbox"/> (I. II)      |

**I. Personal Information**

|  |  |
|--|--|
| Family Name(姓): _____ First Name(名): _____                         |  |
| Date of Birth(dd/mm/yy): ____/____/____ Gender: Male( ) Female ( ) |  |
| Nationality: _____ Name of Home University: _____                  |  |

**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

Question Number( ) \_\_\_\_\_

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

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

**Date** \_\_\_\_\_

**III. Health Examination Report** (to be completed in English by a clinician and done within 6 months before you arrive in Korea)

**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**

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

(Describe)

If the tuberculosis skin test is **positive**:

**Chest X-Ray**

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

(Describe)

**Clinician's Signature**

MD/NP/PA Name (Please Print)

Signature

Date

Address

Country

Telephone Number