

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.

Student Information			
Name		Date of Birth	
		Gender	() Male
			() Female
Tuberculosis Screening (must be tested within two month before the course starts.)			
Tuberculosis X-ray Test			
Date of Chest X-ray : / /			
Results of Chest X-ray : () Negative () Positive			
Medical History			
Main Present Illness			
Physically Handicapped			
Others (allergies, medication etc.)			
Verification From Health Care Provider			
Clinic Name			
Address			
Phone			
Email			
Date			
Physician Name	(Signature)		



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 Seoul Tech reserves the right to ask anyone who doesn't abide by Seoul Tech's Health policy to leave the dormitory.

Student's Name: _____ (Signature)

Date: _____