

Pre-Entrance Health Form(to be filled out by a physician)

NAME OF APPLICANT		SEX (M . F)	AGE (y)	DATE OF BIRTH (. . .)
PRESENT ADDRESS				

★ Failure to submit a medical certificate may result in restricted access to the dormitory.

★ All information must be fully filled based on the results.

1. LABORATORY FINDINGS

Serologic test	Result
AIDS(HIV Ag, Ab)	
VDRL(PRP, TPLA)	
HBsAg	
HCV Ab	

2. TUBERCULOSIS TEST(Must be taken after June 1st, 2019)

1) Chest X-ray examination

* Date : _____ *Reading : Normal ☐ or Abnormal ☐ (*Abnormal findings: _____)

◆ If there is any finding of tuberculosis, please give your comment about the possibility of transmission to others.

3. SUMMARY OF THE EXAMINING PHYSICIAN

1) The applicant's health and physical conditions are : (Please check)

Excellent ☐, Good ☐, Fair ☐, Poor ☐

2) Is the applicant physically able to go abroad for study? (Please check)

Yes ☐ or No ☐

4. REQUIRED IMMUNIZATIONS(MANDATORY)

◆ If the student doesn't have immunization record, please recommend vaccination before he/she leave the hospital.

1) Tetanus : Original series plus booster every 10 years are required.

* Date of booster : y m d

2) MMR(Measles,Mumps, Rubella) : Two doses of live MMR vaccination record is required.

* Date of vaccination

Dose 1: y m d Dose 2 : y m d

3) Varicella : One dose of Varicella vaccination record is required.

* Date of vaccination y m d

NAME & TITLE OF PHYSICIAN

ADDRESS

SIGNATURE

UNIST Healthcare center

(Official seal)