**MYONGJI UNIVERSITY EXCHANGE STUDENT HEALTH REPORT FORM**

**A. Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Gender** |  |
| **Date of Birth** | YYYY / MM / DD | **Mobile Phone No.** | + |
| **Home Institution** |  | | |

**B. Physical Examination**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Height (cm)** |  | **Weight (kg)** |  | **Blood Type** | |  |
| **Hepatitis B  Vaccination Record** | □ Yes  □ No | **HbsAg /항원** | □Positive □Negative | **Blood Pressure** | **Systolic** |  |
| **HbsAb(anti-HBs) /항체** | □Positive  □Negative | **Diastolic** |  |
| **Tuberculosis** | □ Positive □Negative | | **Diabetes** | □ Positive □Negative | | |

※Tuberculosis

All international students are required to submit a negative TB Blood Test. A negative TB Skin Test is also

acceptable. Another alternative is to have a chest x-ray performed to rule out pulmonary TB disease.

※Hepatitis A and B

laboratory evidence of immunity acceptable (within 1 year)

If not, proof that you've received the combination hepatitis A & B vaccine (within 1 year)

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**C. Health Record**

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| 1. Are you currently taking any medications? (Indicate regular use of any medications, herbs, or supplements) |
| 2. Are you presently under treatment for any physical or mental condition? |
| 3. Have you ever been treated or currently under treatment for any heart conditions? |
| 4. Have you ever had surgery? |
| 5. Any other health concerns or dietary/meal restrictions? |
| 6. Have you ever had drinking problems or currently have drinking problems? |

※ Myongji University accepts no responsibility for loss of possessions, accidents, injuries or illness resulting from a student’s own negligence or an undeclared medical condition. For the safety of the students, Medical conditions must be declared here.

Medical Doctor’s Name:

Medical Doctor’s Institution:

Medical Doctor’s Signature:

Date (YYYY/MM/DD):