

Even if you plan to take the medical examination in Korea, you must have it checked and submit the document upon application. Failure to submit this document will result in a delay in the application review process.



PERSONAL MEDICAL ASSESSMENT

Name		Home Univ	
Gender:		HEIGHT	cm
		WEIGHT	kg
① When and for what reason did you last consult a physician? (Please explain in the adjacent space.)			
QUESTION		YES	NO
② Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis)			
③ 1. allergies?			
2. high blood pressure?			
3. diabetes?			
4. any type of Hepatitis ?			
④ Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.)			
⑤ Have you ever been addicted to alcohol?			
⑥ Have you ever abused any narcotic, stimulant, hallucinogen or other substance (whether legal or prohibited)?			
⑦ Have you been hospitalized in the last two (2) years?			
⑧ Have you had any serious injury, ailment or sickness in the last five (5) years?			
⑨ Do you have any visual or hearing impairments?			
⑩ Do you have any physical disabilities?			
⑪ Do you have any cognitive/mental disabilities?			
⑫ Are you taking any prescribed medication?			
⑬ Are you on a special diet?			
QUESTION		YES	NO
⑭ If necessary, are you prepared to undergo physical tests to verify the answers given in response to questions above?			
		IF <u>NO</u>, PLEASE EXPLAIN	

The answers I have given above are true and correct to the best of my knowledge. If my answers contain any kind of falsehood, I will take any legal responsibility.

Date(YYYY. MM. DD) . . .

NAME OF THE APPLICANT

SIGNATURE OF THE APPLICANT

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OFFICIAL MEDICAL EXAMINATION

1. Personal Information

Full Name	
Gender	
Date of Birth (YYYY.MM.DD)	
Nationality	
Home University	

2. [Mandatory] Chest X-ray examination

Type	Examination	
X-RAY	<input type="checkbox"/> YES	Date taken (YYYY.MM.DD)
		Findings
		Tuberculosis <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> NO	I will submit or take x-ray within 7 days of arriving in Korea Document upload required dates : Feb 23(Mon) ~ Mar 8(Sun), 2026 Link will be noticed later around last week of Feb	

* For student who wants to stay at on-campus housing, the x-ray should be taken within 3 months before check-in dates. You can submitted this result later than the application period. Even if you are planning for out-of campus, this is MANDATORY for all international students.

3. [Mandatory] MMR

Type	Vaccination	Vaccination Date 1 ST (YYYY.MM.DD)	Vaccination Date 2 nd (YYYY.MM.DD)	Vaccination Date 3 rd (YYYY.MM.DD)
MMR	<input type="checkbox"/> YES			
	<input type="checkbox"/> NO	I will submit or get vaccinated within 7 days of arriving in Korea Document upload required dates : Feb 23(Mon) ~ Mar 8(Sun), 2026 Link will be noticed later around last week of Feb		

4. [Recommended] Immunization examination

Type	Vaccination	Vaccination Date 1 ST (YYYY.MM.DD)	Vaccination Date 2 nd (YYYY.MM.DD)	Vaccination Date 3 rd (YYYY.MM.DD)
Hepatitis A	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Hepatitis B	<input type="checkbox"/> YES <input type="checkbox"/> NO			

This is to certify that the above named applicant has gone through a general medical examination and the findings indicated here are true to the best of my knowledge.

If the hospital provided you with an individual form, please fill in and check the relevant items at the top yourself, and then attach it to the file and submit it in 1 pdf file. (If not in English, Your own translation is accepted. No need for legal translation) Please highlight the sections.

Date YYYY.MM.DD		Hospital and Contact Information
M.D		
Signature		