

# 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 Global Affairs along with your dormitory application at

<http://eureka.ewha.ac.kr/eureka/hs/hs/sd/businessLogin.do?category=A>

Student Information							
Name		Date of Birth	<table border="0" style="width: 100%;"> <tr> <td style="width: 10%; padding: 5px;">Sex</td> <td style="padding: 5px;">( ) Male</td> </tr> <tr> <td></td> <td style="padding: 5px;">( ) Female</td> </tr> </table>	Sex	( ) Male		( ) Female
Sex	( ) Male						
	( ) Female						
Tuberculosis Screening (within 6 months mandatory)							
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: \_\_\_\_\_